

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PARK PLACE NURSING FACILITY</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00002164A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4271	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	22.00%	1.0%	Quarterly Medicaid CMI:			1.7824	1.5192
							3.17	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8169	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$10,200,530	\$5,882,792	\$0	\$1,412,571	\$1,106,534	\$0	\$1,554,204		\$244,429	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$667,078)	\$0	\$0	\$0	\$2,565	\$2,553	(\$591,851)		(\$80,345)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$453,236			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$80,718	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,067,406	\$5,882,792	\$0	\$1,412,571	\$1,109,099	\$2,553	\$962,353	\$453,236	\$164,084	\$80,718	
8	Total Nursing Facility Days	As Filed Days = 56,771 FY20 Audited C/R Days	56,771										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 56,771 FY20 GL-PL Ins Rpt Days								56,771			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$177.32	\$103.62	\$0.00	\$24.88	\$19.58	(with L&H)	\$16.95	\$7.98	\$2.89	\$1.42	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4271</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.61									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.61	\$0.00	\$24.88	\$19.58		\$16.95	\$7.98	\$2.89	\$1.42	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.39	\$72.61	\$0.00	\$24.48	\$19.58		\$16.95	\$7.98	12.37 (FRV)	\$1.42	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.39	\$72.61	\$0.00	\$24.48	\$19.58	\$0.00	\$16.95	\$7.98	\$12.37	\$1.42	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.8169</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.93									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.71	\$131.93	\$0.00	\$24.48	\$19.58	\$0.00	\$16.95	\$7.98	\$12.37	\$1.42	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.32	\$1.32									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.96	\$3.96									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.69	\$5.81	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$238.40</b>	<b>\$137.74</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$19.99</b>	<b>\$0.00</b>	<b>\$34.42</b>	<b>\$7.98</b>	<b>\$12.37</b>	<b>\$1.42</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$165.98</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>NEWNAN HEALTH AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00040719A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4815	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	23.91%	1.0%	Quarterly Medicaid CMI:			1.3283	1.5192
							3.76	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3498	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,081,528	\$3,456,355	\$0	\$619,835	\$644,644	\$0	\$1,091,543		\$269,151	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$77,600)	\$0	\$0	\$0	\$0	\$528	(\$61,173)		(\$16,955)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$55,055			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$16,955	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,075,938	\$3,456,355	\$0	\$619,835	\$644,644	\$528	\$1,030,370	\$55,055	\$252,196	\$16,955	
8	Total Nursing Facility Days	As Filed Days = 30,527 FY20 Audited C/R Days	30,527										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,527 FY20 GL-PL Ins Rpt Days								30,527			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$199.02	\$113.22	\$0.00	\$20.30	\$21.13	(with L&H)	\$33.75	\$1.80	\$8.26	\$0.56	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4815</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.42									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.42	\$0.00	\$20.30	\$21.13		\$33.75	\$1.80	\$8.26	\$0.56	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.36	\$76.42	\$0.00	\$20.30	\$21.13		\$30.83	\$1.80	13.32 (FRV)	\$0.56	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.36	\$76.42	\$0.00	\$20.30	\$21.13	\$0.00	\$30.83	\$1.80	\$13.32	\$0.56	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3498</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.15									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.09	\$103.15	\$0.00	\$20.30	\$21.13	\$0.00	\$30.83	\$1.80	\$13.32	\$0.56	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.13	\$4.13									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.42	\$5.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$214.51</b>	<b>\$108.84</b>	<b>\$0.00</b>	<b>\$20.52</b>	<b>\$21.54</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.80</b>	<b>\$13.32</b>	<b>\$0.56</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$148.06</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
<b>Provider: RIVERVIEW HEALTH &amp; REHAB CTR</b> <b>Prvdr ID: 00040741A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>												
			Facility Score: N/A Add-on Percent: 0.00% Qtrly BIMS score: 19.69% Nurse Hours per On-Site Day/Quality Incentive: 3.51				Base Period Overall CMI: 1.4340 Quarterly Medicaid CMI: 1.4234 Qtrly Mcaid CMI w RUG Wght Options: 1.4477				Facility Specific: 1.4340 State-wide: 1.5126 1.5192 1.5459	
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$12,249,605	\$6,624,663	\$0	\$1,421,083	\$1,225,822	\$0	\$1,722,299		\$1,255,738	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$381,612)	\$0	\$0	\$0	\$0	\$24,212	(\$309,755)		(\$96,069)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$306,478		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$96,069
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$12,270,540	\$6,624,663	\$0	\$1,421,083	\$1,225,822	\$24,212	\$1,412,544	\$306,478	\$1,159,669	\$96,069
8	Total Nursing Facility Days	As Filed Days = 52,963 FY20 Audited C/R Days	52,963									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 52,963 FY20 GL-PL Ins Rpt Days								52,963		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$231.68	\$125.08	\$0.00	\$26.83	\$23.60	(with L&H)	\$26.67	\$5.79	\$21.90	\$1.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4340</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.22								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.22	\$0.00	\$26.83	\$23.60		\$26.67	\$5.79	\$21.90	\$1.81
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.83	\$87.22	\$0.00	\$24.48	\$23.60		\$26.67	\$5.79	31.26 (FRV)	\$1.81
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.83	\$87.22	\$0.00	\$24.48	\$23.60	\$0.00	\$26.67	\$5.79	\$31.26	\$1.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4477</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.88	\$126.27	\$0.00	\$24.48	\$23.60	\$0.00	\$26.67	\$5.79	\$31.26	\$1.81
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.53	\$2.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$3.84	\$3.06	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$243.72</b>	<b>\$129.33</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$24.01</b>	<b>\$0.00</b>	<b>\$27.04</b>	<b>\$5.79</b>	<b>\$31.26</b>	<b>\$1.81</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$182.79</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>THE WILLIAM BREMAN JEWISH HOME</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00040752A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5799			1.5799	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 55.56%		Nurse Hours per On-Site Day/Quality Incentive: 5.83		5.83	5.5%	Quarterly Medicaid CMI: 1.3060			1.3060	1.5192
							4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3245			1.3245	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$11,547,168	\$6,098,071	\$0	\$2,039,342	\$1,531,205	\$0	\$1,037,548		\$841,002	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$82,352)	\$0	\$0	\$0	\$1,148	\$1,162	(\$60,164)		(\$24,498)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$60,164		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$24,534
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$11,549,514	\$6,098,071	\$0	\$2,039,342	\$1,532,353	\$1,162	\$977,384	\$60,164	\$816,504	\$24,534
8	Total Nursing Facility Days	As Filed Days = 32,377 FY20 Audited C/R Days	32,377									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,377 FY20 GL-PL Ins Rpt Days								32,377		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$356.73	\$188.35	\$0.00	\$62.99	\$47.36	(with L&H)	\$30.19	\$1.86	\$25.22	\$0.76
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5799</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$119.21								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$119.21	\$0.00	\$62.99	\$47.36		\$30.19	\$1.86	\$25.22	\$0.76
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.36	\$88.52	\$0.00	\$24.48	\$27.62		\$30.19	\$1.86	24.93 (FRV)	\$0.76
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.36	\$88.52	\$0.00	\$24.48	\$27.62	\$0.00	\$30.19	\$1.86	\$24.93	\$0.76
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3245</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.08	\$117.24	\$0.00	\$24.48	\$27.62	\$0.00	\$30.19	\$1.86	\$24.93	\$0.76
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.45	\$6.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.69	\$4.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.61	\$11.14	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$255.69</b>	<b>\$128.38</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.66</b>	<b>\$1.86</b>	<b>\$24.93</b>	<b>\$0.76</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$178.94</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>SIGNATURE HEALTHCARE OF BUCKHEAD</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00040763A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6525	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	24.59%	1.0%	Quarterly Medicaid CMI:			1.6850	1.5192
							4.08	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7167	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$11,261,825	\$5,866,054	\$0	\$783,398	\$1,069,761	\$0	\$2,626,210		\$916,402	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$378,588)	\$0	\$0	\$0	(\$979)	(\$1,789)	(\$180,009)		(\$195,811)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$157,269			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$195,304	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$11,235,810	\$5,866,054	\$0	\$783,398	\$1,068,782	(\$1,789)	\$2,446,201	\$157,269	\$720,591	\$195,304	
8	Total Nursing Facility Days As Filed Days = 42,512	FY20 Audited C/R Days	42,512										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,512	FY20 GL-PL Ins Rpt Days								42,512			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$264.30	\$137.99	\$0.00	\$18.43	\$25.10	(with L&H)	\$57.54	\$3.70	\$16.95	\$4.59	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6525</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.50									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.50	\$0.00	\$18.43	\$25.10		\$57.54	\$3.70	\$16.95	\$4.59	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.86	\$83.50	\$0.00	\$18.43	\$25.10		\$30.83	\$3.70	10.71 (FRV)	\$4.59	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.86	\$83.50	\$0.00	\$18.43	\$25.10	\$0.00	\$30.83	\$3.70	\$10.71	\$4.59	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7167</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.34									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.70	\$143.34	\$0.00	\$18.43	\$25.10	\$0.00	\$30.83	\$3.70	\$10.71	\$4.59	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.43	\$1.43									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.73	\$5.73									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.42	\$7.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$262.12</b>	<b>\$151.03</b>	<b>\$0.00</b>	<b>\$18.65</b>	<b>\$25.51</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$3.70</b>	<b>\$10.71</b>	<b>\$4.59</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$183.77</b>										

Quarterly Case Mix Per Diem Calculation

Interim

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<p>Provider: <b>Magnolia Manor Methodist Nursing Center</b></p> <p>Prvdr ID: <b>00040785A</b></p> <p>H/B ?: No</p> <p>Case Mix Per Diem Rate Effective Date: <b>04/01/23</b></p> <p>MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/22</b></p> <p>Facility Score: <b>N/A</b></p> <p>Add-on Percent: <b>0.00%</b></p> <p>Growth Allowance: <b>N/A</b></p> <p>BIMS: <b>37.0%</b></p> <p>Nurse Hours per On-Site Day/Quality Incentive: <b>4.03</b></p> <p>Case Mix Index (CMI) Data</p> <p>Base Period Overall CMI: <b>1.6273</b></p> <p>Quarterly Medicaid CMI: <b>1.6451</b></p> <p>Qtrly Mcaid CMI w RUG Wght Options: <b>1.6779</b></p> <p>Facility Specific: <b>1.6273</b></p> <p>State-wide: <b>1.5126</b></p> <p>Facility Specific: <b>1.6451</b></p> <p>State-wide: <b>1.5192</b></p> <p>Facility Specific: <b>1.6779</b></p> <p>State-wide: <b>1.5459</b></p>												
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs												
Total Nursing Facility Days GL-PL Ins. Rpt												
Standard Per Diem (After CMA for Routine Svcs)												
Allowed @ 95% of Std												
Growth Allowance 0.0%												
CMA Allowed Per Diem (After Growth Allowance)												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%												
Nursing Home Provider Fee												
<b>Total Quarterly Per Diem Add-On Amounts</b>												
<b>Quarterly Case Mix Based Per Diem Rate</b>												
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>												

\* 1002.3B - The allowed Per Diem for GL/PL insurance will be the lower of projected costs or 90% of 105% of the median Net Per Diem.

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:		
Provider: <b>PINE VIEW NURSING AND REHAB CENTER</b> Prvdr ID: <b>00040796A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	25.97%	2.81	1.4140	1.8053	1.8371	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>													
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
<b>Base Period Per Diem Allowed Amounts</b>																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,177,705	\$2,139,181	\$0	\$477,254	\$506,693	\$0	\$705,465		\$349,112	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$188,967)	(\$2,561)	\$0	\$0	\$0	\$0	(\$156,277)		(\$30,129)											
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$154,096												
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$30,129										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,172,963	\$2,136,620	\$0	\$477,254	\$506,693	\$0	\$549,188	\$154,096	\$318,983	\$30,129										
8	Total Nursing Facility Days	As Filed Days = 26,147 FY20 Audited C/R Days	26,147																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,147 FY20 GL-PL Ins Rpt Days								26,147												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$159.59	\$81.72	\$0.00	\$18.25	\$19.38	<i>(with L&amp;H)</i>	\$21.00	\$5.89	\$12.20	\$1.15										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4140</b>																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.79																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.79	\$0.00	\$18.25	\$19.38		\$21.00	\$5.89	\$12.20	\$1.15										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.51	\$57.79	\$0.00	\$18.25	\$19.38		\$21.00	\$5.89	9.05 <i>(FRV)</i>	\$1.15										
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.51	\$57.79	\$0.00	\$18.25	\$19.38	\$0.00	\$21.00	\$5.89	\$9.05	\$1.15										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.8371</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.17																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.89	\$106.17	\$0.00	\$18.25	\$19.38	\$0.00	\$21.00	\$5.89	\$9.05	\$1.15										
<b>Quarterly Per Diem Add-on Amounts</b>																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.25	\$4.25																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.94	\$5.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$204.83</b>	<b>\$112.01</b>	<b>\$0.00</b>	<b>\$18.47</b>	<b>\$19.79</b>	<b>\$0.00</b>	<b>\$38.47</b>	<b>\$5.89</b>	<b>\$9.05</b>	<b>\$1.15</b>										
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$140.80</b>																			

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.4329	1.5126		
Provider: <b>TWIN VIEW HEALTH AND REHAB</b> Prvdr ID: <b>00040807A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	37.50%	0.00%	2.5%	4.0%	3.24	1.7502	1.5192	1.7808	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>													
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
<b>Base Period Per Diem Allowed Amounts</b>																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,188,211	\$2,622,087	\$0	\$366,283	\$499,481	\$0	\$1,089,417		\$610,943	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$67,220)	\$6,647	\$0	\$350	\$0	\$0	(\$44,648)		(\$29,569)											
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$44,871												
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$29,569										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,195,431	\$2,628,734	\$0	\$366,633	\$499,481	\$0	\$1,044,769	\$44,871	\$581,374	\$29,569										
8	Total Nursing Facility Days	As Filed Days = 34,705 FY20 Audited C/R Days	34,705																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,705 FY20 GL-PL Ins Rpt Days								34,705												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$149.69	\$75.75	\$0.00	\$10.56	\$14.39	<i>(with L&amp;H)</i>	\$30.10	\$1.29	\$16.75	\$0.85										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4329</b>																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.87																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$52.87	\$0.00	\$10.56	\$14.39		\$30.10	\$1.29	\$16.75	\$0.85										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.27	\$52.87	\$0.00	\$10.56	\$14.39		\$30.10	\$1.29	9.21 <i>(FRV)</i>	\$0.85										
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A									
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.27	\$52.87	\$0.00	\$10.56	\$14.39	\$0.00	\$30.10	\$1.29	\$9.21	\$0.85										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7808</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.15																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.55	\$94.15	\$0.00	\$10.56	\$14.39	\$0.00	\$30.10	\$1.29	\$9.21	\$0.85										
<b>Quarterly Per Diem Add-on Amounts</b>																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.35	\$2.35																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$24.75	\$6.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$185.30</b>	<b>\$100.80</b>	<b>\$0.00</b>	<b>\$10.78</b>	<b>\$14.80</b>	<b>\$0.00</b>	<b>\$47.57</b>	<b>\$1.29</b>	<b>\$9.21</b>	<b>\$0.85</b>										
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$126.15</b>																			



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:		
Provider: <b>A.G. RHODES HOME WESLEY WOODS</b> Prvdr ID: <b>00040818A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide
													N/A	0.00%	N/A	33.78%	4.32	5.0%	1.7560	1.5126		
																			1.7047	1.5192		
																			1.7349	1.5459		
<b>CASE MIX BASED RATE CALCULATIONS</b>													a	b	c	d	e	f	g	g	h	i
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>													
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																					
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
	<b>Base Period Per Diem Allowed Amounts</b>																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$12,890,225	\$6,675,876	\$0	\$1,414,899	\$1,447,720	\$0	\$2,859,716		\$492,014	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$193,517)	(\$13,822)	\$0	\$0	\$0	(\$3,280)	(\$151,671)		(\$24,744)											
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$151,671												
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$24,744										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$12,873,123	\$6,662,054	\$0	\$1,414,899	\$1,447,720	(\$3,280)	\$2,708,045	\$151,671	\$467,270	\$24,744										
8	Total Nursing Facility Days	As Filed Days = 47,262																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 47,262																				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$272.38	\$140.96	\$0.00	\$29.94	\$30.56	(with L&H)	\$57.30	\$3.21	\$9.89	\$0.52										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.7560</b>																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.27																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.27	\$0.00	\$29.94	\$30.56		\$57.30	\$3.21	\$9.89	\$0.52										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.84	\$80.27	\$0.00	\$24.48	\$27.62		\$30.83	\$3.21	15.91 (FRV)	\$0.52										
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.84	\$80.27	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$3.21	\$15.91	\$0.52										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7349</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.26																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.83	\$139.26	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$3.21	\$15.91	\$0.52										
	<b>Quarterly Per Diem Add-on Amounts</b>																					
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.48	\$3.48																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.96	\$6.96																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.07	\$10.97	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$269.90</b>	<b>\$150.23</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$3.21</b>	<b>\$15.91</b>	<b>\$0.52</b>										
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$189.60</b>																			

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:		
Provider: <b>PRUITTHEALTH - AUSTELL</b> Prvdr ID: <b>00059276A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide
													N/A	0.00%		23.19%	1.0%	3.46	6.0%	1.5951	1.5126	
																				1.4555	1.5192	
																				1.4794	1.5459	
<b>CASE MIX BASED RATE CALCULATIONS</b>													a	b	c	d	e	f	g	g	h	i
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>													
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																					
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
	<b>Base Period Per Diem Allowed Amounts</b>																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,302,625	\$4,596,014	\$0	\$774,579	\$995,035	\$0	\$1,371,033		\$565,964	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$348,985)	(\$57,743)	\$0	\$0	(\$5,609)	(\$6,059)	(\$216,220)		(\$63,354)											
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$252,839												
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>																			\$72,120	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,278,599	\$4,538,271	\$0	\$774,579	\$989,426	(\$6,059)	\$1,154,813	\$252,839	\$502,610	\$72,120										
8	Total Nursing Facility Days	As Filed Days = 42,585																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 42,585																				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$194.40	\$106.57	\$0.00	\$18.19	\$23.09	(with L&H)	\$27.12	\$5.94	\$11.80	\$1.69										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5951</b>																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.81	\$0.00	\$18.19	\$23.09		\$27.12	\$5.94	\$11.80	\$1.69										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.81	\$0.00	\$18.19	\$23.09		\$27.12	\$5.94	\$11.80	\$1.69										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.33	\$66.81	\$0.00	\$18.19	\$23.09		\$27.12	\$5.94	12.49	\$1.69										
											(FRV)											
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.33	\$66.81	\$0.00	\$18.19	\$23.09	\$0.00	\$27.12	\$5.94	\$12.49	\$1.69										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4794</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.84																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.36	\$98.84	\$0.00	\$18.19	\$23.09	\$0.00	\$27.12	\$5.94	\$12.49	\$1.69										
	<b>Quarterly Per Diem Add-on Amounts</b>																					
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00										
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.93	\$5.93																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.55	\$7.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$212.91</b>	<b>\$106.29</b>	<b>\$0.00</b>	<b>\$18.41</b>	<b>\$23.50</b>	<b>\$0.00</b>	<b>\$44.59</b>	<b>\$5.94</b>	<b>\$12.49</b>	<b>\$1.69</b>										
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$146.86</b>																			

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:			
Provider: <b>NORTHRIDGE HEALTH AND REHABILITATION</b> Prvdr ID: <b>00059331A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	28.72%	2.71	5.0%	1.3765	1.4621	1.4877	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>														
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
<b>Base Period Per Diem Allowed Amounts</b>																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$10,878,934	\$4,904,078	\$0	\$1,357,383	\$493,733	\$580,527	\$2,868,190		\$675,023	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$160,841)	\$43,761	\$0	\$0	(\$5,788)	(\$11,293)	(\$185,658)		(\$1,863)												
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$124,185													
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$1,843											
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,844,121	\$4,947,839	\$0	\$1,357,383	\$487,945	\$569,234	\$2,682,532	\$124,185	\$673,160	\$1,843											
8	Total Nursing Facility Days	As Filed Days = 54,854 FY20 Audited C/R Days	54,854																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 54,854 FY20 GL-PL Ins Rpt Days								54,854													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$197.68	\$90.20	\$0.00	\$24.75	\$19.27	(with L&H)	\$48.90	\$2.26	\$12.27	\$0.03											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3765</b>																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.53																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.53	\$0.00	\$24.75	\$19.27		\$48.90	\$2.26	\$12.27	\$0.03											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.30	\$65.53	\$0.00	\$24.48	\$19.27		\$30.83	\$2.26	15.90 <i>(FRV)</i>	\$0.03											
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.30	\$65.53	\$0.00	\$24.48	\$19.27	\$0.00	\$30.83	\$2.26	\$15.90	\$0.03											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4877</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.49																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.26	\$97.49	\$0.00	\$24.48	\$19.27	\$0.00	\$30.83	\$2.26	\$15.90	\$0.03											
<b>Quarterly Per Diem Add-on Amounts</b>																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00												
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.87	\$4.87																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10														
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.88	\$6.37	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00											
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$214.14</b>	<b>\$103.86</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$19.68</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$2.26</b>	<b>\$15.90</b>	<b>\$0.03</b>											
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$147.78</b>																				

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>Provider: THE BELL MINOR HOME</b> <b>Prvdr ID: 00059397A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6685	1.5126
							26.56%	1.0%					1.5918	1.5192
							3.74	3.0%					1.6231	1.5459
<b>Case Mix Based Rate Calculations</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,190,615	\$2,963,887	\$0	\$574,321	\$552,791	\$0	\$1,190,733		\$1,908,883	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$247,337)	\$0	\$0	\$0	(\$1,212)	(\$1,230)	(\$183,754)		(\$61,141)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$198,478				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$60,871		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,202,627	\$2,963,887	\$0	\$574,321	\$551,579	(\$1,230)	\$1,006,979	\$198,478	\$1,847,742	\$60,871		
8	Total Nursing Facility Days	As Filed Days = 31,961 FY20 Audited C/R Days	31,961											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,961 FY20 GL-PL Ins Rpt Days								31,961				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$225.35	\$92.73	\$0.00	\$17.97	\$17.22	(with L&H)	\$31.51	\$6.21	\$57.81	\$1.90		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6685</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.58										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$55.58	\$0.00	\$17.97	\$17.22		\$31.51	\$6.21	\$57.81	\$1.90		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.37	\$55.58	\$0.00	\$17.97	\$17.22		\$30.83	\$6.21	13.66 (FRV)	\$1.90		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.37	\$55.58	\$0.00	\$17.97	\$17.22	\$0.00	\$30.83	\$6.21	\$13.66	\$1.90		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6231</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.21										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.00	\$90.21	\$0.00	\$17.97	\$17.22	\$0.00	\$30.83	\$6.21	\$13.66	\$1.90		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.71	\$2.71										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.87	\$4.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$199.87</b>	<b>\$94.35</b>	<b>\$0.00</b>	<b>\$18.19</b>	<b>\$17.63</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$6.21</b>	<b>\$13.66</b>	<b>\$1.90</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$137.08</b>											



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>AZALEA HEALTH AND REHABILITATION CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00059441A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7115	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	35.19%	2.5%	Quarterly Medicaid CMI:			1.7395	1.5192
							3.69	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7724	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,934,782	\$2,912,691	\$0	\$570,376	\$543,635	\$0	\$632,977		\$1,275,103	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$290,844	(\$2,460)	\$0	(\$4,535)	(\$1,017)	\$5,239	\$345,301		(\$51,684)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$4,288			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$51,438	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,281,352	\$2,910,231	\$0	\$565,841	\$542,618	\$5,239	\$978,278	\$4,288	\$1,223,419	\$51,438	
8	Total Nursing Facility Days	As Filed Days = 29,597 FY20 Audited C/R Days	29,597										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,597 FY20 GL-PL Ins Rpt Days								29,597			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$212.23	\$98.33	\$0.00	\$19.12	\$18.51	(with L&H)	\$33.05	\$0.14	\$41.34	\$1.74	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.7115</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.45									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.45	\$0.00	\$19.12	\$18.51		\$33.05	\$0.14	\$41.34	\$1.74	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.55	\$57.45	\$0.00	\$19.12	\$18.51		\$30.83	\$0.14	13.76 (FRV)	\$1.74	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.55	\$57.45	\$0.00	\$19.12	\$18.51	\$0.00	\$30.83	\$0.14	\$13.76	\$1.74	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7724</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.82									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.92	\$101.82	\$0.00	\$19.12	\$18.51	\$0.00	\$30.83	\$0.14	\$13.76	\$1.74	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.55	\$2.55									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.04	\$2.04									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.85	\$5.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$208.77</b>	<b>\$106.94</b>	<b>\$0.00</b>	<b>\$19.34</b>	<b>\$18.92</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$0.14</b>	<b>\$13.76</b>	<b>\$1.74</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$143.75</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>Provider: NORTH DECATUR HEALTH AND REHABILITATION CENTER</b> <b>Prvdr ID: 00059452A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6977	1.5126
							17.50%	0.0%					1.4333	1.5192
							3.48	2.0%					1.4588	1.5459
<b>Case Mix Based Rate Calculations</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,730,040	\$2,666,568	\$0	\$418,219	\$407,136	\$0	\$580,245		\$657,872	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$216,960	(\$6,530)	\$0	(\$1,414)	(\$2,930)	(\$1,747)	\$267,334		(\$37,753)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$12,438				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$46,074		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,005,512	\$2,660,038	\$0	\$416,805	\$404,206	(\$1,747)	\$847,579	\$12,438	\$620,119	\$46,074		
8	Total Nursing Facility Days As Filed Days = 24,744	FY20 Audited C/R Days	24,983											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,744	FY20 GL-PL Ins Rpt Days								24,983				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$200.35	\$106.47	\$0.00	\$16.68	\$16.11	(with L&H)	\$33.93	\$0.50	\$24.82	\$1.84		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6977</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.71										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.71	\$0.00	\$16.68	\$16.11		\$33.93	\$0.50	\$24.82	\$1.84		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.65	\$62.71	\$0.00	\$16.68	\$16.11		\$30.83	\$0.50	10.98 (FRV)	\$1.84		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.65	\$62.71	\$0.00	\$16.68	\$16.11	\$0.00	\$30.83	\$0.50	\$10.98	\$1.84		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4588</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.48										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.42	\$91.48	\$0.00	\$16.68	\$16.11	\$0.00	\$30.83	\$0.50	\$10.98	\$1.84		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.83	\$1.83										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.09	\$2.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$188.51</b>	<b>\$93.84</b>	<b>\$0.00</b>	<b>\$16.90</b>	<b>\$16.52</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$0.50</b>	<b>\$10.98</b>	<b>\$1.84</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$128.56</b>											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>Provider: PRUITTHEALTH - AUGUSTA</b> <b>Prvdr ID: 00059463A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.4672	1.5126
							31.17%	2.5%					1.4844	1.5192
							3.07	4.0%					1.5095	1.5459
<b>Case Mix Based Rate Calculations</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,676,674	\$3,197,787	\$0	\$553,924	\$675,209	\$0	\$1,012,688		\$237,066	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$265,378)	(\$54,406)	\$0	\$0	\$0	\$0	(\$170,516)		(\$40,456)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$203,794				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$42,704		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,657,794	\$3,143,381	\$0	\$553,924	\$675,209	\$0	\$842,172	\$203,794	\$196,610	\$42,704		
8	Total Nursing Facility Days	As Filed Days = 29,217 FY20 Audited C/R Days	29,217											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,217 FY20 GL-PL Ins Rpt Days								29,217				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$193.65	\$107.59	\$0.00	\$18.96	\$23.11	(with L&H)	\$28.82	\$6.98	\$6.73	\$1.46		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4672</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.33										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.33	\$0.00	\$18.96	\$23.11		\$28.82	\$6.98	\$6.73	\$1.46		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.79	\$73.33	\$0.00	\$18.96	\$23.11		\$28.82	\$6.98	11.13 (FRV)	\$1.46		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.79	\$73.33	\$0.00	\$18.96	\$23.11	\$0.00	\$28.82	\$6.98	\$11.13	\$1.46		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5095</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.69										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.15	\$110.69	\$0.00	\$18.96	\$23.11	\$0.00	\$28.82	\$6.98	\$11.13	\$1.46		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.77	\$2.77										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.43	\$4.43										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.83	\$7.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$226.98</b>	<b>\$118.42</b>	<b>\$0.00</b>	<b>\$19.18</b>	<b>\$23.52</b>	<b>\$0.00</b>	<b>\$46.29</b>	<b>\$6.98</b>	<b>\$11.13</b>	<b>\$1.46</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$157.41</b>											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>BOLINGREEN HEALTH AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00059485A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4813	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	30.95%	2.5%	Quarterly Medicaid CMI:			1.3563	1.5192
							3.61	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3756	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,736,067	\$3,707,416	\$0	\$790,635	\$785,598	\$0	\$1,303,554		\$148,864	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$130,356)	\$0	\$0	\$0	(\$829)	(\$7,415)	(\$109,530)		(\$12,582)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$63,960			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$12,555	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,682,226	\$3,707,416	\$0	\$790,635	\$784,769	(\$7,415)	\$1,194,024	\$63,960	\$136,282	\$12,555	
8	Total Nursing Facility Days As Filed Days = 37,541	FY20 Audited C/R Days	37,541										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,541	FY20 GL-PL Ins Rpt Days								37,541			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$178.00	\$98.76	\$0.00	\$21.06	\$20.71	(with L&H)	\$31.81	\$1.70	\$3.63	\$0.33	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4813</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.67									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.67	\$0.00	\$21.06	\$20.71		\$31.81	\$1.70	\$3.63	\$0.33	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.61	\$66.67	\$0.00	\$21.06	\$20.71		\$30.83	\$1.70	10.31 (FRV)	\$0.33	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.61	\$66.67	\$0.00	\$21.06	\$20.71	\$0.00	\$30.83	\$1.70	\$10.31	\$0.33	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3756</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.71									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.65	\$91.71	\$0.00	\$21.06	\$20.71	\$0.00	\$30.83	\$1.70	\$10.31	\$0.33	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.29	\$2.29									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.75	\$2.75									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.30	\$5.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$199.95</b>	<b>\$97.28</b>	<b>\$0.00</b>	<b>\$21.28</b>	<b>\$21.12</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.70</b>	<b>\$10.31</b>	<b>\$0.33</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$137.14</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.4357	1.5126	
<b>Provider: BROWN HEALTH AND REHABILITATION</b> <b>Prvdr ID: 00059562A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	31.67%	2.5%	3.00	5.0%	1.6494	1.5459			
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>														
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
<b>Base Period Per Diem Allowed Amounts</b>																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,479,588	\$3,385,722	\$0	\$679,041	\$940,011	\$0	\$1,141,517		\$333,297	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$82,501)	\$0	\$0	\$0	\$3,633	\$7,146	(\$68,096)		(\$25,184)												
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$54,119													
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>																	\$25,380				
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,476,586	\$3,385,722	\$0	\$679,041	\$943,644	\$7,146	\$1,073,421	\$54,119	\$308,113	\$25,380											
8	Total Nursing Facility Days	As Filed Days = 32,947 FY20 Audited C/R Days	32,947																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,947 FY20 GL-PL Ins Rpt Days								32,947													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$196.57	\$102.76	\$0.00	\$20.61	\$28.86	(with L&H)	\$32.58	\$1.64	\$9.35	\$0.77											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4357</b>																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.57																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.57	\$0.00	\$20.61	\$28.86		\$32.58	\$1.64	\$9.35	\$0.77											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.98	\$71.57	\$0.00	\$20.61	\$27.62		\$30.83	\$1.64	17.94 <i>(FRV)</i>	\$0.77											
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.98	\$71.57	\$0.00	\$20.61	\$27.62	\$0.00	\$30.83	\$1.64	\$17.94	\$0.77											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6494</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.05																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.46	\$118.05	\$0.00	\$20.61	\$27.62	\$0.00	\$30.83	\$1.64	\$17.94	\$0.77											
<b>Quarterly Per Diem Add-on Amounts</b>																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00												
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.95	\$2.95																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.90	\$5.90																			
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	\$26.70	\$9.38	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00											
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$244.16</b>	<b>\$127.43</b>	<b>\$0.00</b>	<b>\$20.83</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.64</b>	<b>\$17.94</b>	<b>\$0.77</b>											
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$170.30</b>																				



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,114,623	\$4,063,346	\$0	\$770,965	\$737,641	\$0	\$1,381,444		\$1,161,227	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$155,883)	\$0	\$0	\$0	\$0	\$0	(\$108,998)		(\$46,885)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$108,998		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$46,885
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,114,623	\$4,063,346	\$0	\$770,965	\$737,641	\$0	\$1,272,446	\$108,998	\$1,114,342	\$46,885
8	Total Nursing Facility Days	As Filed Days = 41,877 FY20 Audited C/R Days	41,877									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,877 FY20 GL-PL Ins Rpt Days								41,877		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$193.77	\$97.03	\$0.00	\$18.41	\$17.61	(with L&H)	\$30.39	\$2.60	\$26.61	\$1.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5699</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.81	\$0.00	\$18.41	\$17.61		\$30.39	\$2.60	\$26.61	\$1.12
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.38	\$61.81	\$0.00	\$18.41	\$17.61		\$30.39	\$2.60	8.44 (FRV)	\$1.12
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.38	\$61.81	\$0.00	\$18.41	\$17.61	\$0.00	\$30.39	\$2.60	\$8.44	\$1.12
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6295</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.29	\$100.72	\$0.00	\$18.41	\$17.61	\$0.00	\$30.39	\$2.60	\$8.44	\$1.12
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.49	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.33		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.62	\$4.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.43	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$201.91</b>	<b>\$105.28</b>	<b>\$0.00</b>	<b>\$18.63</b>	<b>\$18.02</b>	<b>\$0.00</b>	<b>\$47.82</b>	<b>\$2.60</b>	<b>\$8.44</b>	<b>\$1.12</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.61</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: <b>CHAPLINWOOD NURSING HOME</b> Prvdr ID: <b>00059694A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.2699	1.5126
							28.57%	1.0%					1.2895	1.5192
							3.80	5.0%					1.3121	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,150,086	\$3,077,975	\$0	\$552,807	\$706,701	\$0	\$985,423		\$827,180	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$162,528)	\$0	\$0	\$0	\$0	(\$5,012)	(\$127,888)		(\$29,628)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$53,495				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$29,628		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,070,681	\$3,077,975	\$0	\$552,807	\$706,701	(\$5,012)	\$857,535	\$53,495	\$797,552	\$29,628		
8	Total Nursing Facility Days	As Filed Days = 32,392 FY20 Audited C/R Days	32,392											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,392 FY20 GL-PL Ins Rpt Days								32,392				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$187.40	\$95.02	\$0.00	\$17.07	\$21.66	(with L&H)	\$26.47	\$1.65	\$24.62	\$0.91		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.2699</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.82										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.82	\$0.00	\$17.07	\$21.66		\$26.47	\$1.65	\$24.62	\$0.91		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.62	\$74.82	\$0.00	\$17.07	\$21.66		\$26.47	\$1.65	11.04 (FRV)	\$0.91		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.62	\$74.82	\$0.00	\$17.07	\$21.66	\$0.00	\$26.47	\$1.65	\$11.04	\$0.91		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3121</b>										
18	Qtrly Routine Srvc 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	\$176.97	\$98.17	\$0.00	\$17.07	\$21.66	\$0.00	\$26.47	\$1.65	\$11.04	\$0.91		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.91	\$4.91										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.52	\$6.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$201.49</b>	<b>\$104.59</b>	<b>\$0.00</b>	<b>\$17.29</b>	<b>\$22.07</b>	<b>\$0.00</b>	<b>\$43.94</b>	<b>\$1.65</b>	<b>\$11.04</b>	<b>\$0.91</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.29</b>											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	
Provider: <b>HAZELHURST COURT CARE AND REHABILITATION CENTER</b>														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.5051	1.5126
Prvdr ID: <b>00059705A</b>														Qtrly BIMS score	16.36%	0.0%	Quarterly Medicaid CMI:	1.6425	1.5192
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>														Nurse Hours per On-Site Day/Quality Incentive:	2.48	2.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.6733	1.5459
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>																			
			a	b	c	d	e	f	g	g	h	i							
<b>CASE MIX BASED RATE CALCULATIONS</b>																			
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>										
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%										
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%										
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37										
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,548,857	\$1,755,723	\$0	\$319,749	\$352,971	\$0	\$655,942		\$464,472	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$71,742)	\$0	\$0	\$0	(\$999)	(\$857)	(\$53,477)		(\$16,409)								
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$38,854									
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>																	\$16,322
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,532,291	\$1,755,723	\$0	\$319,749	\$351,972	(\$857)	\$602,465	\$38,854	\$448,063	\$16,322							
8	Total Nursing Facility Days	As Filed Days = 23,782																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,782																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$148.53	\$73.83	\$0.00	\$13.45	\$14.76	(with L&H)	\$25.33	\$1.63	\$18.84	\$0.69							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5051</b>															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.05															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$49.05	\$0.00	\$13.45	\$14.76		\$25.33	\$1.63	\$18.84	\$0.69							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.02	\$49.05	\$0.00	\$13.45	\$14.76		\$25.33	\$1.63	7.11 (FRV)	\$0.69							
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$112.02	\$49.05	\$0.00	\$13.45	\$14.76	\$0.00	\$25.33	\$1.63	\$7.11	\$0.69							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6733</b>															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.08															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.05	\$82.08	\$0.00	\$13.45	\$14.76	\$0.00	\$25.33	\$1.63	\$7.11	\$0.69							
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00								
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.64	\$1.64															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.27	\$2.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00							
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$165.32</b>	<b>\$84.25</b>	<b>\$0.00</b>	<b>\$13.67</b>	<b>\$15.17</b>	<b>\$0.00</b>	<b>\$42.80</b>	<b>\$1.63</b>	<b>\$7.11</b>	<b>\$0.69</b>							
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$111.17</b>																

Quarterly Case Mix Per Diem Calculation

Interim

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<p><b>Provider: Southwell Health and Rehab</b>                      Prvdr ID: <b>00059826A</b>                      H/B ?: Yes</p> <p><b>Case Mix Per Diem Rate Effective Date: 04/01/23</b>                      MDS &amp; Nurse Hrs Data per Quarter Ending: 12/31/22</p> <p><b>Add-on Data and Percentages</b>                      Growth Allowance: N/A                      BIMS: 42.4%                      Nurse Hours per On-Site Day/Quality Incentive: 2.97</p> <p><b>Facility Score</b>: 2.97  <b>Add-on Percent</b>: 3.0%</p> <p><b>Case Mix Index (CMI) Data</b>                      Base Period Overall CMI: 1.2685                      Quarterly Medicaid CMI: 1.1954                      Qtrly Mcaid CMI w RUG Wght Options: 1.2117</p> <p><b>Facility Specific</b>: 1.2685                      1.1954                      1.2117</p> <p><b>State-wide</b>: 1.5126                      1.5192                      1.5459</p>												
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs												
Total Nursing Facility Days GL-PL Ins. Rpt												
Standard Per Diem (After CMA for Routine Svcs)												
Allowed @ 95% of Std												
Growth Allowance 0.0%												
CMA Allowed Per Diem (After Growth Allowance)												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
Nursing Home Provider Fee												
<b>Total Quarterly Per Diem Add-On Amounts</b>												
<b>Quarterly Case Mix Based Per Diem Rate</b>												
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>												

\* 1002.3B - The allowed Per Diem for GL/PL insurance will be the lower of projected costs or 90% of 105% of the median Net Per Diem.

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>CORDELE HEALTH AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00059892A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7846	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	21.15%	1.0%	Quarterly Medicaid CMI:			1.7725	1.5192
							4.73	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8055	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,634,593	\$3,825,261	\$0	\$578,817	\$225,012	\$279,095	\$1,125,211		\$601,197	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$98,241)	\$0	\$0	\$0	\$0	\$0	(\$93,118)		(\$5,123)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$93,118			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$5,123	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,634,593	\$3,825,261	\$0	\$578,817	\$225,012	\$279,095	\$1,032,093	\$93,118	\$596,074	\$5,123	
8	Total Nursing Facility Days As Filed Days = 22,722	FY20 Audited C/R Days	22,722										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,722	FY20 GL-PL Ins Rpt Days								22,722			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$291.99	\$168.35	\$0.00	\$25.47	\$22.19	(with L&H)	\$45.42	\$4.10	\$26.23	\$0.23	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.7846</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.34									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$94.34	\$0.00	\$25.47	\$22.19		\$45.42	\$4.10	\$26.23	\$0.23	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.85	\$88.52	\$0.00	\$25.47	\$22.19		\$30.83	\$4.10	9.51 (FRV)	\$0.23	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.85	\$88.52	\$0.00	\$25.47	\$22.19	\$0.00	\$30.83	\$4.10	\$9.51	\$0.23	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.8055</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$159.82									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$252.15	\$159.82	\$0.00	\$25.47	\$22.19	\$0.00	\$30.83	\$4.10	\$9.51	\$0.23	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.60	\$1.60									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.79	\$4.79									
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	\$24.12	\$6.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$276.27</b>	<b>\$166.21</b>	<b>\$0.00</b>	<b>\$25.69</b>	<b>\$22.60</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$4.10</b>	<b>\$9.51</b>	<b>\$0.23</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$194.38</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>Provider: DUBLINAIR HEALTH &amp; REHAB</b> <b>Prvdr ID: 00059947A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.5371	1.5126
							41.67%	2.5%					1.5359	1.5192
							3.14	3.0%					1.5652	1.5459
<b>Case Mix Based Rate Calculations</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,628,378	\$3,544,142	\$0	\$716,316	\$679,212	\$0	\$966,513		\$722,195	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$153,315)	\$0	\$0	\$0	\$0	\$0	(\$94,121)		(\$59,194)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$77,326				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$59,194		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,611,583	\$3,544,142	\$0	\$716,316	\$679,212	\$0	\$872,392	\$77,326	\$663,001	\$59,194		
8	Total Nursing Facility Days As Filed Days = 44,319	FY20 Audited C/R Days	44,319											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,319	FY20 GL-PL Ins Rpt Days								44,319				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$149.18	\$79.97	\$0.00	\$16.16	\$15.33	(with L&H)	\$19.68	\$1.74	\$14.96	\$1.34		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5371</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.03										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$52.03	\$0.00	\$16.16	\$15.33		\$19.68	\$1.74	\$14.96	\$1.34		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.52	\$52.03	\$0.00	\$16.16	\$15.33		\$19.68	\$1.74	9.24 (FRV)	\$1.34		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.52	\$52.03	\$0.00	\$16.16	\$15.33	\$0.00	\$19.68	\$1.74	\$9.24	\$1.34		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5652</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.44										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$144.93	\$81.44	\$0.00	\$16.16	\$15.33	\$0.00	\$19.68	\$1.74	\$9.24	\$1.34		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.04	\$2.04										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.44	\$2.44										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.11	\$5.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$168.04</b>	<b>\$86.45</b>	<b>\$0.00</b>	<b>\$16.38</b>	<b>\$15.74</b>	<b>\$0.00</b>	<b>\$37.15</b>	<b>\$1.74</b>	<b>\$9.24</b>	<b>\$1.34</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$113.21</b>											



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance			
			a	b	c	d	e	f	g	g	h	i	
<b>Provider: RIVER TOWNE CENTER</b> <b>Pvdr ID: 00082684A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													
			Growth Allowance: N/A Qtrly BIMS score: 22.50% Nurse Hours per On-Site Day/Quality Incentive: 3.69				Add-on Percent: 0.00% 1.0% 2.0%				Facility Specific: 1.7644 1.9019 1.9397		State-wide: 1.5126 1.5192 1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,553,678	\$3,741,812	\$0	\$645,825	\$596,055	\$0	\$1,444,002		\$1,125,984	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$295,136)	(\$99,373)	\$0	\$0	(\$10,157)	(\$9,460)	(\$100,575)		(\$75,571)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$188,288			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$73,084	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,519,914	\$3,642,439	\$0	\$645,825	\$585,898	(\$9,460)	\$1,343,427	\$188,288	\$1,050,413	\$73,084	
8	Total Nursing Facility Days As Filed Days = 38,849	FY20 Audited C/R Days	38,849										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,849	FY20 GL-PL Ins Rpt Days								38,849			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$193.57	\$93.76	\$0.00	\$16.62	\$14.84	(with L&H)	\$34.58	\$4.85	\$27.04	\$1.88	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.7644</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.14									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$53.14	\$0.00	\$16.62	\$14.84		\$34.58	\$4.85	\$27.04	\$1.88	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.36	\$53.14	\$0.00	\$16.62	\$14.84		\$30.83	\$4.85	8.20 (FRV)	\$1.88	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.36	\$53.14	\$0.00	\$16.62	\$14.84	\$0.00	\$30.83	\$4.85	\$8.20	\$1.88	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.9397</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.08									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.30	\$103.08	\$0.00	\$16.62	\$14.84	\$0.00	\$30.83	\$4.85	\$8.20	\$1.88	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.06	\$2.06									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.35	\$3.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$201.65</b>	<b>\$106.70</b>	<b>\$0.00</b>	<b>\$16.84</b>	<b>\$15.25</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$4.85</b>	<b>\$8.20</b>	<b>\$1.88</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.41</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: <b>HEARDMONT HEALTH AND REHABILITATION</b> Prvdr ID: <b>00082981A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													Growth Allowance: N/A Qtrly BIMS score: 27.27% Nurse Hours per On-Site Day/Quality Incentive: 3.31			Facility Score: N/A Add-on Percent: 0.00% Add-on Percent: 1.0% Add-on Percent: 3.0%			Base Period Overall CMI: 1.4977 Quarterly Medicaid CMI: 1.3425 Qtrly Mcaid CMI w RUG Wght Options: 1.3684			1.4977	1.5126	1.3425	1.5192	1.3684	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																											
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
<b>Base Period Per Diem Allowed Amounts</b>																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$2,765,524	\$1,346,181	\$0	\$294,147	\$363,776	\$0	\$519,259		\$242,161	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$45,706)	\$0	\$0	\$0	\$0	\$0	(\$27,379)		(\$18,327)																
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$27,379																	
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$18,327															
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$2,765,524	\$1,346,181	\$0	\$294,147	\$363,776	\$0	\$491,880	\$27,379	\$223,834	\$18,327															
8	Total Nursing Facility Days	As Filed Days = 17,251 FY20 Audited C/R Days	17,251																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,251 FY20 GL-PL Ins Rpt Days								17,251																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$160.31	\$78.03	\$0.00	\$17.05	\$21.09	(with L&H)	\$28.51	\$1.59	\$12.98	\$1.06															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4977</b>																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.10																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$52.10	\$0.00	\$17.05	\$21.09		\$28.51	\$1.59	\$12.98	\$1.06															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.42	\$52.10	\$0.00	\$17.05	\$21.09		\$28.51	\$1.59	9.02 (FRV)	\$1.06															
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.42	\$52.10	\$0.00	\$17.05	\$21.09	\$0.00	\$28.51	\$1.59	\$9.02	\$1.06															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3684</b>																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$71.29																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.61	\$71.29	\$0.00	\$17.05	\$21.09	\$0.00	\$28.51	\$1.59	\$9.02	\$1.06															
<b>Quarterly Per Diem Add-on Amounts</b>																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00																
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.71	\$0.71																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.14	\$2.14																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.48	\$3.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00															
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$171.09</b>	<b>\$74.67</b>	<b>\$0.00</b>	<b>\$17.27</b>	<b>\$21.50</b>	<b>\$0.00</b>	<b>\$45.98</b>	<b>\$1.59</b>	<b>\$9.02</b>	<b>\$1.06</b>															
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$115.49</b>																								

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
<b>Provider: AUTUMN LANE HEALTH AND REHABILITATION</b> <b>Prvdr ID: 00082992A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: 17.81% Qtrly BIMS score: 3.45 Nurse Hours per On-Site Day/Quality Incentive: 5.0%				Base Period Overall CMI: 1.3872 Quarterly Medicaid CMI: 1.3231 Qtrly Mcaid CMI w RUG Wght Options: 1.3454				Facility Specific: 1.3872 State-wide: 1.5126 1.3231 1.5192 1.3454 1.5459	
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,274,176	\$2,516,233	\$0	\$527,765	\$657,402	\$0	\$979,633		\$1,593,143	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$148,332)	\$0	\$0	\$0	\$0	\$11,488	(\$18,327)		(\$141,493)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$41,085		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$141,493
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,308,422	\$2,516,233	\$0	\$527,765	\$657,402	\$11,488	\$961,306	\$41,085	\$1,451,650	\$141,493
8	Total Nursing Facility Days	As Filed Days = 26,103 FY20 Audited C/R Days	26,103									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,103 FY20 GL-PL Ins Rpt Days								26,103		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$241.68	\$96.40	\$0.00	\$20.22	\$25.63	(with L&H)	\$36.83	\$1.57	\$55.61	\$5.42
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3872</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.49	\$0.00	\$20.22	\$25.63		\$36.83	\$1.57	\$55.61	\$5.42
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.24	\$69.49	\$0.00	\$20.22	\$25.63		\$30.83	\$1.57	35.08 (FRV)	\$5.42
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.24	\$69.49	\$0.00	\$20.22	\$25.63	\$0.00	\$30.83	\$1.57	\$35.08	\$5.42
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3454</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.24	\$93.49	\$0.00	\$20.22	\$25.63	\$0.00	\$30.83	\$1.57	\$35.08	\$5.42
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.67	\$4.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.93	\$5.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$235.17</b>	<b>\$98.69</b>	<b>\$0.00</b>	<b>\$20.44</b>	<b>\$26.04</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.57</b>	<b>\$35.08</b>	<b>\$5.42</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$163.55</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>SIGNATURE HEALTHCARE AT TOWER ROAD</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00083003A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.8647			1.8647	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 19.40%		Nurse Hours per On-Site Day/Quality Incentive: 2.62		2.62	0.0%	Quarterly Medicaid CMI: 1.5777			1.5777	1.5192
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6077			1.6077	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$11,802,957	\$5,351,365	\$0	\$739,617	\$767,837	\$0	\$2,365,115		\$2,579,023	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$220,481)	\$0	\$0	\$0	(\$6,580)	(\$6,331)	(\$127,466)		(\$80,104)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$127,466		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$78,758
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$11,788,700	\$5,351,365	\$0	\$739,617	\$761,257	(\$6,331)	\$2,237,649	\$127,466	\$2,498,919	\$78,758
8	Total Nursing Facility Days As Filed Days = 40,085	FY20 Audited C/R Days	40,085									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,085	FY20 GL-PL Ins Rpt Days								40,085		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$294.08	\$133.50	\$0.00	\$18.45	\$18.83	(with L&H)	\$55.82	\$3.18	\$62.34	\$1.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.8647</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.59	\$0.00	\$18.45	\$18.83		\$55.82	\$3.18	\$62.34	\$1.96
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.59	\$0.00	\$18.45	\$18.83		\$55.82	\$3.18	\$62.34	\$1.96
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.58	\$71.59	\$0.00	\$18.45	\$18.83		\$30.83	\$3.18	10.74 (FRV)	\$1.96
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.58	\$71.59	\$0.00	\$18.45	\$18.83	\$0.00	\$30.83	\$3.18	\$10.74	\$1.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6077</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.09	\$115.10	\$0.00	\$18.45	\$18.83	\$0.00	\$30.83	\$3.18	\$10.74	\$1.96
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.45	\$3.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.71	\$3.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$220.80</b>	<b>\$119.08</b>	<b>\$0.00</b>	<b>\$18.67</b>	<b>\$19.24</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$3.18</b>	<b>\$10.74</b>	<b>\$1.96</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$152.78</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>GREEN ACRES HEALTH AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00083014A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3811	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	34.38%	2.5%	Quarterly Medicaid CMI:			1.3202	1.5192
							3.55	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3409	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,941,115	\$3,000,509	\$0	\$579,850	\$635,413	\$0	\$954,619		\$770,724	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$123,779)	\$0	\$0	\$0	\$0	(\$4,597)	(\$88,253)		(\$30,929)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$52,195			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$30,929	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,900,460	\$3,000,509	\$0	\$579,850	\$635,413	(\$4,597)	\$866,366	\$52,195	\$739,795	\$30,929	
8	Total Nursing Facility Days	As Filed Days = 29,594 FY20 Audited C/R Days	29,594										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,594 FY20 GL-PL Ins Rpt Days								29,594			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$199.39	\$101.39	\$0.00	\$19.59	\$21.32	(with L&H)	\$29.28	\$1.76	\$25.00	\$1.05	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3811</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.41									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.41	\$0.00	\$19.59	\$21.32		\$29.28	\$1.76	\$25.00	\$1.05	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.56	\$73.41	\$0.00	\$19.59	\$21.32		\$29.28	\$1.76	11.15 (FRV)	\$1.05	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.56	\$73.41	\$0.00	\$19.59	\$21.32	\$0.00	\$29.28	\$1.76	\$11.15	\$1.05	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3409</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.44									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.59	\$98.44	\$0.00	\$19.59	\$21.32	\$0.00	\$29.28	\$1.76	\$11.15	\$1.05	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.46	\$2.46									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.92	\$4.92									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.01	\$7.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$208.60</b>	<b>\$106.35</b>	<b>\$0.00</b>	<b>\$19.81</b>	<b>\$21.73</b>	<b>\$0.00</b>	<b>\$46.75</b>	<b>\$1.76</b>	<b>\$11.15</b>	<b>\$1.05</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$143.63</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>Provider: ABERCORN REHABILITATION CENTER</b> <b>Prvdr ID: 00083025A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6277	1.5126
							22.22%	1.0%					1.6110	1.5192
							3.62	5.0%					1.6402	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,212,340	\$2,820,425	\$0	\$496,600	\$459,354	\$0	\$1,142,922		\$1,293,039	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$253,854)	(\$85,468)	\$0	\$0	\$0	\$0	(\$92,674)		(\$75,712)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$166,492				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$75,712		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,200,690	\$2,734,957	\$0	\$496,600	\$459,354	\$0	\$1,050,248	\$166,492	\$1,217,327	\$75,712		
8	Total Nursing Facility Days	As Filed Days = 30,433 FY20 Audited C/R Days	30,433											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,433 FY20 GL-PL Ins Rpt Days								30,433				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$203.75	\$89.87	\$0.00	\$16.32	\$15.09	(with L&H)	\$34.51	\$5.47	\$40.00	\$2.49		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6277</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.21										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$55.21	\$0.00	\$16.32	\$15.09		\$34.51	\$5.47	\$40.00	\$2.49		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.78	\$55.21	\$0.00	\$16.32	\$15.09		\$30.83	\$5.47	11.37 (FRV)	\$2.49		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.78	\$55.21	\$0.00	\$16.32	\$15.09	\$0.00	\$30.83	\$5.47	\$11.37	\$2.49		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6402</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.56										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.13	\$90.56	\$0.00	\$16.32	\$15.09	\$0.00	\$30.83	\$5.47	\$11.37	\$2.49		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.53	\$4.53										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.70	\$5.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$195.83</b>	<b>\$96.53</b>	<b>\$0.00</b>	<b>\$16.54</b>	<b>\$15.50</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$5.47</b>	<b>\$11.37</b>	<b>\$2.49</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$134.05</b>											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>LYNN HAVEN HEALTH AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00083036A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5685	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	53.19%	5.5%	Quarterly Medicaid CMI:			1.7074	1.5192
							3.22	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7411	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,433,459	\$2,500,764	\$0	\$532,928	\$772,399	\$0	\$919,260		\$708,108	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$89,705)	\$0	\$0	\$0	(\$40,811)	(\$3,804)	(\$12,380)		(\$32,710)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$40,885			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$32,524	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,417,163	\$2,500,764	\$0	\$532,928	\$731,588	(\$3,804)	\$906,880	\$40,885	\$675,398	\$32,524	
8	Total Nursing Facility Days	As Filed Days = 25,527 FY20 Audited C/R Days	25,584										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,527 FY20 GL-PL Ins Rpt Days								25,584			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$211.75	\$97.75	\$0.00	\$20.83	\$28.45	(with L&H)	\$35.45	\$1.60	\$26.40	\$1.27	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5685</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.32									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.32	\$0.00	\$20.83	\$28.45		\$35.45	\$1.60	\$26.40	\$1.27	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.91	\$62.32	\$0.00	\$20.83	\$27.62		\$30.83	\$1.60	12.44 (FRV)	\$1.27	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.91	\$62.32	\$0.00	\$20.83	\$27.62	\$0.00	\$30.83	\$1.60	\$12.44	\$1.27	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7411</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.51									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.10	\$108.51	\$0.00	\$20.83	\$27.62	\$0.00	\$30.83	\$1.60	\$12.44	\$1.27	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.97	\$5.97									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.43	\$5.43									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.25	\$11.93	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$232.35</b>	<b>\$120.44</b>	<b>\$0.00</b>	<b>\$21.05</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.60</b>	<b>\$12.44</b>	<b>\$1.27</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$161.44</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,284,380	\$4,815,886	\$0	\$1,004,563	\$996,906	\$0	\$1,621,795		\$845,230	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$286,409)	\$0	\$0	\$3,792	\$0	\$0	(\$213,097)		(\$77,104)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$213,208		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$23,711
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,234,890	\$4,815,886	\$0	\$1,008,355	\$996,906	\$0	\$1,408,698	\$213,208	\$768,126	\$23,711
8	Total Nursing Facility Days	As Filed Days = 45,079 FY20 Audited C/R Days	45,079									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 45,079 FY20 GL-PL Ins Rpt Days								45,079		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$204.86	\$106.83	\$0.00	\$22.37	\$22.11	(with L&H)	\$31.25	\$4.73	\$17.04	\$0.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6935</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.08	\$0.00	\$22.37	\$22.11		\$31.25	\$4.73	\$17.04	\$0.53
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.36	\$63.08	\$0.00	\$22.37	\$22.11		\$30.83	\$4.73	10.71 (FRV)	\$0.53
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.36	\$63.08	\$0.00	\$22.37	\$22.11	\$0.00	\$30.83	\$4.73	\$10.71	\$0.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5732</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.52	\$99.24	\$0.00	\$22.37	\$22.11	\$0.00	\$30.83	\$4.73	\$10.71	\$0.53
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.97	\$3.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.22	\$5.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$213.74</b>	<b>\$104.73</b>	<b>\$0.00</b>	<b>\$22.59</b>	<b>\$22.52</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$4.73</b>	<b>\$10.71</b>	<b>\$0.53</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$147.48</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>THE CENTER FOR ADVANCED REHAB AT PARKSIDE</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00083102A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.8876	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	16.67%	0.0%	Quarterly Medicaid CMI:			1.8888	1.5192
							3.18	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9263	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,689,038	\$4,856,937	\$0	\$854,938	\$797,301	\$0	\$1,791,618		\$1,388,244	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$310,135)	\$0	\$0	(\$2,500)	(\$3,213)	(\$5,907)	(\$143,878)		(\$154,637)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$124,716			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$152,394	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,656,013	\$4,856,937	\$0	\$852,438	\$794,088	(\$5,907)	\$1,647,740	\$124,716	\$1,233,607	\$152,394	
8	Total Nursing Facility Days	As Filed Days = 42,774 FY20 Audited C/R Days	42,774										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 42,774 FY20 GL-PL Ins Rpt Days								42,774			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$225.75	\$113.55	\$0.00	\$19.93	\$18.43	(with L&H)	\$38.52	\$2.92	\$28.84	\$3.56	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.8876</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.16									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.16	\$0.00	\$19.93	\$18.43		\$38.52	\$2.92	\$28.84	\$3.56	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.66	\$60.16	\$0.00	\$19.93	\$18.43		\$30.83	\$2.92	22.83 (FRV)	\$3.56	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.66	\$60.16	\$0.00	\$19.93	\$18.43	\$0.00	\$30.83	\$2.92	\$22.83	\$3.56	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.9263</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.89									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.39	\$115.89	\$0.00	\$19.93	\$18.43	\$0.00	\$30.83	\$2.92	\$22.83	\$3.56	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.48	\$3.48									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.74	\$4.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$236.13</b>	<b>\$119.90</b>	<b>\$0.00</b>	<b>\$20.15</b>	<b>\$18.84</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$2.92</b>	<b>\$22.83</b>	<b>\$3.56</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$164.27</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:			
Provider: <b>MAGNOLIA MANOR OF COLUMBUS NURSING CENTER - WEST</b> Prvdr ID: <b>00083124A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide	
														N/A	0.00%		N/A	42.47%	2.5%	2.93	4.0%	1.6208	1.5126
																						1.4634	1.5192
																						1.4888	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>													a	b	c	d	e	f	g	g	h	i	
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>														
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																						
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
	<b>Base Period Per Diem Allowed Amounts</b>																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,744,499	\$4,002,683	\$0	\$911,576	\$848,633	\$0	\$1,362,610		\$618,997	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$384,867)	(\$12,403)	\$0	\$0	\$0	(\$8,786)	(\$332,959)		(\$30,719)												
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$173,722													
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>																					\$30,719
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,564,073	\$3,990,280	\$0	\$911,576	\$848,633	(\$8,786)	\$1,029,651	\$173,722	\$588,278	\$30,719											
8	Total Nursing Facility Days	As Filed Days = 43,829																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 43,829																					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$172.57	\$91.04	\$0.00	\$20.80	\$19.16	(with L&H)	\$23.49	\$3.96	\$13.42	\$0.70											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6208</b>																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.17																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.17	\$0.00	\$20.80	\$19.16		\$23.49	\$3.96	\$13.42	\$0.70											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.81	\$56.17	\$0.00	\$20.80	\$19.16		\$23.49	\$3.96	11.53 (FRV)	\$0.70											
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.81	\$56.17	\$0.00	\$20.80	\$19.16	\$0.00	\$23.49	\$3.96	\$11.53	\$0.70											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4888</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.63																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.27	\$83.63	\$0.00	\$20.80	\$19.16	\$0.00	\$23.49	\$3.96	\$11.53	\$0.70											
	<b>Quarterly Per Diem Add-on Amounts</b>																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00												
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.09	\$2.09																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.35	\$3.35																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10														
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.07	\$5.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00											
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$187.34</b>	<b>\$89.60</b>	<b>\$0.00</b>	<b>\$21.02</b>	<b>\$19.57</b>	<b>\$0.00</b>	<b>\$40.96</b>	<b>\$3.96</b>	<b>\$11.53</b>	<b>\$0.70</b>											
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$127.68</b>																				



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide					
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:
Provider: <b>PIONEER HEALTH OF CENTRAL GEORGIA</b> Prvdr ID: <b>00083135A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	33.85%	2.84	N/A	0.00%	2.5%	2.0%	1.4920	1.3745	1.3983	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																									
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>																
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																
<b>Base Period Per Diem Allowed Amounts</b>																									
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,772,267	\$2,409,775	\$0	\$346,661	\$394,610	\$0	\$813,439		\$807,782	\$0													
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$88,457)	\$0	\$0	\$0	\$0	\$0	(\$68,052)		(\$20,405)														
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$51,743															
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$20,405													
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,755,958	\$2,409,775	\$0	\$346,661	\$394,610	\$0	\$745,387	\$51,743	\$787,377	\$20,405													
8	Total Nursing Facility Days	As Filed Days = 28,259 FY20 Audited C/R Days	28,259																						
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,259 FY20 GL-PL Ins Rpt Days								28,259															
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$168.29	\$85.27	\$0.00	\$12.27	\$13.96	<i>(with L&amp;H)</i>	\$26.38	\$1.83	\$27.86	\$0.72													
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4920</b>																					
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.15																					
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.15	\$0.00	\$12.27	\$13.96		\$26.38	\$1.83	\$27.86	\$0.72													
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A														
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.03	\$57.15	\$0.00	\$12.27	\$13.96		\$26.38	\$1.83	9.72 <i>(FRV)</i>	\$0.72													
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																									
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A													
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.03	\$57.15	\$0.00	\$12.27	\$13.96	\$0.00	\$26.38	\$1.83	\$9.72	\$0.72													
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3983</b>																					
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.91																					
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$144.79	\$79.91	\$0.00	\$12.27	\$13.96	\$0.00	\$26.38	\$1.83	\$9.72	\$0.72													
<b>Quarterly Per Diem Add-on Amounts</b>																									
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00														
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.00	\$2.00																					
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.60	\$1.60																					
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.23	\$4.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00													
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$167.02</b>	<b>\$84.04</b>	<b>\$0.00</b>	<b>\$12.49</b>	<b>\$14.37</b>	<b>\$0.00</b>	<b>\$43.85</b>	<b>\$1.83</b>	<b>\$9.72</b>	<b>\$0.72</b>													
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$112.44</b>																						

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>NHC HEALTHCARE ROSSVILLE</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00083146A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.1945	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	26.58%	1.0%	Quarterly Medicaid CMI:			1.2841	1.5192
							4.64	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3046	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,290,170	\$3,568,024	\$0	\$721,256	\$563,440	\$0	\$1,134,930		\$302,520	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$198,302)	\$16,953	\$0	\$0	(\$2,026)	(\$2,539)	(\$158,891)		(\$51,799)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$161,600			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$51,379	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,304,847	\$3,584,977	\$0	\$721,256	\$561,414	(\$2,539)	\$976,039	\$161,600	\$250,721	\$51,379	
8	Total Nursing Facility Days	As Filed Days = 34,179											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,179								34,179			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.47	\$104.89	\$0.00	\$21.10	\$16.35	(with L&H)	\$28.56	\$4.73	\$7.34	\$1.50	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.1945</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.81									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.81	\$0.00	\$21.10	\$16.35		\$28.56	\$4.73	\$7.34	\$1.50	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.78	\$87.81	\$0.00	\$21.10	\$16.35		\$28.56	\$4.73	10.73 (FRV)	\$1.50	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.78	\$87.81	\$0.00	\$21.10	\$16.35	\$0.00	\$28.56	\$4.73	\$10.73	\$1.50	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3046</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.56									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.53	\$114.56	\$0.00	\$21.10	\$16.35	\$0.00	\$28.56	\$4.73	\$10.73	\$1.50	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.44	\$3.44									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.22	\$5.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$220.75</b>	<b>\$119.68</b>	<b>\$0.00</b>	<b>\$21.32</b>	<b>\$16.76</b>	<b>\$0.00</b>	<b>\$46.03</b>	<b>\$4.73</b>	<b>\$10.73</b>	<b>\$1.50</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$152.74</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,121,152	\$4,155,736	\$0	\$669,008	\$552,046	\$0	\$1,575,685		\$168,677	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$253,476)	(\$70,618)	\$0	(\$1,483)	\$1,586	\$3,171	(\$120,071)		(\$66,061)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$154,338		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$56,701
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,078,715	\$4,085,118	\$0	\$667,525	\$553,632	\$3,171	\$1,455,614	\$154,338	\$102,616	\$56,701
8	Total Nursing Facility Days	As Filed Days = 37,596 FY20 Audited C/R Days	37,596									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 37,596 FY20 GL-PL Ins Rpt Days								37,596		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$188.30	\$108.66	\$0.00	\$17.76	\$14.81	(with L&H)	\$38.72	\$4.11	\$2.73	\$1.51
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6025</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.81	\$0.00	\$17.76	\$14.81		\$38.72	\$4.11	\$2.73	\$1.51
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.11	\$67.81	\$0.00	\$17.76	\$14.81		\$30.83	\$4.11	11.28 (FRV)	\$1.51
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.11	\$67.81	\$0.00	\$17.76	\$14.81	\$0.00	\$30.83	\$4.11	\$11.28	\$1.51
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7358</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.00	\$117.70	\$0.00	\$17.76	\$14.81	\$0.00	\$30.83	\$4.11	\$11.28	\$1.51
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.71	\$4.71								
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	\$24.15	\$6.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$222.15</b>	<b>\$124.12</b>	<b>\$0.00</b>	<b>\$17.98</b>	<b>\$15.22</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$4.11</b>	<b>\$11.28</b>	<b>\$1.51</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$153.79</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:				
Provider: <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b> Prvdr ID: <b>00083223A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	37.25%	2.5%	4.82	3.0%	1.4632	1.4757	1.5021	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>															
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
<b>Base Period Per Diem Allowed Amounts</b>																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$10,624,196	\$6,691,579	\$0	\$1,043,153	\$1,300,115	\$0	\$1,294,620		\$294,729	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$205,466)	(\$46,641)	\$0	\$0	\$0	(\$5,225)	(\$127,287)		(\$26,313)													
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$182,193														
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$26,313												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,627,236	\$6,644,938	\$0	\$1,043,153	\$1,300,115	(\$5,225)	\$1,167,333	\$182,193	\$268,416	\$26,313												
8	Total Nursing Facility Days	As Filed Days = 40,208 FY20 Audited C/R Days	40,208																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,208 FY20 GL-PL Ins Rpt Days								40,208														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$264.29	\$165.26	\$0.00	\$25.94	\$32.20	(with L&H)	\$29.03	\$4.53	\$6.68	\$0.65												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4632</b>																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$112.94																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$112.94	\$0.00	\$25.94	\$32.20		\$29.03	\$4.53	\$6.68	\$0.65												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.38	\$88.52	\$0.00	\$24.48	\$27.62		\$29.03	\$4.53	22.55 <i>(FRV)</i>	\$0.65												
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.38	\$88.52	\$0.00	\$24.48	\$27.62	\$0.00	\$29.03	\$4.53	\$22.55	\$0.65												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5021</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.97																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.83	\$132.97	\$0.00	\$24.48	\$27.62	\$0.00	\$29.03	\$4.53	\$22.55	\$0.65												
<b>Quarterly Per Diem Add-on Amounts</b>																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00													
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.32	\$3.32																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.99	\$3.99																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.78	\$7.31	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00												
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$266.61</b>	<b>\$140.28</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$46.50</b>	<b>\$4.53</b>	<b>\$22.55</b>	<b>\$0.65</b>												
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$187.13</b>																					



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,273,558	\$3,965,362	\$0	\$697,692	\$787,282	\$0	\$1,366,309		\$456,913	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$360,430)	(\$37,362)	\$0	\$0	(\$2,182)	\$7,317	(\$243,708)		(\$84,495)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$101,373		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$81,954
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,096,455	\$3,928,000	\$0	\$697,692	\$785,100	\$7,317	\$1,122,601	\$101,373	\$372,418	\$81,954
8	Total Nursing Facility Days	As Filed Days = 41,716 FY20 Audited C/R Days	41,716									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,716 FY20 GL-PL Ins Rpt Days								41,716		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$170.11	\$94.16	\$0.00	\$16.72	\$19.00	(with L&H)	\$26.91	\$2.43	\$8.93	\$1.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5704</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.96	\$0.00	\$16.72	\$19.00		\$26.91	\$2.43	\$8.93	\$1.96
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.00	\$59.96	\$0.00	\$16.72	\$19.00		\$26.91	\$2.43	11.02 (FRV)	\$1.96
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.00	\$59.96	\$0.00	\$16.72	\$19.00	\$0.00	\$26.91	\$2.43	\$11.02	\$1.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.9251</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.47	\$115.43	\$0.00	\$16.72	\$19.00	\$0.00	\$26.91	\$2.43	\$11.02	\$1.96
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.77	\$5.77								
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	\$25.55	\$7.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$219.02</b>	<b>\$122.88</b>	<b>\$0.00</b>	<b>\$16.94</b>	<b>\$19.41</b>	<b>\$0.00</b>	<b>\$44.38</b>	<b>\$2.43</b>	<b>\$11.02</b>	<b>\$1.96</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$151.44</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>MADISON HEALTH AND REHAB</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00083278A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5112			1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 57.14%		Nurse Hours per On-Site Day/Quality Incentive: 3.53		57.14%	5.5%	Quarterly Medicaid CMI: 1.5681			1.5192	
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5993			1.5459	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,072,151	\$2,034,127	\$0	\$473,658	\$659,294	\$0	\$861,276		\$43,796	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$179,522)	\$0	\$0	\$0	\$0	\$0	(\$143,178)		(\$36,344)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$147,187		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$36,344
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,076,160	\$2,034,127	\$0	\$473,658	\$659,294	\$0	\$718,098	\$147,187	\$7,452	\$36,344
8	Total Nursing Facility Days	As Filed Days = 24,318 FY20 Audited C/R Days	24,318									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,318 FY20 GL-PL Ins Rpt Days								24,318		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$167.62	\$83.65	\$0.00	\$19.48	\$27.11	(with L&H)	\$29.53	\$6.05	\$0.31	\$1.49
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5112</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$55.35	\$0.00	\$19.48	\$27.11		\$29.53	\$6.05	\$0.31	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.57	\$55.35	\$0.00	\$19.48	\$27.11		\$29.53	\$6.05	10.56 (FRV)	\$1.49
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.57	\$55.35	\$0.00	\$19.48	\$27.11	\$0.00	\$29.53	\$6.05	\$10.56	\$1.49
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5993</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.74	\$88.52	\$0.00	\$19.48	\$27.11	\$0.00	\$29.53	\$6.05	\$10.56	\$1.49
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.50	\$0.53	\$0.00	\$0.22	\$0.38	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.87	\$4.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.43	\$4.43								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.90	\$9.83	\$0.00	\$0.22	\$0.38	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$210.64</b>	<b>\$98.35</b>	<b>\$0.00</b>	<b>\$19.70</b>	<b>\$27.49</b>	<b>\$0.00</b>	<b>\$47.00</b>	<b>\$6.05</b>	<b>\$10.56</b>	<b>\$1.49</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$145.16</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
<b>Provider: RIVERDALE CENTER FOR NURSING AND HEALING</b> <b>Prvdr ID: 00083289A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													Growth Allowance: N/A Qtrly BIMS score: 41.12% Nurse Hours per On-Site Day/Quality Incentive: 3.67			Facility Score: N/A Add-on Percent: 0.00% 2.5% 2.0%			Base Period Overall CMI: 1.4769 Quarterly Medicaid CMI: 1.6526 Qtrly Mcaid CMI w RUG Wght Options: 1.6831			1.4769	1.5126	1.6526	1.5192	1.6831	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																											
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
<b>Base Period Per Diem Allowed Amounts</b>																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,243,284	\$3,510,939	\$0	\$813,508	\$537,969	\$0	\$1,122,199		\$1,258,669	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$309,860)	\$0	\$0	\$0	\$1,655	\$2,228	(\$191,222)		(\$122,521)																
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$122,823																	
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$123,406															
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,179,653	\$3,510,939	\$0	\$813,508	\$539,624	\$2,228	\$930,977	\$122,823	\$1,136,148	\$123,406															
8	Total Nursing Facility Days	As Filed Days = 42,617 FY20 Audited C/R Days	42,617																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 42,617 FY20 GL-PL Ins Rpt Days								42,617																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$168.47	\$82.38	\$0.00	\$19.09	\$12.71	(with L&H)	\$21.85	\$2.88	\$26.66	\$2.90															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4769</b>																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.78																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$55.78	\$0.00	\$19.09	\$12.71		\$21.85	\$2.88	\$26.66	\$2.90															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.62	\$55.78	\$0.00	\$19.09	\$12.71		\$21.85	\$2.88	10.41 (FRV)	\$2.90															
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$125.62	\$55.78	\$0.00	\$19.09	\$12.71	\$0.00	\$21.85	\$2.88	\$10.41	\$2.90															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6831</b>																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.88																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.72	\$93.88	\$0.00	\$19.09	\$12.71	\$0.00	\$21.85	\$2.88	\$10.41	\$2.90															
<b>Quarterly Per Diem Add-on Amounts</b>																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00																
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.35	\$2.35																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.88	\$1.88																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.86	\$4.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00															
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$186.58</b>	<b>\$98.64</b>	<b>\$0.00</b>	<b>\$19.31</b>	<b>\$13.12</b>	<b>\$0.00</b>	<b>\$39.32</b>	<b>\$2.88</b>	<b>\$10.41</b>	<b>\$2.90</b>															
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$127.11</b>																								

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>Provider: ROSE CITY HEALTH AND REHABILITATION CENTER</b> <b>Prvdr ID: 00083311A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.7194	1.5126
							35.19%	2.5%					1.5224	1.5192
							2.89	2.0%					1.5485	1.5459
<b>BASE PERIOD PER DIEM ALLOWED AMOUNTS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,179,234	\$2,085,816	\$0	\$472,238	\$381,191	\$0	\$686,778		\$553,211	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$58,383	(\$3,859)	\$0	\$0	\$1,021	\$1,378	\$88,409		(\$28,566)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$153,817				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$28,745		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,420,179	\$2,081,957	\$0	\$472,238	\$382,212	\$1,378	\$775,187	\$153,817	\$524,645	\$28,745		
8	Total Nursing Facility Days	As Filed Days = 22,599 FY20 Audited C/R Days	22,599											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,599 FY20 GL-PL Ins Rpt Days								22,599				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$195.60	\$92.13	\$0.00	\$20.90	\$16.97	(with L&H)	\$34.30	\$6.81	\$23.22	\$1.27		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.7194</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.58										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$53.58	\$0.00	\$20.90	\$16.97		\$34.30	\$6.81	\$23.22	\$1.27		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.40	\$53.58	\$0.00	\$20.90	\$16.97		\$30.83	\$6.81	11.04 (FRV)	\$1.27		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.40	\$53.58	\$0.00	\$20.90	\$16.97	\$0.00	\$30.83	\$6.81	\$11.04	\$1.27		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5485</b>										
18	Qtrly Routine Srvc 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	\$170.79	\$82.97	\$0.00	\$20.90	\$16.97	\$0.00	\$30.83	\$6.81	\$11.04	\$1.27		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.07	\$2.07										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.66	\$1.66										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.99	\$4.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$192.78</b>	<b>\$87.23</b>	<b>\$0.00</b>	<b>\$21.12</b>	<b>\$17.38</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$6.81</b>	<b>\$11.04</b>	<b>\$1.27</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$131.76</b>											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: <b>THE A.G. RHODES HOME, INC.</b> Prvdr ID: <b>00140005A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													Growth Allowance: N/A Qtrly BIMS score: 60.78% Nurse Hours per On-Site Day/Quality Incentive: 3.96			Facility Score: N/A Add-on Percent: 0.00% 5.5% 5.0%			Base Period Overall CMI: 1.5785 Quarterly Medicaid CMI: 1.7459 Qtrly Mcaid CMI w RUG Wght Options: 1.7796			1.5785	1.5126	1.7459	1.5192	1.7796	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																											
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
<b>Base Period Per Diem Allowed Amounts</b>																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$11,764,384	\$6,556,521	\$0	\$1,209,796	\$1,410,221	\$0	\$2,286,048		\$301,798	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$163,929)	(\$29,911)	\$0	\$0	\$11,825	\$15,204	(\$139,645)		(\$21,402)																
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$139,645																	
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$21,812															
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$11,761,912	\$6,526,610	\$0	\$1,209,796	\$1,422,046	\$15,204	\$2,146,403	\$139,645	\$280,396	\$21,812															
8	Total Nursing Facility Days As Filed Days = 47,332	FY20 Audited C/R Days	47,332																								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,332	FY20 GL-PL Ins Rpt Days								47,332																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$248.50	\$137.89	\$0.00	\$25.56	\$30.37	(with L&H)	\$45.35	\$2.95	\$5.92	\$0.46															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5785</b>																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.36																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.36	\$0.00	\$25.56	\$30.37		\$45.35	\$2.95	\$5.92	\$0.46															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.65	\$87.36	\$0.00	\$24.48	\$27.62		\$30.83	\$2.95	16.95 (FRV)	\$0.46															
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.65	\$87.36	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$2.95	\$16.95	\$0.46															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7796</b>																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$155.47																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$258.76	\$155.47	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$2.95	\$16.95	\$0.46															
<b>Quarterly Per Diem Add-on Amounts</b>																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00																
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$8.55	\$8.55																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.77	\$7.77																							
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	\$33.95	\$16.85	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00															
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$292.71</b>	<b>\$172.32</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$2.95</b>	<b>\$16.95</b>	<b>\$0.46</b>															
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$206.71</b>																								



Quarterly Case Mix Based Per Diem Rate Calculations  
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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,222,655	\$1,565,420	\$0	\$339,076	\$365,768	\$0	\$755,497		\$196,894	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$67,882)	\$0	\$0	\$0	\$1,670	\$1,862	(\$45,594)		(\$25,820)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$33,470		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$26,068
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,214,311	\$1,565,420	\$0	\$339,076	\$367,438	\$1,862	\$709,903	\$33,470	\$171,074	\$26,068
8	Total Nursing Facility Days	As Filed Days = 21,720 FY20 Audited C/R Days	21,720									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,720 FY20 GL-PL Ins Rpt Days								21,720		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$147.98	\$72.07	\$0.00	\$15.61	\$17.00	(with L&H)	\$32.68	\$1.54	\$7.88	\$1.20
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4893</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$48.39	\$0.00	\$15.61	\$17.00		\$32.68	\$1.54	\$7.88	\$1.20
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.79	\$48.39	\$0.00	\$15.61	\$17.00		\$30.83	\$1.54	8.22 (FRV)	\$1.20
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.79	\$48.39	\$0.00	\$15.61	\$17.00	\$0.00	\$30.83	\$1.54	\$8.22	\$1.20
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7285</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.04	\$83.64	\$0.00	\$15.61	\$17.00	\$0.00	\$30.83	\$1.54	\$8.22	\$1.20
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.84	\$0.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.67	\$1.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.77	\$3.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$178.81</b>	<b>\$86.68</b>	<b>\$0.00</b>	<b>\$15.83</b>	<b>\$17.41</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.54</b>	<b>\$8.22</b>	<b>\$1.20</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$121.28</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:			
Provider: <b>PRUITTHEALTH - GREENVILLE</b> Prvdr ID: <b>00140038A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	25.45%	2.67	5.0%	1.3143	1.2446	1.2638	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>														
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
<b>Base Period Per Diem Allowed Amounts</b>																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,951,056	\$2,674,476	\$0	\$392,412	\$728,444	\$0	\$876,247		\$279,477	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$285,468)	(\$36,385)	\$0	\$0	\$623	\$861	(\$207,001)		(\$43,566)												
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$230,248													
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$46,135											
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,941,971	\$2,638,091	\$0	\$392,412	\$729,067	\$861	\$669,246	\$230,248	\$235,911	\$46,135											
8	Total Nursing Facility Days	As Filed Days = 33,626 FY20 Audited C/R Days	33,626																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,626 FY20 GL-PL Ins Rpt Days								33,626													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$146.97	\$78.45	\$0.00	\$11.67	\$21.71	<i>(with L&amp;H)</i>	\$19.90	\$6.85	\$7.02	\$1.37											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3143</b>																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.69																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.69	\$0.00	\$11.67	\$21.71		\$19.90	\$6.85	\$7.02	\$1.37											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.98	\$59.69	\$0.00	\$11.67	\$21.71		\$19.90	\$6.85	10.79 <i>(FRV)</i>	\$1.37											
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.98	\$59.69	\$0.00	\$11.67	\$21.71	\$0.00	\$19.90	\$6.85	\$10.79	\$1.37											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2638</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.44																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.73	\$75.44	\$0.00	\$11.67	\$21.71	\$0.00	\$19.90	\$6.85	\$10.79	\$1.37											
<b>Quarterly Per Diem Add-on Amounts</b>																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00												
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.75	\$0.75																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$23.15	\$5.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00											
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$170.88</b>	<b>\$80.49</b>	<b>\$0.00</b>	<b>\$11.89</b>	<b>\$22.12</b>	<b>\$0.00</b>	<b>\$37.37</b>	<b>\$6.85</b>	<b>\$10.79</b>	<b>\$1.37</b>											
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$115.34</b>																				

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - CREEKSIDE</b> Prvdr ID: <b>00140049A</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Growth Allowance: N/A Qtrly BIMS score: 0.00% Nurse Hours per On-Site Day/Quality Incentive: 0.00				0.00%	0.0%	Base Period Overall CMI: 1.4763 Quarterly Medicaid CMI: 1.5192 Qtrly Mcaid CMI w RUG Wght Options: 1.5459			1.4763 1.5192 1.5459	1.5126 1.5192 1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,845,066	\$4,020,514	\$0	\$544,875	\$691,382	\$0	\$1,153,858		\$434,437	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$585,731)	\$0	\$0	\$0	\$1,987	\$1,625	(\$575,344)		(\$13,999)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$148,048		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$14,073
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,421,456	\$4,020,514	\$0	\$544,875	\$693,369	\$1,625	\$578,514	\$148,048	\$420,438	\$14,073
8	Total Nursing Facility Days	As Filed Days = 34,109 FY20 Audited C/R Days	34,109									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,109 FY20 GL-PL Ins Rpt Days								34,109		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$188.26	\$117.87	\$0.00	\$15.97	\$20.38	(with L&H)	\$16.96	\$4.34	\$12.33	\$0.41
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4763</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$79.84	\$0.00	\$15.97	\$20.38		\$16.96	\$4.34	\$12.33	\$0.41
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.75	\$79.84	\$0.00	\$15.97	\$20.38		\$16.96	\$4.34	10.85 (FRV)	\$0.41
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.75	\$79.84	\$0.00	\$15.97	\$20.38	\$0.00	\$16.96	\$4.34	\$10.85	\$0.41
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5459</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.34	\$123.43	\$0.00	\$15.97	\$20.38	\$0.00	\$16.96	\$4.34	\$10.85	\$0.41
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$18.63	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$210.97</b>	<b>\$123.96</b>	<b>\$0.00</b>	<b>\$16.19</b>	<b>\$20.79</b>	<b>\$0.00</b>	<b>\$34.43</b>	<b>\$4.34</b>	<b>\$10.85</b>	<b>\$0.41</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$145.40</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>BRENTWOOD HEALTH AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00140071A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3432	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	28.26%	1.0%	Quarterly Medicaid CMI:			1.5361	1.5192
							3.05	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5637	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,302,718	\$2,770,404	\$0	\$547,951	\$535,499	\$0	\$893,587		\$555,277	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$87,184)	\$0	\$0	\$0	\$865	\$949	(\$62,226)		(\$26,772)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$54,535			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$26,865	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,296,934	\$2,770,404	\$0	\$547,951	\$536,364	\$949	\$831,361	\$54,535	\$528,505	\$26,865	
8	Total Nursing Facility Days	As Filed Days = 27,320 FY20 Audited C/R Days	27,320										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,320 FY20 GL-PL Ins Rpt Days								27,320			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$193.89	\$101.41	\$0.00	\$20.06	\$19.67	(with L&H)	\$30.43	\$2.00	\$19.34	\$0.98	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3432</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.50									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.50	\$0.00	\$20.06	\$19.67		\$30.43	\$2.00	\$19.34	\$0.98	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.27	\$75.50	\$0.00	\$20.06	\$19.67		\$30.43	\$2.00	11.63 (FRV)	\$0.98	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.27	\$75.50	\$0.00	\$20.06	\$19.67	\$0.00	\$30.43	\$2.00	\$11.63	\$0.98	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5637</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.06									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.83	\$118.06	\$0.00	\$20.06	\$19.67	\$0.00	\$30.43	\$2.00	\$11.63	\$0.98	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.46	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.30		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.90	\$5.90									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.64	\$7.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.40	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$228.47</b>	<b>\$125.67</b>	<b>\$0.00</b>	<b>\$20.28</b>	<b>\$20.08</b>	<b>\$0.00</b>	<b>\$47.83</b>	<b>\$2.00</b>	<b>\$11.63</b>	<b>\$0.98</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$158.53</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>WESTMINSTER COMMONS</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00140082A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.3786		1.3786	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 31.15%		Nurse Hours per On-Site Day/Quality Incentive: 3.58		31.15%	2.5%	Quarterly Medicaid CMI: 1.3186		1.3186	1.5192		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3413		1.3413	1.5459		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,487,814	\$2,890,955	\$0	\$400,490	\$576,181	\$0	\$914,883		\$705,305	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$227,499)	\$0	\$0	\$0	\$3,529	\$5,378	(\$175,317)		(\$61,089)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$172,277			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$62,034	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,494,626	\$2,890,955	\$0	\$400,490	\$579,710	\$5,378	\$739,566	\$172,277	\$644,216	\$62,034	
8	Total Nursing Facility Days	As Filed Days = 26,301 FY20 Audited C/R Days	26,301										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,301 FY20 GL-PL Ins Rpt Days								26,301			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$208.92	\$109.92	\$0.00	\$15.23	\$22.25	(with L&H)	\$28.12	\$6.55	\$24.49	\$2.36	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3786</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.73									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$79.73	\$0.00	\$15.23	\$22.25		\$28.12	\$6.55	\$24.49	\$2.36	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.48	\$79.73	\$0.00	\$15.23	\$22.25		\$28.12	\$6.55	8.24 (FRV)	\$2.36	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.48	\$79.73	\$0.00	\$15.23	\$22.25	\$0.00	\$28.12	\$6.55	\$8.24	\$2.36	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3413</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.94									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.69	\$106.94	\$0.00	\$15.23	\$22.25	\$0.00	\$28.12	\$6.55	\$8.24	\$2.36	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.67	\$2.67									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.21	\$3.21									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.51	\$6.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$214.20</b>	<b>\$113.35</b>	<b>\$0.00</b>	<b>\$15.45</b>	<b>\$22.66</b>	<b>\$0.00</b>	<b>\$45.59</b>	<b>\$6.55</b>	<b>\$8.24</b>	<b>\$2.36</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$147.83</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>Provider: APPLING NURSING AND REHABILITATION PAVILION</b> <b>Prvdr ID: 00140093A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>												
			Growth Allowance: N/A Qtrly BIMS score: 26.15% Nurse Hours per On-Site Day/Quality Incentive: 1.89								Base Period Overall CMI: 1.1345 Quarterly Medicaid CMI: 1.1823 Qtrly Mcaid CMI w RUG Wght Options: 1.2002	1.5126 1.5192 1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,710,708	\$3,382,593	\$0	\$1,090,947	\$342,668	\$580,324	\$1,614,778		\$699,398	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$332,014)	(\$85,434)	\$0	\$0	\$0	\$0	(\$214,993)		(\$31,587)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$300,427		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$31,587
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,710,708	\$3,297,159	\$0	\$1,090,947	\$342,668	\$580,324	\$1,399,785	\$300,427	\$667,811	\$31,587
8	Total Nursing Facility Days	As Filed Days = 36,693 FY20 Audited C/R Days	36,693									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,693 FY20 GL-PL Ins Rpt Days								36,693		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.14	\$89.86	\$0.00	\$29.73	\$25.15	(with L&H)	\$38.15	\$8.19	\$18.20	\$0.86
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.1345</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.21								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$79.21	\$0.00	\$29.73	\$25.15		\$38.15	\$8.19	\$18.20	\$0.86
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.72	\$79.21	\$0.00	\$29.73	\$25.15		\$30.83	\$8.19	26.75 <i>(FRV)</i>	\$0.86
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.72	\$79.21	\$0.00	\$29.73	\$25.15	\$0.00	\$30.83	\$8.19	\$26.75	\$0.86
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2002</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.58	\$95.07	\$0.00	\$29.73	\$25.15	\$0.00	\$30.83	\$8.19	\$26.75	\$0.86
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.90	\$1.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.11	\$3.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$237.69</b>	<b>\$98.45</b>	<b>\$0.00</b>	<b>\$29.95</b>	<b>\$25.56</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$8.19</b>	<b>\$26.75</b>	<b>\$0.86</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$165.44</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.6839	1.5126		
Provider: <b>PRUITTHEALTH - ASHBURN</b> Prvdr ID: <b>00140104A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	34.00%	0.00%	2.5%	5.0%	3.31	1.6435	1.5192	1.6748	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>													
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
<b>Base Period Per Diem Allowed Amounts</b>																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,251,687	\$2,438,628	\$0	\$370,416	\$597,352	\$0	\$690,889		\$154,402	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$203,197)	(\$25,414)	\$0	\$0	(\$2,322)	(\$3,150)	(\$146,129)		(\$26,182)											
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$154,956												
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$28,253										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,231,699	\$2,413,214	\$0	\$370,416	\$595,030	(\$3,150)	\$544,760	\$154,956	\$128,220	\$28,253										
8	Total Nursing Facility Days	As Filed Days = 20,485 FY20 Audited C/R Days	20,485																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,485 FY20 GL-PL Ins Rpt Days								20,485												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$206.56	\$117.80	\$0.00	\$18.08	\$28.89	<i>(with L&amp;H)</i>	\$26.59	\$7.56	\$6.26	\$1.38										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6839</b>																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.96																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.96	\$0.00	\$18.08	\$28.89		\$26.59	\$7.56	\$6.26	\$1.38										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.65	\$69.96	\$0.00	\$18.08	\$27.62		\$26.59	\$7.56	10.46 <i>(FRV)</i>	\$1.38										
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.65	\$69.96	\$0.00	\$18.08	\$27.62	\$0.00	\$26.59	\$7.56	\$10.46	\$1.38										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6748</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.17																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.86	\$117.17	\$0.00	\$18.08	\$27.62	\$0.00	\$26.59	\$7.56	\$10.46	\$1.38										
<b>Quarterly Per Diem Add-on Amounts</b>																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.93	\$2.93																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.86	\$5.86																		
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	\$27.01	\$9.32	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$235.87</b>	<b>\$126.49</b>	<b>\$0.00</b>	<b>\$18.30</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$44.06</b>	<b>\$7.56</b>	<b>\$10.46</b>	<b>\$1.38</b>										
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$164.08</b>																			

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - BROOKHAVEN</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00140115A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.7843			1.7843	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive: 3.21		Qtrly BIMS score: 27.16%		27.16%	1.0%	Quarterly Medicaid CMI: 1.6451			1.6451	1.5192
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6735			1.6735	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$11,168,802	\$6,144,676	\$0	\$931,347	\$1,202,612	\$0	\$1,998,178		\$891,989	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$474,502)	(\$85,067)	\$0	\$0	(\$2,414)	(\$2,377)	(\$269,203)		(\$115,441)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$321,188		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$117,288
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$11,132,776	\$6,059,609	\$0	\$931,347	\$1,200,198	(\$2,377)	\$1,728,975	\$321,188	\$776,548	\$117,288
8	Total Nursing Facility Days	As Filed Days = 49,823 FY20 Audited C/R Days	49,823									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 49,823 FY20 GL-PL Ins Rpt Days								49,823		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.44	\$121.62	\$0.00	\$18.69	\$24.04	(with L&H)	\$34.70	\$6.45	\$15.59	\$2.35
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.7843</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.16	\$0.00	\$18.69	\$24.04		\$34.70	\$6.45	\$15.59	\$2.35
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.25	\$68.16	\$0.00	\$18.69	\$24.04		\$30.83	\$6.45	10.73 (FRV)	\$2.35
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.25	\$68.16	\$0.00	\$18.69	\$24.04	\$0.00	\$30.83	\$6.45	\$10.73	\$2.35
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6735</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.16	\$114.07	\$0.00	\$18.69	\$24.04	\$0.00	\$30.83	\$6.45	\$10.73	\$2.35
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.70	\$5.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.10	\$7.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$232.26</b>	<b>\$121.44</b>	<b>\$0.00</b>	<b>\$18.91</b>	<b>\$24.45</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$6.45</b>	<b>\$10.73</b>	<b>\$2.35</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$161.37</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:			
Provider: <b>THE OAKS - ATHENS SKILLED NURSING</b> Prvdr ID: <b>00140126A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	21.43%	3.53	5.0%	1.6540	1.5780	1.6052	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>														
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
<b>Base Period Per Diem Allowed Amounts</b>																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$12,527,937	\$5,763,850	\$0	\$919,150	\$1,580,402	\$0	\$1,859,506		\$2,405,029	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$663,366)	(\$211,171)	\$0	\$4,140	(\$12,926)	(\$42,260)	(\$129,241)		(\$271,908)												
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$301,786													
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$317,889											
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$12,484,246	\$5,552,679	\$0	\$923,290	\$1,567,476	(\$42,260)	\$1,730,265	\$301,786	\$2,133,121	\$317,889											
8	Total Nursing Facility Days	As Filed Days = 45,074 FY20 Audited C/R Days	45,074																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 45,074 FY20 GL-PL Ins Rpt Days								45,074													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$276.97	\$123.19	\$0.00	\$20.48	\$33.84	(with L&H)	\$38.39	\$6.70	\$47.32	\$7.05											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6540</b>																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.48																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.48	\$0.00	\$20.48	\$33.84		\$38.39	\$6.70	\$47.32	\$7.05											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.84	\$74.48	\$0.00	\$20.48	\$27.62		\$30.83	\$6.70	28.68 <i>(FRV)</i>	\$7.05											
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.84	\$74.48	\$0.00	\$20.48	\$27.62	\$0.00	\$30.83	\$6.70	\$28.68	\$7.05											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6052</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.56																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.92	\$119.56	\$0.00	\$20.48	\$27.62	\$0.00	\$30.83	\$6.70	\$28.68	\$7.05											
<b>Quarterly Per Diem Add-on Amounts</b>																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00												
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.98	\$5.98																			
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	\$25.03	\$7.71	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00											
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$265.95</b>	<b>\$127.27</b>	<b>\$0.00</b>	<b>\$20.70</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$6.70</b>	<b>\$28.68</b>	<b>\$7.05</b>											
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$186.64</b>																				

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific
Provider: <b>EAST LAKE ARBOR</b> Prvdr ID: <b>00140137A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	27.71%	3.26	1.7779	1.8823	1.9200	1.5126	1.5192	1.5459		
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>														
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
<b>Base Period Per Diem Allowed Amounts</b>																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,592,400	\$2,949,897	\$0	\$507,289	\$492,348	\$0	\$1,296,302		\$346,564	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$178,170)	\$0	\$0	\$0	\$1,507	\$1,384	(\$163,318)		(\$17,743)												
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$157,354													
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$17,847											
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,589,431	\$2,949,897	\$0	\$507,289	\$493,855	\$1,384	\$1,132,984	\$157,354	\$328,821	\$17,847											
8	Total Nursing Facility Days	As Filed Days = 31,882 FY20 Audited C/R Days	31,882																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,882 FY20 GL-PL Ins Rpt Days								31,882													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$175.32	\$92.53	\$0.00	\$15.91	\$15.53	(with L&H)	\$35.54	\$4.94	\$10.31	\$0.56											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.7779</b>																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.05																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$52.05	\$0.00	\$15.91	\$15.53		\$35.54	\$4.94	\$10.31	\$0.56											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.98	\$52.05	\$0.00	\$15.91	\$15.53		\$30.83	\$4.94	10.16 <i>(FRV)</i>	\$0.56											
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.98	\$52.05	\$0.00	\$15.91	\$15.53	\$0.00	\$30.83	\$4.94	\$10.16	\$0.56											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.9200</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.94																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.87	\$99.94	\$0.00	\$15.91	\$15.53	\$0.00	\$30.83	\$4.94	\$10.16	\$0.56											
<b>Quarterly Per Diem Add-on Amounts</b>																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00												
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$22.26	\$4.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00											
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$200.13</b>	<b>\$104.47</b>	<b>\$0.00</b>	<b>\$16.13</b>	<b>\$15.94</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$4.94</b>	<b>\$10.16</b>	<b>\$0.56</b>											
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$137.27</b>																				



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

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Provider: <b>AUTUMN BREEZE HEALTH AND REHAB</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00140159A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5298	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	29.63%	1.0%	Quarterly Medicaid CMI:			1.5525	1.5192
							3.07	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5831	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,482,467	\$2,594,715	\$0	\$487,382	\$593,160	\$0	\$864,124		\$943,086	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$132,053)	\$0	\$0	\$0	\$0	\$0	(\$87,394)		(\$44,659)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$87,394			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$44,659	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,482,467	\$2,594,715	\$0	\$487,382	\$593,160	\$0	\$776,730	\$87,394	\$898,427	\$44,659	
8	Total Nursing Facility Days	As Filed Days = 30,465 FY20 Audited C/R Days	30,465										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,465 FY20 GL-PL Ins Rpt Days								30,465			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$179.97	\$85.17	\$0.00	\$16.00	\$19.47	(with L&H)	\$25.50	\$2.87	\$29.49	\$1.47	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5298</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.67									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$55.67	\$0.00	\$16.00	\$19.47		\$25.50	\$2.87	\$29.49	\$1.47	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.79	\$55.67	\$0.00	\$16.00	\$19.47		\$25.50	\$2.87	9.81 (FRV)	\$1.47	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.79	\$55.67	\$0.00	\$16.00	\$19.47	\$0.00	\$25.50	\$2.87	\$9.81	\$1.47	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5831</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.13									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.25	\$88.13	\$0.00	\$16.00	\$19.47	\$0.00	\$25.50	\$2.87	\$9.81	\$1.47	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.88	\$0.88									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.76	\$1.76									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.27	\$3.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$184.52</b>	<b>\$91.30</b>	<b>\$0.00</b>	<b>\$16.22</b>	<b>\$19.88</b>	<b>\$0.00</b>	<b>\$42.97</b>	<b>\$2.87</b>	<b>\$9.81</b>	<b>\$1.47</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$125.57</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>THE OAKS - CARROLLTON SKILLED NURSING</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00140181A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6135	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	47.37%	5.5%	Quarterly Medicaid CMI:			1.6226	1.5192
							4.07	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6519	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,146,632	\$1,579,317	\$0	\$229,395	\$366,794	\$0	\$570,032		\$401,094	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$171,067)	(\$55,310)	\$0	\$2,383	\$158	(\$9,657)	(\$49,819)		(\$58,822)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$85,620			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$79,536	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,140,721	\$1,524,007	\$0	\$231,778	\$366,952	(\$9,657)	\$520,213	\$85,620	\$342,272	\$79,536	
8	Total Nursing Facility Days As Filed Days = 14,479	FY20 Audited C/R Days	14,113										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,479	FY20 GL-PL Ins Rpt Days								14,113			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.55	\$107.99	\$0.00	\$16.42	\$25.32	(with L&H)	\$36.86	\$6.07	\$24.25	\$5.64	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6135</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.93									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.93	\$0.00	\$16.42	\$25.32		\$36.86	\$6.07	\$24.25	\$5.64	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.76	\$66.93	\$0.00	\$16.42	\$25.32		\$30.83	\$6.07	20.55 (FRV)	\$5.64	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.76	\$66.93	\$0.00	\$16.42	\$25.32	\$0.00	\$30.83	\$6.07	\$20.55	\$5.64	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6519</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.56									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.39	\$110.56	\$0.00	\$16.42	\$25.32	\$0.00	\$30.83	\$6.07	\$20.55	\$5.64	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.08	\$6.08									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.53	\$5.53									
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	\$29.87	\$12.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$245.26</b>	<b>\$122.70</b>	<b>\$0.00</b>	<b>\$16.64</b>	<b>\$25.73</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$6.07</b>	<b>\$20.55</b>	<b>\$5.64</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$171.12</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)										
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$18,962,182	\$10,028,698	\$0	\$2,458,540	\$2,280,897	\$0	\$3,500,776		\$693,271	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$195,524)	\$0	\$0	\$0	\$0	\$0	(\$135,205)		(\$60,319)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$141,441		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$60,319
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$18,968,418	\$10,028,698	\$0	\$2,458,540	\$2,280,897	\$0	\$3,365,571	\$141,441	\$632,952	\$60,319
8	Total Nursing Facility Days	As Filed Days = 80,225 FY20 Audited C/R Days	80,225									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 80,225 FY20 GL-PL Ins Rpt Days								80,225		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$236.44	\$125.01	\$0.00	\$30.65	\$28.43	(with L&H)	\$41.95	\$1.76	\$7.89	\$0.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3719</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$91.12	\$0.00	\$30.65	\$28.43		\$41.95	\$1.76	\$7.89	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.57	\$88.52	\$0.00	\$24.48	\$27.62		\$30.83	\$1.76	18.61 (FRV)	\$0.75
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.57	\$88.52	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$1.76	\$18.61	\$0.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4691</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.09	\$130.04	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$1.76	\$18.61	\$0.75
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.90	\$3.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$5.20	\$5.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$239.29</b>	<b>\$135.24</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$30.83</b>	<b>\$1.76</b>	<b>\$18.61</b>	<b>\$0.75</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$179.47</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.5256	1.5126		
<b>Provider: THE OAKS - BETHANY SKILLED NURSING</b> <b>Prvdr ID: 00140258A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	40.63%	2.5%	3.18	5.0%	1.5256	1.4996	1.5269	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>															
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
<b>Base Period Per Diem Allowed Amounts</b>																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,109,390	\$5,063,607	\$0	\$891,524	\$1,119,583	\$0	\$1,441,788		\$592,888	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$490,041)	(\$46,897)	\$0	\$0	(\$5,078)	(\$5,281)	(\$315,245)		(\$117,540)													
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$343,323														
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$120,242												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,082,914	\$5,016,710	\$0	\$891,524	\$1,114,505	(\$5,281)	\$1,126,543	\$343,323	\$475,348	\$120,242												
8	Total Nursing Facility Days	As Filed Days = 52,619 FY20 Audited C/R Days	52,619																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 52,619 FY20 GL-PL Ins Rpt Days								52,619														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$172.61	\$95.34	\$0.00	\$16.94	\$21.08	(with L&H)	\$21.41	\$6.52	\$9.03	\$2.29												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5256</b>																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.49																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.49	\$0.00	\$16.94	\$21.08		\$21.41	\$6.52	\$9.03	\$2.29												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.40	\$62.49	\$0.00	\$16.94	\$21.08		\$21.41	\$6.52	13.67 <i>(FRV)</i>	\$2.29												
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.40	\$62.49	\$0.00	\$16.94	\$21.08	\$0.00	\$21.41	\$6.52	\$13.67	\$2.29												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5269</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.42																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.33	\$95.42	\$0.00	\$16.94	\$21.08	\$0.00	\$21.41	\$6.52	\$13.67	\$2.29												
<b>Quarterly Per Diem Add-on Amounts</b>																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00													
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.77	\$4.77																				
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	\$25.79	\$7.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00												
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$203.12</b>	<b>\$103.11</b>	<b>\$0.00</b>	<b>\$17.16</b>	<b>\$21.49</b>	<b>\$0.00</b>	<b>\$38.88</b>	<b>\$6.52</b>	<b>\$13.67</b>	<b>\$2.29</b>												
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$139.52</b>																					

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score
Provider: <b>PRUITTHEALTH - BETHANY</b> Prvdr ID: <b>00140269A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													Facility Score	State-wide						
													N/A	0.00%		1.6508	1.5126			
													40.00%	2.5%		1.5647	1.5192			
													2.46	5.0%		1.5927	1.5459			
<b>CASE MIX BASED RATE CALCULATIONS</b>																				
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>											
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
<b>Base Period Per Diem Allowed Amounts</b>																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,537,678	\$3,144,223	\$0	\$471,738	\$605,462	\$0	\$934,812		\$381,443	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$267,880)	(\$46,977)	\$0	\$0	\$0	\$0	(\$180,784)		(\$40,119)									
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$208,441										
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$41,910								
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,520,149	\$3,097,246	\$0	\$471,738	\$605,462	\$0	\$754,028	\$208,441	\$341,324	\$41,910								
8	Total Nursing Facility Days	As Filed Days = 29,767																		
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,767																		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$185.45	\$104.05	\$0.00	\$15.85	\$20.34	(with L&H)	\$25.33	\$7.00	\$11.47	\$1.41								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6508</b>																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.03																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.03	\$0.00	\$15.85	\$20.34		\$25.33	\$7.00	\$11.47	\$1.41								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.90	\$63.03	\$0.00	\$15.85	\$20.34		\$25.33	\$7.00	13.94 (FRV)	\$1.41								
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.90	\$63.03	\$0.00	\$15.85	\$20.34	\$0.00	\$25.33	\$7.00	\$13.94	\$1.41								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5927</b>																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.39																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.26	\$100.39	\$0.00	\$15.85	\$20.34	\$0.00	\$25.33	\$7.00	\$13.94	\$1.41								
<b>Quarterly Per Diem Add-on Amounts</b>																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00									
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.02	\$5.02																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.16	\$8.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00								
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$210.42</b>	<b>\$108.45</b>	<b>\$0.00</b>	<b>\$16.07</b>	<b>\$20.75</b>	<b>\$0.00</b>	<b>\$42.80</b>	<b>\$7.00</b>	<b>\$13.94</b>	<b>\$1.41</b>								
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$144.99</b>																	



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>CUMMING HEALTH &amp; REHAB</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00140302A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.6735			1.6735	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 44.00%		Nurse Hours per On-Site Day/Quality Incentive: 3.78		3.78	2.5%	Quarterly Medicaid CMI: 1.4115			1.4115	1.5192
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4349			1.4349	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,639,995	\$4,003,719	\$0	\$707,905	\$814,853	\$0	\$911,301		\$202,217	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$337,631)	\$0	\$0	\$0	(\$185,012)	\$48,538	(\$165,752)		(\$35,405)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$143,937		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$36,584
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,482,885	\$4,003,719	\$0	\$707,905	\$629,841	\$48,538	\$745,549	\$143,937	\$166,812	\$36,584
8	Total Nursing Facility Days	As Filed Days = 25,917 FY20 Audited C/R Days	25,917									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,917 FY20 GL-PL Ins Rpt Days								25,917		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$250.14	\$154.48	\$0.00	\$27.31	\$26.18	(with L&H)	\$28.77	\$5.55	\$6.44	\$1.41
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6735</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$92.31	\$0.00	\$27.31	\$26.18		\$28.77	\$5.55	\$6.44	\$1.41
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.26	\$88.52	\$0.00	\$24.48	\$26.18		\$28.77	\$5.55	11.35 (FRV)	\$1.41
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.26	\$88.52	\$0.00	\$24.48	\$26.18	\$0.00	\$28.77	\$5.55	\$11.35	\$1.41
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4349</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.76	\$127.02	\$0.00	\$24.48	\$26.18	\$0.00	\$28.77	\$5.55	\$11.35	\$1.41
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.78	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.18	\$3.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.81	\$3.81								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.87	\$6.99	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$249.63</b>	<b>\$134.01</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$26.59</b>	<b>\$0.00</b>	<b>\$46.24</b>	<b>\$5.55</b>	<b>\$11.35</b>	<b>\$1.41</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$174.40</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>RIVERSIDE HEALTH CARE CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00140324A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3694	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	36.43%	2.5%	Quarterly Medicaid CMI:			1.5548	1.5192
							3.39	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5826	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$10,505,472	\$5,095,950	\$0	\$733,904	\$968,240	\$0	\$1,551,889		\$2,155,489	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$383,865)	\$0	\$0	\$0	\$0	\$0	(\$313,476)		(\$70,389)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$304,356			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$70,389	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,496,352	\$5,095,950	\$0	\$733,904	\$968,240	\$0	\$1,238,413	\$304,356	\$2,085,100	\$70,389	
8	Total Nursing Facility Days As Filed Days = 52,796	FY20 Audited C/R Days	52,796										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,796	FY20 GL-PL Ins Rpt Days								52,796			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$198.80	\$96.52	\$0.00	\$13.90	\$18.34	(with L&H)	\$23.46	\$5.76	\$39.49	\$1.33	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3694</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.49									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.49	\$0.00	\$13.90	\$18.34		\$23.46	\$5.76	\$39.49	\$1.33	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.35	\$70.49	\$0.00	\$13.90	\$18.34		\$23.46	\$5.76	9.07 (FRV)	\$1.33	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.35	\$70.49	\$0.00	\$13.90	\$18.34	\$0.00	\$23.46	\$5.76	\$9.07	\$1.33	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5826</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.56									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.42	\$111.56	\$0.00	\$13.90	\$18.34	\$0.00	\$23.46	\$5.76	\$9.07	\$1.33	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.79	\$2.79									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.35	\$3.35									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.77	\$6.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$208.19</b>	<b>\$118.23</b>	<b>\$0.00</b>	<b>\$14.12</b>	<b>\$18.75</b>	<b>\$0.00</b>	<b>\$40.93</b>	<b>\$5.76</b>	<b>\$9.07</b>	<b>\$1.33</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$143.32</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>RIVERSIDE HEALTH AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00140346A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4317	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	28.57%	1.0%	Quarterly Medicaid CMI:			1.1984	1.5192
							2.89	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2164	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,581,873	\$2,428,447	\$0	\$537,588	\$599,231	\$0	\$876,978		\$139,629	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$79,781)	\$0	\$0	\$0	\$0	(\$4,600)	(\$65,022)		(\$10,159)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$38,610			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$10,159	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,550,861	\$2,428,447	\$0	\$537,588	\$599,231	(\$4,600)	\$811,956	\$38,610	\$129,470	\$10,159	
8	Total Nursing Facility Days	As Filed Days = 25,249 FY20 Audited C/R Days	25,249										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,249 FY20 GL-PL Ins Rpt Days								25,249			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$180.24	\$96.18	\$0.00	\$21.29	\$23.55	(with L&H)	\$32.16	\$1.53	\$5.13	\$0.40	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4317</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.18									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.18	\$0.00	\$21.29	\$23.55		\$32.16	\$1.53	\$5.13	\$0.40	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.16	\$67.18	\$0.00	\$21.29	\$23.55		\$30.83	\$1.53	10.38 (FRV)	\$0.40	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.16	\$67.18	\$0.00	\$21.29	\$23.55	\$0.00	\$30.83	\$1.53	\$10.38	\$0.40	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2164</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.72									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.70	\$81.72	\$0.00	\$21.29	\$23.55	\$0.00	\$30.83	\$1.53	\$10.38	\$0.40	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.90	\$4.90									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.98	\$6.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$193.68</b>	<b>\$87.97</b>	<b>\$0.00</b>	<b>\$21.51</b>	<b>\$23.96</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.53</b>	<b>\$10.38</b>	<b>\$0.40</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$132.44</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>BONTERRA TRANSITIONAL CARE &amp; REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00140357A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3779	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	34.62%	2.5%	Quarterly Medicaid CMI:			1.5555	1.5192
							2.95	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5831	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,129,366	\$3,370,657	\$0	\$616,194	\$620,457	\$0	\$1,345,981		\$1,176,077	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$289,578)	(\$21,831)	\$0	(\$543)	\$20,398	(\$1,426)	(\$234,790)		(\$51,386)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$225,874			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$53,384	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,119,046	\$3,348,826	\$0	\$615,651	\$640,855	(\$1,426)	\$1,111,191	\$225,874	\$1,124,691	\$53,384	
8	Total Nursing Facility Days	As Filed Days = 37,606 FY20 Audited C/R Days	37,606										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 37,606 FY20 GL-PL Ins Rpt Days								37,606			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$189.31	\$89.05	\$0.00	\$16.37	\$17.00	(with L&H)	\$29.55	\$6.01	\$29.91	\$1.42	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3779</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.63									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.63	\$0.00	\$16.37	\$17.00		\$29.55	\$6.01	\$29.91	\$1.42	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.03	\$64.63	\$0.00	\$16.37	\$17.00		\$29.55	\$6.01	10.05 (FRV)	\$1.42	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.03	\$64.63	\$0.00	\$16.37	\$17.00	\$0.00	\$29.55	\$6.01	\$10.05	\$1.42	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5831</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.32									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.72	\$102.32	\$0.00	\$16.37	\$17.00	\$0.00	\$29.55	\$6.01	\$10.05	\$1.42	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$23.24	\$5.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$205.96</b>	<b>\$107.46</b>	<b>\$0.00</b>	<b>\$16.59</b>	<b>\$17.41</b>	<b>\$0.00</b>	<b>\$47.02</b>	<b>\$6.01</b>	<b>\$10.05</b>	<b>\$1.42</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$141.65</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$10,038,260	\$5,534,918	\$0	\$742,271	\$722,101	\$0	\$1,467,294		\$1,571,676	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$502,287)	(\$584,129)	\$0	\$0	(\$3,330)	(\$3,069)	\$158,700		(\$70,459)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$402,204		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$69,835
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,008,012	\$4,950,789	\$0	\$742,271	\$718,771	(\$3,069)	\$1,625,994	\$402,204	\$1,501,217	\$69,835
8	Total Nursing Facility Days As Filed Days = 47,433	FY20 Audited C/R Days	47,433									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,433	FY20 GL-PL Ins Rpt Days								47,433		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.99	\$104.37	\$0.00	\$15.65	\$15.09	(with L&H)	\$34.28	\$8.48	\$31.65	\$1.47
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.7329</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.23	\$0.00	\$15.65	\$15.09		\$34.28	\$8.48	\$31.65	\$1.47
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.11	\$60.23	\$0.00	\$15.65	\$15.09		\$30.83	\$8.48	9.36 (FRV)	\$1.47
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.11	\$60.23	\$0.00	\$15.65	\$15.09	\$0.00	\$30.83	\$8.48	\$9.36	\$1.47
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.8700</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.51	\$112.63	\$0.00	\$15.65	\$15.09	\$0.00	\$30.83	\$8.48	\$9.36	\$1.47
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.38	\$3.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.64	\$3.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$215.15</b>	<b>\$116.54</b>	<b>\$0.00</b>	<b>\$15.87</b>	<b>\$15.50</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$8.48</b>	<b>\$9.36</b>	<b>\$1.47</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$148.54</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - VIRGINIA PARK</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00140401A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		0.00%	Base Period Overall CMI: 1.5927			1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 35.29%		2.5%		Quarterly Medicaid CMI: 1.4823			1.5192			
		Nurse Hours per On-Site Day/Quality Incentive: 3.44		4.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.5081			1.5459			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,308,416	\$4,750,078	\$0	\$640,008	\$896,208	\$0	\$1,358,668		\$663,454	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$349,433)	(\$69,905)	\$0	\$0	\$11,741	\$18,788	(\$244,472)		(\$65,585)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$260,780		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$69,964
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,289,727	\$4,680,173	\$0	\$640,008	\$907,949	\$18,788	\$1,114,196	\$260,780	\$597,869	\$69,964
8	Total Nursing Facility Days	As Filed Days = 39,423 FY20 Audited C/R Days	39,423									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,423 FY20 GL-PL Ins Rpt Days								39,423		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.27	\$118.72	\$0.00	\$16.23	\$23.51	(with L&H)	\$28.26	\$6.61	\$15.17	\$1.77
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5927</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.54								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.54	\$0.00	\$16.23	\$23.51		\$28.26	\$6.61	\$15.17	\$1.77
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.80	\$74.54	\$0.00	\$16.23	\$23.51		\$28.26	\$6.61	14.88 (FRV)	\$1.77
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.80	\$74.54	\$0.00	\$16.23	\$23.51	\$0.00	\$28.26	\$6.61	\$14.88	\$1.77
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5081</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.67	\$112.41	\$0.00	\$16.23	\$23.51	\$0.00	\$28.26	\$6.61	\$14.88	\$1.77
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.81	\$2.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.50	\$4.50								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.94	\$7.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$229.61</b>	<b>\$120.25</b>	<b>\$0.00</b>	<b>\$16.45</b>	<b>\$23.92</b>	<b>\$0.00</b>	<b>\$45.73</b>	<b>\$6.61</b>	<b>\$14.88</b>	<b>\$1.77</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$159.38</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:		
Provider: <b>BRIGHTMOOR NURSING CENTER, LLC</b> Prvdr ID: <b>00140412A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	1.5710	1.5126						
													31.94%	2.5%	1.2964	1.5192						
													1.65	2.0%	1.3153	1.5459						
<b>CASE MIX BASED RATE CALCULATIONS</b>													a	b	c	d	e	f	g	g	h	i
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>													
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																						
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
<b>Base Period Per Diem Allowed Amounts</b>																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$10,071,688	\$5,141,294	\$0	\$1,078,865	\$1,615,294	\$0	\$1,266,182		\$970,053	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$256,220)	(\$10,027)	\$0	\$995	\$45,916	\$41,433	(\$197,153)		(\$137,384)											
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$183,002												
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$141,901										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,140,371	\$5,131,267	\$0	\$1,079,860	\$1,661,210	\$41,433	\$1,069,029	\$183,002	\$832,669	\$141,901										
8	Total Nursing Facility Days	As Filed Days = 43,189 FY20 Audited C/R Days	43,189																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 43,189 FY20 GL-PL Ins Rpt Days								43,189												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$234.79	\$118.81	\$0.00	\$25.00	\$39.42	(with L&H)	\$24.75	\$4.24	\$19.28	\$3.29										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5710</b>																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.63																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.63	\$0.00	\$25.00	\$39.42		\$24.75	\$4.24	\$19.28	\$3.29										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.46	\$75.63	\$0.00	\$24.48	\$27.62		\$24.75	\$4.24	18.45 <i>(FRV)</i>	\$3.29										
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.46	\$75.63	\$0.00	\$24.48	\$27.62	\$0.00	\$24.75	\$4.24	\$18.45	\$3.29										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3153</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.48																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.31	\$99.48	\$0.00	\$24.48	\$27.62	\$0.00	\$24.75	\$4.24	\$18.45	\$3.29										
<b>Quarterly Per Diem Add-on Amounts</b>																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.99	\$1.99																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.48	\$5.01	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$224.79</b>	<b>\$104.49</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$42.22</b>	<b>\$4.24</b>	<b>\$18.45</b>	<b>\$3.29</b>										
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$155.77</b>																			

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>BROWN'S HEALTH &amp; REHAB CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00140434A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5869	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	18.52%	0.0%	Quarterly Medicaid CMI:			1.6143	1.5192
							3.08	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6432	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,175,255	\$1,529,817	\$0	\$319,091	\$341,665	\$0	\$636,237		\$348,445	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$69,836)	\$0	\$0	\$0	(\$935)	(\$824)	(\$45,924)		(\$22,153)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$34,009			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$22,038	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,161,466	\$1,529,817	\$0	\$319,091	\$340,730	(\$824)	\$590,313	\$34,009	\$326,292	\$22,038	
8	Total Nursing Facility Days	As Filed Days = 21,240 FY20 Audited C/R Days	21,240										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,240 FY20 GL-PL Ins Rpt Days								21,240			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$148.84	\$72.03	\$0.00	\$15.02	\$16.00	(with L&H)	\$27.79	\$1.60	\$15.36	\$1.04	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5869</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.39									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$45.39	\$0.00	\$15.02	\$16.00		\$27.79	\$1.60	\$15.36	\$1.04	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.00	\$45.39	\$0.00	\$15.02	\$16.00		\$27.79	\$1.60	12.16 (FRV)	\$1.04	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.00	\$45.39	\$0.00	\$15.02	\$16.00	\$0.00	\$27.79	\$1.60	\$12.16	\$1.04	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6432</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.58									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.19	\$74.58	\$0.00	\$15.02	\$16.00	\$0.00	\$27.79	\$1.60	\$12.16	\$1.04	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.24	\$2.24									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.87	\$2.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$169.06</b>	<b>\$77.35</b>	<b>\$0.00</b>	<b>\$15.24</b>	<b>\$16.41</b>	<b>\$0.00</b>	<b>\$45.26</b>	<b>\$1.60</b>	<b>\$12.16</b>	<b>\$1.04</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$113.97</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent
													Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
Provider: <b>PRUITTHEALTH - LANIER</b>													N/A	0.00%	Base Period Overall CMI:			1.5781	1.5126		
Prvdr ID: <b>00140456A</b>													32.65%	2.5%	Quarterly Medicaid CMI:			1.5974	1.5192		
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>													2.85	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6253	1.5459		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>																					
			a	b	c	d	e	f	g	g	h	i									
<b>CASE MIX BASED RATE CALCULATIONS</b>																					
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>												
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%												
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%												
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37												
<b>Base Period Per Diem Allowed Amounts</b>																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,102,767	\$3,258,281	\$0	\$544,739	\$691,332	\$0	\$1,143,639		\$464,776	\$0									
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$309,470)	(\$27,410)	\$0	\$0	(\$2,433)	(\$4,136)	(\$227,880)		(\$47,611)										
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$237,427											
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>											\$48,156								
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,078,880	\$3,230,871	\$0	\$544,739	\$688,899	(\$4,136)	\$915,759	\$237,427	\$417,165	\$48,156									
8	Total Nursing Facility Days	FY20 Audited C/R Days	30,960	30,960																	
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								30,960											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$196.35	\$104.36	\$0.00	\$17.59	\$22.12	(with L&H)	\$29.58	\$7.67	\$13.47	\$1.56									
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5781</b>																	
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.13																	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.13	\$0.00	\$17.59	\$22.12		\$29.58	\$7.67	\$13.47	\$1.56									
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A										
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.90	\$66.13	\$0.00	\$17.59	\$22.12		\$29.58	\$7.67	8.25 (FRV)	\$1.56									
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A									
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.90	\$66.13	\$0.00	\$17.59	\$22.12	\$0.00	\$29.58	\$7.67	\$8.25	\$1.56									
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6253</b>																	
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.48																	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.25	\$107.48	\$0.00	\$17.59	\$22.12	\$0.00	\$29.58	\$7.67	\$8.25	\$1.56									
<b>Quarterly Per Diem Add-on Amounts</b>																					
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00										
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.69	\$2.69																	
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.37	\$5.37																	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10												
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.69	\$8.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00									
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$220.94</b>	<b>\$116.07</b>	<b>\$0.00</b>	<b>\$17.81</b>	<b>\$22.53</b>	<b>\$0.00</b>	<b>\$47.05</b>	<b>\$7.67</b>	<b>\$8.25</b>	<b>\$1.56</b>									
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$152.88</b>																		

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>CHURCH HOME REHABILITATION AND HEALTHCARE</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00140467A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance:	N/A	Base Period Overall CMI:				1.4950	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	18.42%	Quarterly Medicaid CMI:				1.5065	1.5192	
					3.97	Qtrly Mcaid CMI w RUG Wght Options:				1.5352	1.5459	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,853,727	\$2,519,517	\$0	\$677,281	\$480,485	\$0	\$791,174		\$385,270	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$58,240)	\$0	\$0	\$0	\$657	\$733	(\$40,888)		(\$18,742)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$40,888		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$18,796
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,855,171	\$2,519,517	\$0	\$677,281	\$481,142	\$733	\$750,286	\$40,888	\$366,528	\$18,796
8	Total Nursing Facility Days	As Filed Days = 24,789 FY20 Audited C/R Days	24,789									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,789 FY20 GL-PL Ins Rpt Days								24,789		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$195.87	\$101.64	\$0.00	\$27.32	\$19.44	(with L&H)	\$30.27	\$1.65	\$14.79	\$0.76
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4950</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.99	\$0.00	\$27.32	\$19.44		\$30.27	\$1.65	\$14.79	\$0.76
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.26	\$67.99	\$0.00	\$24.48	\$19.44		\$30.27	\$1.65	28.67 (FRV)	\$0.76
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.26	\$67.99	\$0.00	\$24.48	\$19.44	\$0.00	\$30.27	\$1.65	\$28.67	\$0.76
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5352</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.65	\$104.38	\$0.00	\$24.48	\$19.44	\$0.00	\$30.27	\$1.65	\$28.67	\$0.76
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.18	\$4.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.59	\$4.71	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$232.24</b>	<b>\$109.09</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$19.85</b>	<b>\$0.00</b>	<b>\$47.74</b>	<b>\$1.65</b>	<b>\$28.67</b>	<b>\$0.76</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$161.36</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>CALHOUN NURSING HOME</b> Prvdr ID: <b>00140478A</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Growth Allowance: N/A		Qtrly BIMS score: 44.64%	Nurse Hours per On-Site Day/Quality Incentive: 3.95	0.00%	2.5%	4.0%	Base Period Overall CMI: 1.7573	Quarterly Medicaid CMI: 1.6368	Qtrly Mcaid CMI w RUG Wght Options: 1.6691	1.5126	1.5192	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,349,776	\$2,836,973	\$0	\$375,910	\$418,932	\$0	\$513,906		\$204,055	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$145,722)	(\$19,457)	\$0	\$0	\$0	\$0	(\$108,913)		(\$17,352)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$105,043				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$17,352		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,326,449	\$2,817,516	\$0	\$375,910	\$418,932	\$0	\$404,993	\$105,043	\$186,703	\$17,352		
8	Total Nursing Facility Days	As Filed Days = 21,086 FY20 Audited C/R Days	21,086											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,086 FY20 GL-PL Ins Rpt Days								21,086				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$205.18	\$133.62	\$0.00	\$17.83	\$19.87	(with L&H)	\$19.21	\$4.98	\$8.85	\$0.82		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.7573</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.04										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.04	\$0.00	\$17.83	\$19.87		\$19.21	\$4.98	\$8.85	\$0.82		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.75	\$76.04	\$0.00	\$17.83	\$19.87		\$19.21	\$4.98	15.00 (FRV)	\$0.82		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.75	\$76.04	\$0.00	\$17.83	\$19.87	\$0.00	\$19.21	\$4.98	\$15.00	\$0.82		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6691</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.92										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.63	\$126.92	\$0.00	\$17.83	\$19.87	\$0.00	\$19.21	\$4.98	\$15.00	\$0.82		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.17	\$3.17										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.08	\$5.08										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.88	\$8.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$231.51</b>	<b>\$135.70</b>	<b>\$0.00</b>	<b>\$18.05</b>	<b>\$20.28</b>	<b>\$0.00</b>	<b>\$36.68</b>	<b>\$4.98</b>	<b>\$15.00</b>	<b>\$0.82</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$160.81</b>											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>CANTON CENTER FOR NURSING AND HEALING LLC</b> Prvdr ID: <b>00140511A</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Growth Allowance: N/A Qtrly BIMS score: 18.87% Nurse Hours per On-Site Day/Quality Incentive: 3.66				N/A	0.00%	Base Period Overall CMI: 1.4146 Quarterly Medicaid CMI: 1.7695 Qtrly Mcaid CMI w RUG Wght Options: 1.8037			1.4146	1.5126
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,758,245	\$3,535,068	\$0	\$762,903	\$1,012,687	\$0	\$1,318,330		\$129,257	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$144,315)	\$0	\$0	\$0	\$0	\$0	(\$96,681)		(\$47,634)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$96,681		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$47,634
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,758,245	\$3,535,068	\$0	\$762,903	\$1,012,687	\$0	\$1,221,649	\$96,681	\$81,623	\$47,634
8	Total Nursing Facility Days	As Filed Days = 29,380 FY20 Audited C/R Days	29,380									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,380 FY20 GL-PL Ins Rpt Days								29,380		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$230.03	\$120.32	\$0.00	\$25.97	\$34.47	(with L&H)	\$41.58	\$3.29	\$2.78	\$1.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4146</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.05	\$0.00	\$25.97	\$34.47		\$41.58	\$3.29	\$2.78	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.06	\$85.05	\$0.00	\$24.48	\$27.62		\$30.83	\$3.29	12.17 (FRV)	\$1.62
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.06	\$85.05	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$3.29	\$12.17	\$1.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.8037</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$153.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$253.41	\$153.40	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$3.29	\$12.17	\$1.62
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.70	\$3.60	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$274.11</b>	<b>\$157.00</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$3.29</b>	<b>\$12.17</b>	<b>\$1.62</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$192.76</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	
Provider: <b>UNIVERSITY NURSING &amp; REHAB CTR</b>														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.5039	1.5126
Prvdr ID: <b>00140533A</b>														Qtrly BIMS score	19.28%	0.0%	Quarterly Medicaid CMI:	1.4724	1.5192
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>														Nurse Hours per On-Site Day/Quality Incentive:	2.68	2.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.4965	1.5459
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>																			
			a	b	c	d	e	f	g	g	h	i							
<b>CASE MIX BASED RATE CALCULATIONS</b>																			
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>										
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%										
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%										
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37										
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,333,291	\$3,978,091	\$0	\$656,932	\$638,501	\$0	\$1,258,733		\$801,034	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$133,893)	\$0	\$0	\$0	\$0	\$0	(\$80,767)		(\$53,126)								
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$80,767									
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$53,126							
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,333,291	\$3,978,091	\$0	\$656,932	\$638,501	\$0	\$1,177,966	\$80,767	\$747,908	\$53,126							
8	Total Nursing Facility Days	FY20 Audited C/R Days	35,914																
	As Filed Days = 35,914																		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								35,914									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$204.19	\$110.77	\$0.00	\$18.29	\$17.78	(with L&H)	\$32.80	\$2.25	\$20.82	\$1.48							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5039</b>															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.66															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.66	\$0.00	\$18.29	\$17.78		\$32.80	\$2.25	\$20.82	\$1.48							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.31	\$73.66	\$0.00	\$18.29	\$17.78		\$30.83	\$2.25	8.02	\$1.48							
											(FRV)								
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.31	\$73.66	\$0.00	\$18.29	\$17.78	\$0.00	\$30.83	\$2.25	\$8.02	\$1.48							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4965</b>															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.23															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.88	\$110.23	\$0.00	\$18.29	\$17.78	\$0.00	\$30.83	\$2.25	\$8.02	\$1.48							
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00							
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.20	\$2.20															
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	\$20.46	\$2.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00							
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$209.34</b>	<b>\$112.96</b>	<b>\$0.00</b>	<b>\$18.51</b>	<b>\$18.19</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$2.25</b>	<b>\$8.02</b>	<b>\$1.48</b>							
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$144.18</b>																

Quarterly Case Mix Per Diem Calculation

Interim

Provider: <b>Cottages at Rockmart</b>				Facility Score	Add-on Percent			Facility Specific	State-wide
Prvdr ID: <b>00140544A</b>				N/A	0.00%			1.6592	1.5126
H/B ? : No	Case Mix Per Diem Rate Effective Date: <b>04/01/23</b>			BIMS: 17.0%	0.0%			1.7109	1.5192
	MDS & Nurse Hrs Data per Quarter Ending: 12/31/22	Nurse Hours per On-Site Day/Quality Incentive: 7.42			3.0%		Qtrly Mcaid CMI w RUG Wght Options:	1.7431	1.5459

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>												
	<b>Cost Center Peer Groups per Selected Options</b>			<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Per Diem Costs and Add-ons</b>											
	GL-PL- Insurance Costs	FY2020 GL-PL Ins. Rpt								\$ 165,488		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2020 GL-PL Ins. Rpt								21,895		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2020 Peer Group Limit		\$88.52		\$24.48	\$27.62		\$30.83		\$42.09	\$1.38
	Allowed @ 95% of Std		\$206.35	\$84.09		\$23.26	\$26.24		\$29.29		\$42.09	\$1.38
	Growth Allowance 0.0%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$213.91	\$84.09		\$23.26	\$26.24		\$29.29	\$ 7.56	\$42.09	\$1.38
	Quarterly Facility Case Mix Index for Medicaid Residents			<b>1.7431</b>							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$146.58								
	Quarterly Medicaid CMA Allowed Per Diem		\$271.55	\$146.58		\$23.26	\$26.24		\$29.29	\$ 2.71	\$42.09	\$1.38
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$4.40	\$4.40								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$21.50									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$293.04</b>	<b>\$150.97</b>		<b>\$23.26</b>	<b>\$26.24</b>		<b>\$46.39</b>	<b>\$2.71</b>	<b>\$42.09</b>	<b>\$1.38</b>
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$206.96									

\* 1002.3B - The allowed Per Diem for GL/PL insurance will be the lower of projected costs or 90% of 105% of the median Net Per Diem.

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>CALHOUN HEALTH CARE CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00140577A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5628	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	45.12%	5.5%	Quarterly Medicaid CMI:			1.6979	1.5192
							3.46	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7305	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,036,326	\$2,296,736	\$0	\$574,405	\$487,902	\$0	\$1,072,036		\$605,247	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$197,649)	\$0	\$0	\$0	\$1,132	\$988	(\$157,309)		(\$42,460)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$152,753			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$42,491	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,033,921	\$2,296,736	\$0	\$574,405	\$489,034	\$988	\$914,727	\$152,753	\$562,787	\$42,491	
8	Total Nursing Facility Days	As Filed Days = 28,127 FY20 Audited C/R Days	28,127										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,127 FY20 GL-PL Ins Rpt Days								28,127			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$178.97	\$81.66	\$0.00	\$20.42	\$17.42	(with L&H)	\$32.52	\$5.43	\$20.01	\$1.51	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5628</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.25									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$52.25	\$0.00	\$20.42	\$17.42		\$32.52	\$5.43	\$20.01	\$1.51	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.19	\$52.25	\$0.00	\$20.42	\$17.42		\$30.83	\$5.43	9.33 (FRV)	\$1.51	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.19	\$52.25	\$0.00	\$20.42	\$17.42	\$0.00	\$30.83	\$5.43	\$9.33	\$1.51	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7305</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.42									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.36	\$90.42	\$0.00	\$20.42	\$17.42	\$0.00	\$30.83	\$5.43	\$9.33	\$1.51	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.97	\$4.97									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.71	\$2.71									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.94	\$8.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$201.30</b>	<b>\$98.63</b>	<b>\$0.00</b>	<b>\$20.64</b>	<b>\$17.83</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$5.43</b>	<b>\$9.33</b>	<b>\$1.51</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.15</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>CAMELLIA HEALTH &amp; REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00140588A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5059	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	33.33%	2.5%	Quarterly Medicaid CMI:			1.6055	1.5192
							3.66	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6360	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,047,128	\$2,215,985	\$0	\$473,847	\$445,883	\$0	\$704,919		\$206,494	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$76,492)	\$1,345	\$0	\$0	\$1,430	(\$845)	(\$55,131)		(\$23,291)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$48,918			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$23,472	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,043,026	\$2,217,330	\$0	\$473,847	\$447,313	(\$845)	\$649,788	\$48,918	\$183,203	\$23,472	
8	Total Nursing Facility Days	As Filed Days = 21,923 FY20 Audited C/R Days	21,923										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,923 FY20 GL-PL Ins Rpt Days								21,923			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.42	\$101.14	\$0.00	\$21.61	\$20.37	(with L&H)	\$29.64	\$2.23	\$8.36	\$1.07	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5059</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.16									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.16	\$0.00	\$21.61	\$20.37		\$29.64	\$2.23	\$8.36	\$1.07	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.99	\$67.16	\$0.00	\$21.61	\$20.37		\$29.64	\$2.23	9.91 (FRV)	\$1.07	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.99	\$67.16	\$0.00	\$21.61	\$20.37	\$0.00	\$29.64	\$2.23	\$9.91	\$1.07	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6360</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.87									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.70	\$109.87	\$0.00	\$21.61	\$20.37	\$0.00	\$29.64	\$2.23	\$9.91	\$1.07	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.75	\$2.75									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.49	\$5.49									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.87	\$8.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$221.57</b>	<b>\$118.64</b>	<b>\$0.00</b>	<b>\$21.83</b>	<b>\$20.78</b>	<b>\$0.00</b>	<b>\$47.11</b>	<b>\$2.23</b>	<b>\$9.91</b>	<b>\$1.07</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$153.35</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>FORT GAINES HEALTH AND REHAB</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00140599A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7833	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	46.15%	5.5%	Quarterly Medicaid CMI:			1.8069	1.5192
							3.29	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8400	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,298,134	\$1,422,522	\$0	\$371,077	\$401,488	\$0	\$773,721		\$329,326	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$54,415)	(\$2,034)	\$0	\$0	\$1,188	\$36	(\$13,464)		(\$40,141)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$12,426			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$32,503	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,288,648	\$1,420,488	\$0	\$371,077	\$402,676	\$36	\$760,257	\$12,426	\$289,185	\$32,503	
8	Total Nursing Facility Days	As Filed Days = 19,414 FY20 Audited C/R Days	19,414										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,414 FY20 GL-PL Ins Rpt Days								19,414			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$169.39	\$73.17	\$0.00	\$19.11	\$20.74	(with L&H)	\$39.16	\$0.64	\$14.90	\$1.67	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.7833</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.03									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$41.03	\$0.00	\$19.11	\$20.74		\$39.16	\$0.64	\$14.90	\$1.67	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.57	\$41.03	\$0.00	\$19.11	\$20.74		\$30.83	\$0.64	22.55 (FRV)	\$1.67	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.57	\$41.03	\$0.00	\$19.11	\$20.74	\$0.00	\$30.83	\$0.64	\$22.55	\$1.67	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.8400</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.50									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.04	\$75.50	\$0.00	\$19.11	\$20.74	\$0.00	\$30.83	\$0.64	\$22.55	\$1.67	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.15	\$4.15									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.27	\$2.27									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.68	\$6.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$195.72</b>	<b>\$82.45</b>	<b>\$0.00</b>	<b>\$19.33</b>	<b>\$21.15</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$0.64</b>	<b>\$22.55</b>	<b>\$1.67</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$133.97</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>HARBORVIEW HEALTH SYSTEMS THOMASTON</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00140621A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.4869			1.4869	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 20.73%		Nurse Hours per On-Site Day/Quality Incentive: 2.66		2.66	1.0%	Quarterly Medicaid CMI: 1.8150			1.8150	1.5192
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8503			1.8503	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,255,998	\$3,178,452	\$0	\$547,731	\$530,509	\$0	\$1,106,334		\$892,972	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$140,105)	(\$64,750)	\$0	\$0	(\$4,121)	(\$14,007)	(\$11,770)		(\$45,457)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$76,520		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$46,425
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,238,838	\$3,113,702	\$0	\$547,731	\$526,388	(\$14,007)	\$1,094,564	\$76,520	\$847,515	\$46,425
8	Total Nursing Facility Days As Filed Days = 37,830	FY20 Audited C/R Days	37,830									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,830	FY20 GL-PL Ins Rpt Days								37,830		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$164.91	\$82.31	\$0.00	\$14.48	\$13.54	(with L&H)	\$28.93	\$2.02	\$22.40	\$1.23
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4869</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.36								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$55.36	\$0.00	\$14.48	\$13.54		\$28.93	\$2.02	\$22.40	\$1.23
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.42	\$55.36	\$0.00	\$14.48	\$13.54		\$28.93	\$2.02	8.86 (FRV)	\$1.23
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.42	\$55.36	\$0.00	\$14.48	\$13.54	\$0.00	\$28.93	\$2.02	\$8.86	\$1.23
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.8503</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.49	\$102.43	\$0.00	\$14.48	\$13.54	\$0.00	\$28.93	\$2.02	\$8.86	\$1.23
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$21.70	\$3.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$193.19</b>	<b>\$106.03</b>	<b>\$0.00</b>	<b>\$14.70</b>	<b>\$13.95</b>	<b>\$0.00</b>	<b>\$46.40</b>	<b>\$2.02</b>	<b>\$8.86</b>	<b>\$1.23</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$132.07</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>BRIAN CENTER HEALTH &amp; REHABILITATION CANTON</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00140643A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5933	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	22.22%	1.0%	Quarterly Medicaid CMI:			1.5887	1.5192
							4.38	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6180	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,835,277	\$3,921,379	\$0	\$494,292	\$587,685	\$0	\$1,161,821		\$670,100	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$267,384	\$0	\$0	\$0	\$644	\$1,047	\$119,125		\$146,568		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$98,044			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$60,711	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,261,416	\$3,921,379	\$0	\$494,292	\$588,329	\$1,047	\$1,280,946	\$98,044	\$816,668	\$60,711	
8	Total Nursing Facility Days	As Filed Days = 33,133 FY20 Audited C/R Days	33,133										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,133 FY20 GL-PL Ins Rpt Days								33,133			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$219.16	\$118.35	\$0.00	\$14.92	\$17.79	(with L&H)	\$38.66	\$2.96	\$24.65	\$1.83	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5933</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.28									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.28	\$0.00	\$14.92	\$17.79		\$38.66	\$2.96	\$24.65	\$1.83	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.49	\$74.28	\$0.00	\$14.92	\$17.79		\$30.83	\$2.96	12.88 (FRV)	\$1.83	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.49	\$74.28	\$0.00	\$14.92	\$17.79	\$0.00	\$30.83	\$2.96	\$12.88	\$1.83	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6180</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.19									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.40	\$120.19	\$0.00	\$14.92	\$17.79	\$0.00	\$30.83	\$2.96	\$12.88	\$1.83	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.40	\$2.40									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.86	\$4.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$223.26</b>	<b>\$124.32</b>	<b>\$0.00</b>	<b>\$15.14</b>	<b>\$18.20</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$2.96</b>	<b>\$12.88</b>	<b>\$1.83</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$154.62</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>HEALTHCARE AT COLLEGE PARK, LLC</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00140654A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4093	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	31.11%	2.5%	Quarterly Medicaid CMI:			1.4348	1.5192
							3.32	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4576	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,066,332	\$2,451,550	\$0	\$489,750	\$514,953	\$0	\$841,566		\$768,513	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$109,128)	(\$8,578)	\$0	\$0	\$0	\$0	(\$48,127)		(\$52,423)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$48,127			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$52,423	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,057,754	\$2,442,972	\$0	\$489,750	\$514,953	\$0	\$793,439	\$48,127	\$716,090	\$52,423	
8	Total Nursing Facility Days As Filed Days = 28,678	FY20 Audited C/R Days	28,678										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,678	FY20 GL-PL Ins Rpt Days								28,678			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$176.38	\$85.19	\$0.00	\$17.08	\$17.96	(with L&H)	\$27.67	\$1.68	\$24.97	\$1.83	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4093</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.45									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.45	\$0.00	\$17.08	\$17.96		\$27.67	\$1.68	\$24.97	\$1.83	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.10	\$60.45	\$0.00	\$17.08	\$17.96		\$27.67	\$1.68	8.43 (FRV)	\$1.83	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.10	\$60.45	\$0.00	\$17.08	\$17.96	\$0.00	\$27.67	\$1.68	\$8.43	\$1.83	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4576</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.11									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.76	\$88.11	\$0.00	\$17.08	\$17.96	\$0.00	\$27.67	\$1.68	\$8.43	\$1.83	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.20	\$2.20									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.64	\$2.64									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.47	\$5.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$186.23</b>	<b>\$93.48</b>	<b>\$0.00</b>	<b>\$17.30</b>	<b>\$18.37</b>	<b>\$0.00</b>	<b>\$45.14</b>	<b>\$1.68</b>	<b>\$8.43</b>	<b>\$1.83</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$126.85</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)										
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,856,137	\$3,040,192	\$0	\$493,175	\$720,458	\$0	\$978,487		\$623,825	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$170,891)	\$0	\$0	\$0	\$0	\$0	(\$104,159)		(\$66,732)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$77,704		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$66,732
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,829,682	\$3,040,192	\$0	\$493,175	\$720,458	\$0	\$874,328	\$77,704	\$557,093	\$66,732
8	Total Nursing Facility Days	FY20 Audited C/R Days	41,024									
	As Filed Days = 41,024											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								41,024		
	As Filed Days = 41,024											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$142.10	\$74.11	\$0.00	\$12.02	\$17.56	(with L&H)	\$21.31	\$1.89	\$13.58	\$1.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3576</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$54.59	\$0.00	\$12.02	\$17.56		\$21.31	\$1.89	\$13.58	\$1.63
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.72	\$54.59	\$0.00	\$12.02	\$17.56		\$21.31	\$1.89	14.72 (FRV)	\$1.63
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.72	\$54.59	\$0.00	\$12.02	\$17.56	\$0.00	\$21.31	\$1.89	\$14.72	\$1.63
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6219</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.67	\$88.54	\$0.00	\$12.02	\$17.56	\$0.00	\$21.31	\$1.89	\$14.72	\$1.63
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.21	\$2.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.54	\$3.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.38	\$6.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$182.05</b>	<b>\$94.82</b>	<b>\$0.00</b>	<b>\$12.24</b>	<b>\$17.97</b>	<b>\$0.00</b>	<b>\$38.78</b>	<b>\$1.89</b>	<b>\$14.72</b>	<b>\$1.63</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$123.71</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - EASTSIDE</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00140687A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		0.00%	Base Period Overall CMI: 1.5078				1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 40.00%		2.5%		Quarterly Medicaid CMI: 1.2145				1.5192			
		Nurse Hours per On-Site Day/Quality Incentive: 2.59		4.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.2322				1.5459			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,661,476	\$3,267,940	\$0	\$482,351	\$763,616	\$0	\$850,461		\$297,108	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$264,520)	(\$70,910)	\$0	\$6,780	\$12,138	(\$26,235)	(\$145,810)		(\$40,483)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$183,389			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$47,249	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,627,594	\$3,197,030	\$0	\$489,131	\$775,754	(\$26,235)	\$704,651	\$183,389	\$256,625	\$47,249	
8	Total Nursing Facility Days	As Filed Days = 30,870 FY20 Audited C/R Days	29,765										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,870 FY20 GL-PL Ins Rpt Days								29,765			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$189.06	\$107.41	\$0.00	\$16.43	\$25.18	(with L&H)	\$23.67	\$6.16	\$8.62	\$1.59	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5078</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.23									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.23	\$0.00	\$16.43	\$25.18		\$23.67	\$6.16	\$8.62	\$1.59	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.97	\$71.23	\$0.00	\$16.43	\$25.18		\$23.67	\$6.16	11.71 (FRV)	\$1.59	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.97	\$71.23	\$0.00	\$16.43	\$25.18	\$0.00	\$23.67	\$6.16	\$11.71	\$1.59	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2322</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.77									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.51	\$87.77	\$0.00	\$16.43	\$25.18	\$0.00	\$23.67	\$6.16	\$11.71	\$1.59	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.19	\$2.19									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$24.33	\$6.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$196.84</b>	<b>\$94.00</b>	<b>\$0.00</b>	<b>\$16.65</b>	<b>\$25.59</b>	<b>\$0.00</b>	<b>\$41.14</b>	<b>\$6.16</b>	<b>\$11.71</b>	<b>\$1.59</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$134.81</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>ROME HEALTH AND REHABILITATION CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00140753A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7082	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	27.27%	1.0%	Quarterly Medicaid CMI:			1.7928	1.5192
							3.50	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8256	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,891,381	\$4,015,970	\$0	\$555,189	\$529,813	\$0	\$804,366		\$1,986,043	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$757,717)	(\$1,034,633)	\$0	(\$6,197)	(\$1,415)	\$56,447	\$281,868		(\$53,787)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$4,302			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$51,305	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,189,271	\$2,981,337	\$0	\$548,992	\$528,398	\$56,447	\$1,086,234	\$4,302	\$1,932,256	\$51,305	
8	Total Nursing Facility Days As Filed Days = 29,123	FY20 Audited C/R Days	30,291										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,123	FY20 GL-PL Ins Rpt Days								30,291			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$237.33	\$98.42	\$0.00	\$18.12	\$19.31	(with L&H)	\$35.86	\$0.14	\$63.79	\$1.69	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.7082</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.62									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.62	\$0.00	\$18.12	\$19.31		\$35.86	\$0.14	\$63.79	\$1.69	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.61	\$57.62	\$0.00	\$18.12	\$19.31		\$30.83	\$0.14	13.90 (FRV)	\$1.69	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.61	\$57.62	\$0.00	\$18.12	\$19.31	\$0.00	\$30.83	\$0.14	\$13.90	\$1.69	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.8256</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.19									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.18	\$105.19	\$0.00	\$18.12	\$19.31	\$0.00	\$30.83	\$0.14	\$13.90	\$1.69	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.16	\$3.16									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.47	\$4.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$211.65</b>	<b>\$109.93</b>	<b>\$0.00</b>	<b>\$18.34</b>	<b>\$19.72</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$0.14</b>	<b>\$13.90</b>	<b>\$1.69</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$145.91</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,357,667	\$2,406,031	\$0	\$407,421	\$524,747	\$0	\$747,867		\$271,601	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$194,044)	\$0	\$0	\$0	\$0	\$0	(\$162,281)		(\$31,763)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$161,291		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$31,763
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,356,677	\$2,406,031	\$0	\$407,421	\$524,747	\$0	\$585,586	\$161,291	\$239,838	\$31,763
8	Total Nursing Facility Days	As Filed Days = 25,287 FY20 Audited C/R Days	25,287									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,287 FY20 GL-PL Ins Rpt Days								25,287		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$172.29	\$95.15	\$0.00	\$16.11	\$20.75	(with L&H)	\$23.16	\$6.38	\$9.48	\$1.26
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4906</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.83								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.83	\$0.00	\$16.11	\$20.75		\$23.16	\$6.38	\$9.48	\$1.26
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.23	\$63.83	\$0.00	\$16.11	\$20.75		\$23.16	\$6.38	9.74 (FRV)	\$1.26
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.23	\$63.83	\$0.00	\$16.11	\$20.75	\$0.00	\$23.16	\$6.38	\$9.74	\$1.26
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5346</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.35	\$97.95	\$0.00	\$16.11	\$20.75	\$0.00	\$23.16	\$6.38	\$9.74	\$1.26
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.39	\$5.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.92	\$3.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.94	\$9.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$203.29</b>	<b>\$107.79</b>	<b>\$0.00</b>	<b>\$16.33</b>	<b>\$21.16</b>	<b>\$0.00</b>	<b>\$40.63</b>	<b>\$6.38</b>	<b>\$9.74</b>	<b>\$1.26</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$139.64</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>GATEWAY HEALTH AND REHAB</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00140786A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5486			1.5486	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 44.44%		Nurse Hours per On-Site Day/Quality Incentive: 3.04		3.04	2.5%	Quarterly Medicaid CMI: 1.7138			1.7138	1.5192
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7481			1.7481	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,521,943	\$1,919,799	\$0	\$335,259	\$410,999	\$0	\$591,599		\$264,287	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$94,087)	\$0	\$0	\$0	(\$2,648)	(\$2,754)	(\$76,182)		(\$12,503)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$87,749		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$12,339
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,527,944	\$1,919,799	\$0	\$335,259	\$408,351	(\$2,754)	\$515,417	\$87,749	\$251,784	\$12,339
8	Total Nursing Facility Days	As Filed Days = 19,556 FY20 Audited C/R Days	19,556									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,556 FY20 GL-PL Ins Rpt Days								19,556		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$180.41	\$98.17	\$0.00	\$17.14	\$20.74	(with L&H)	\$26.36	\$4.49	\$12.88	\$0.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5486</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.39	\$0.00	\$17.14	\$20.74		\$26.36	\$4.49	\$12.88	\$0.63
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.07	\$63.39	\$0.00	\$17.14	\$20.74		\$26.36	\$4.49	7.32 (FRV)	\$0.63
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.07	\$63.39	\$0.00	\$17.14	\$20.74	\$0.00	\$26.36	\$4.49	\$7.32	\$0.63
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7481</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.49	\$110.81	\$0.00	\$17.14	\$20.74	\$0.00	\$26.36	\$4.49	\$7.32	\$0.63
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.77	\$2.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.32	\$3.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.72	\$6.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$212.21</b>	<b>\$117.43</b>	<b>\$0.00</b>	<b>\$17.36</b>	<b>\$21.15</b>	<b>\$0.00</b>	<b>\$43.83</b>	<b>\$4.49</b>	<b>\$7.32</b>	<b>\$0.63</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$146.33</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>DAWSON HEALTH AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00140808A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.4412			1.4412	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 38.64%		Nurse Hours per On-Site Day/Quality Incentive: 3.35		38.64%	2.5%	Quarterly Medicaid CMI: 1.2357			1.2357	1.5192
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2539			1.2539	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,795,850	\$2,605,092	\$0	\$521,157	\$504,066	\$0	\$795,442		\$370,093	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$69,659)	\$0	\$0	\$0	\$718	(\$3,424)	(\$45,657)		(\$21,296)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$39,260		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$21,350
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,786,801	\$2,605,092	\$0	\$521,157	\$504,784	(\$3,424)	\$749,785	\$39,260	\$348,797	\$21,350
8	Total Nursing Facility Days	As Filed Days = 22,722										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,722								22,722		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.67	\$114.65	\$0.00	\$22.94	\$22.06	(with L&H)	\$33.00	\$1.73	\$15.35	\$0.94
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4412</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.55								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$79.55	\$0.00	\$22.94	\$22.06		\$33.00	\$1.73	\$15.35	\$0.94
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.25	\$79.55	\$0.00	\$22.94	\$22.06		\$30.83	\$1.73	10.20 (FRV)	\$0.94
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.25	\$79.55	\$0.00	\$22.94	\$22.06	\$0.00	\$30.83	\$1.73	\$10.20	\$0.94
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2539</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.45	\$99.75	\$0.00	\$22.94	\$22.06	\$0.00	\$30.83	\$1.73	\$10.20	\$0.94
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.99	\$4.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.74	\$8.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$214.19</b>	<b>\$107.76</b>	<b>\$0.00</b>	<b>\$23.16</b>	<b>\$22.47</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.73</b>	<b>\$10.20</b>	<b>\$0.94</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$147.82</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	
Provider: <b>CARROLLTON MANOR, INCORPORATED</b>															Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
Prvdr ID: <b>00140852A</b>															N/A	0.00%	Base Period Overall CMI:	1.5253	1.5126
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>															28.99%	1.0%	Quarterly Medicaid CMI:	1.5063	1.5192
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>															3.52	2.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.5327	1.5459
			a	b	c	d	e	f	g	g	h	i							
<b>CASE MIX BASED RATE CALCULATIONS</b>																			
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>										
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%										
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%										
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37										
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,609,657	\$3,340,238	\$0	\$696,088	\$624,754	\$0	\$717,456		\$231,121	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$251,199)	(\$43,431)	\$0	\$0	\$0	\$0	(\$169,062)		(\$38,706)								
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$149,400									
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$38,706							
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,546,564	\$3,296,807	\$0	\$696,088	\$624,754	\$0	\$548,394	\$149,400	\$192,415	\$38,706							
8	Total Nursing Facility Days	As Filed Days = 32,793																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,793																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$169.14	\$100.53	\$0.00	\$21.23	\$19.05	(with L&H)	\$16.72	\$4.56	\$5.87	\$1.18							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5253</b>															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.91	\$0.00	\$21.23	\$19.05		\$16.72	\$4.56	\$5.87	\$1.18							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.91	\$0.00	\$21.23	\$19.05		\$16.72	\$4.56	\$5.87	\$1.18							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.88	\$65.91	\$0.00	\$21.23	\$19.05		\$16.72	\$4.56	11.23 (FRV)	\$1.18							
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.88	\$65.91	\$0.00	\$21.23	\$19.05	\$0.00	\$16.72	\$4.56	\$11.23	\$1.18							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5327</b>															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.02	\$0.00	\$21.23	\$19.05	\$0.00	\$16.72	\$4.56	\$11.23	\$1.18							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.99	\$101.02	\$0.00	\$21.23	\$19.05	\$0.00	\$16.72	\$4.56	\$11.23	\$1.18							
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00							
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.02	\$2.02															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.66	\$3.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00							
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$196.65</b>	<b>\$104.58</b>	<b>\$0.00</b>	<b>\$21.45</b>	<b>\$19.46</b>	<b>\$0.00</b>	<b>\$34.19</b>	<b>\$4.56</b>	<b>\$11.23</b>	<b>\$1.18</b>							
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$134.66</b>																

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>EARLY MEMORIAL NURSING FACILITY</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00140874A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.1428	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	10.11%	0.0%	Quarterly Medicaid CMI:			1.0494	1.5192
							2.86	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.0610	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,247,948	\$3,011,830	\$0	\$998,983	\$121,201	\$10,827	\$595,836		\$509,271	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$48,863)	(\$9,720)	\$0	\$0	\$6,872	\$613	(\$57,042)		\$10,414		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$43,628			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$0	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,242,713	\$3,002,110	\$0	\$998,983	\$128,073	\$11,440	\$538,794	\$43,628	\$519,685	\$0	
8	Total Nursing Facility Days	As Filed Days = 34,812 FY20 Audited C/R Days	34,819										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,812 FY20 GL-PL Ins Rpt Days								34,819			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$150.57	\$86.22	\$0.00	\$28.69	\$4.01	(with L&H)	\$15.47	\$1.25	\$14.93	\$0.00	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.1428</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.45									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.45	\$0.00	\$28.69	\$4.01		\$15.47	\$1.25	\$14.93	\$0.00	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.32	\$75.45	\$0.00	\$28.69	\$4.01		\$15.47	\$1.25	10.45 (FRV)	\$0.00	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.32	\$75.45	\$0.00	\$28.69	\$4.01	\$0.00	\$15.47	\$1.25	\$10.45	\$0.00	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.0610</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.05									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$139.92	\$80.05	\$0.00	\$28.69	\$4.01	\$0.00	\$15.47	\$1.25	\$10.45	\$0.00	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.40	\$2.40									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.62	\$2.93	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$160.54</b>	<b>\$82.98</b>	<b>\$0.00</b>	<b>\$28.91</b>	<b>\$4.01</b>	<b>\$0.00</b>	<b>\$32.94</b>	<b>\$1.25</b>	<b>\$10.45</b>	<b>\$0.00</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$107.58</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>EASTVIEW NURSING CENTER</b> Prvdr ID: <b>00140885A</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Growth Allowance: N/A Qtrly BIMS score: 35.29% Nurse Hours per On-Site Day/Quality Incentive: 3.13				N/A	0.00% 2.5% 3.0%	Base Period Overall CMI: 1.6478 Quarterly Medicaid CMI: 1.5346 Qtrly Mcaid CMI w RUG Wght Options: 1.5633			1.6478 1.5346 1.5633	1.5126 1.5192 1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,486,331	\$1,862,317	\$0	\$474,807	\$468,212	\$0	\$599,178		\$81,817	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$144,391)	\$0	\$0	\$0	\$0	\$0	(\$96,951)		(\$47,440)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$86,977		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$47,440
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,476,357	\$1,862,317	\$0	\$474,807	\$468,212	\$0	\$502,227	\$86,977	\$34,377	\$47,440
8	Total Nursing Facility Days	As Filed Days = 22,653 FY20 Audited C/R Days	22,653									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,653 FY20 GL-PL Ins Rpt Days								22,653		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$153.46	\$82.21	\$0.00	\$20.96	\$20.67	(with L&H)	\$22.17	\$3.84	\$1.52	\$2.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6478</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$49.89	\$0.00	\$20.96	\$20.67		\$22.17	\$3.84	\$1.52	\$2.09
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.43	\$49.89	\$0.00	\$20.96	\$20.67		\$22.17	\$3.84	8.81 (FRV)	\$2.09
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.43	\$49.89	\$0.00	\$20.96	\$20.67	\$0.00	\$22.17	\$3.84	\$8.81	\$2.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5633</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.53	\$77.99	\$0.00	\$20.96	\$20.67	\$0.00	\$22.17	\$3.84	\$8.81	\$2.09
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.95	\$1.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.34	\$2.34								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.92	\$4.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$179.45</b>	<b>\$82.81</b>	<b>\$0.00</b>	<b>\$21.18</b>	<b>\$21.08</b>	<b>\$0.00</b>	<b>\$39.64</b>	<b>\$3.84</b>	<b>\$8.81</b>	<b>\$2.09</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$121.76</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:				
Provider: <b>EFFINGHAM CARE &amp; REHABILITATION CENTER</b> Prvdr ID: <b>00140907A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	30.14%	2.5%	3.70	7.0%	1.2337	1.3471	1.3682	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>															
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
<b>Base Period Per Diem Allowed Amounts</b>																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$11,343,060	\$5,402,909	\$0	\$1,080,182	\$608,750	\$1,092,263	\$2,372,040		\$786,916	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$151,641)	\$0	\$0	\$0	\$0	\$0	(\$106,864)		(\$44,777)													
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$106,864														
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$44,777												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$11,343,060	\$5,402,909	\$0	\$1,080,182	\$608,750	\$1,092,263	\$2,265,176	\$106,864	\$742,139	\$44,777												
8	Total Nursing Facility Days	As Filed Days = 36,383 FY20 Audited C/R Days	36,383																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,383 FY20 GL-PL Ins Rpt Days								36,383														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$311.77	\$148.50	\$0.00	\$29.69	\$46.75	(with L&H)	\$62.26	\$2.94	\$20.40	\$1.23												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.2337</b>																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$120.37																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$120.37	\$0.00	\$29.69	\$46.75		\$62.26	\$2.94	\$20.40	\$1.23												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.38	\$88.52	\$0.00	\$29.69	\$27.62		\$30.83	\$2.94	10.55 <i>(FRV)</i>	\$1.23												
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.38	\$88.52	\$0.00	\$29.69	\$27.62	\$0.00	\$30.83	\$2.94	\$10.55	\$1.23												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3682</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.11																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.97	\$121.11	\$0.00	\$29.69	\$27.62	\$0.00	\$30.83	\$2.94	\$10.55	\$1.23												
<b>Quarterly Per Diem Add-on Amounts</b>																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00													
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.03	\$3.03																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>7.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.48	\$8.48																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.83	\$11.51	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00												
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$252.80</b>	<b>\$132.62</b>	<b>\$0.00</b>	<b>\$29.91</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$2.94</b>	<b>\$10.55</b>	<b>\$1.23</b>												
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$176.78</b>																					

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific
Provider: <b>SOUTHERN PINES</b> Prvdr ID: <b>00140918A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	16.28%	3.33	1.8544	1.6489	1.6787	1.5126	1.5192	1.5459		
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>														
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
<b>Base Period Per Diem Allowed Amounts</b>																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,746,765	\$2,018,808	\$0	\$405,387	\$524,020	\$0	\$674,134		\$124,416	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$101,852)	(\$19,955)	\$0	\$0	\$0	\$1,203	(\$56,784)		(\$26,316)												
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$62,397													
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$29,862											
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,737,172	\$1,998,853	\$0	\$405,387	\$524,020	\$1,203	\$617,350	\$62,397	\$98,100	\$29,862											
8	Total Nursing Facility Days	FY20 Audited C/R Days	17,816																				
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								17,816													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$209.76	\$112.19	\$0.00	\$22.75	\$29.48	(with L&H)	\$34.65	\$3.50	\$5.51	\$1.68											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.8544</b>																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.50																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.50	\$0.00	\$22.75	\$29.48		\$34.65	\$3.50	\$5.51	\$1.68											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.00	\$60.50	\$0.00	\$22.75	\$27.62		\$30.83	\$3.50	35.12 <i>(FRV)</i>	\$1.68											
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.00	\$60.50	\$0.00	\$22.75	\$27.62	\$0.00	\$30.83	\$3.50	\$35.12	\$1.68											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6787</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.56																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.06	\$101.56	\$0.00	\$22.75	\$27.62	\$0.00	\$30.83	\$3.50	\$35.12	\$1.68											
<b>Quarterly Per Diem Add-on Amounts</b>																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00												
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$20.90	\$3.58	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00											
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$243.96</b>	<b>\$105.14</b>	<b>\$0.00</b>	<b>\$22.97</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$3.50</b>	<b>\$35.12</b>	<b>\$1.68</b>											
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$170.15</b>																				

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: <b>EMANUEL COUNTY NURSING HOME</b>														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.2222	1.5126	
Prvdr ID: <b>00140929A</b>														Qtrly BIMS score	26.32%	1.0%	Quarterly Medicaid CMI:	1.2795	1.5192	
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>														Nurse Hours per On-Site Day/Quality Incentive:	0.00	2.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.3011	1.5459	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>																				
			a	b	c	d	e	f	g	g	h	i								
<b>CASE MIX BASED RATE CALCULATIONS</b>																				
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>											
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																				
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
<b>Base Period Per Diem Allowed Amounts</b>																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,737,851	\$1,898,478	\$0	\$642,150	\$275,097	\$228,665	\$611,186		\$82,275	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$6,388)	\$0	\$0	\$0	\$0	\$0	(\$6,388)		\$0									
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$6,388										
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$0								
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,737,851	\$1,898,478	\$0	\$642,150	\$275,097	\$228,665	\$604,798	\$6,388	\$82,275	\$0								
8	Total Nursing Facility Days	As Filed Days = 16,435																		
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,435																		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$227.43	\$115.51	\$0.00	\$39.07	\$30.65	(with L&H)	\$36.80	\$0.39	\$5.01	\$0.00								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.2222</b>																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.51																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$94.51	\$0.00	\$39.07	\$30.65		\$36.80	\$0.39	\$5.01	\$0.00								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.22	\$88.52	\$0.00	\$32.46	\$27.62		\$30.83	\$0.39	15.40 (FRV)	\$0.00								
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.22	\$88.52	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$0.39	\$15.40	\$0.00								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3011</b>																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.17																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.87	\$115.17	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$0.39	\$15.40	\$0.00								
<b>Quarterly Per Diem Add-on Amounts</b>																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00								
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.30	\$2.30																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.55	\$3.45	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00								
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$242.42</b>	<b>\$118.62</b>	<b>\$0.00</b>	<b>\$32.46</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$0.39</b>	<b>\$15.40</b>	<b>\$0.00</b>								
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$168.99</b>																	



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: <b>PRUITTHEALTH - BLUE RIDGE</b> Prvdr ID: <b>00140973A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>												
			Growth Allowance: N/A				Base Period Overall CMI: 1.3203				1.3203	1.5126
			Qtrly BIMS score: 34.88%				Quarterly Medicaid CMI: 1.3299				1.3299	1.5192
			Nurse Hours per On-Site Day/Quality Incentive: 3.33				Qtrly Mcaid CMI w RUG Wght Options: 1.3540				1.3540	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,821,459	\$3,212,961	\$0	\$458,517	\$900,295	\$0	\$992,214		\$257,472	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$242,779)	(\$77,535)	\$0	\$0	\$9,045	\$13,566	(\$154,247)		(\$33,608)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$205,891		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$36,118
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,820,689	\$3,135,426	\$0	\$458,517	\$909,340	\$13,566	\$837,967	\$205,891	\$223,864	\$36,118
8	Total Nursing Facility Days	As Filed Days = 27,322 FY20 Audited C/R Days	27,322									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,322 FY20 GL-PL Ins Rpt Days								27,322		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.04	\$114.76	\$0.00	\$16.78	\$33.78	(with L&H)	\$30.67	\$7.54	\$8.19	\$1.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3203</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.92	\$0.00	\$16.78	\$33.78		\$30.67	\$7.54	\$8.19	\$1.32
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.49	\$86.92	\$0.00	\$16.78	\$27.62		\$30.67	\$7.54	9.64 <i>(FRV)</i>	\$1.32
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.49	\$86.92	\$0.00	\$16.78	\$27.62	\$0.00	\$30.67	\$7.54	\$9.64	\$1.32
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3540</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.26	\$117.69	\$0.00	\$16.78	\$27.62	\$0.00	\$30.67	\$7.54	\$9.64	\$1.32
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.87	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.12		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.94	\$2.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.88	\$5.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.79	\$9.35	\$0.00	\$0.22	\$0.00	\$0.00	\$17.22	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$238.05</b>	<b>\$127.04</b>	<b>\$0.00</b>	<b>\$17.00</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.89</b>	<b>\$7.54</b>	<b>\$9.64</b>	<b>\$1.32</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$165.71</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>Provider: FIFTH AVENUE HEALTH CARE</b> <b>Prvdr ID: 00140984A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6774	1.5126
							34.09%	2.5%					1.5034	1.5192
							4.15	3.0%					1.5295	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,359,667	\$3,482,048	\$0	\$611,560	\$777,008	\$0	\$887,226		\$601,825	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$167,972)	(\$13,960)	\$0	\$516	(\$202)	\$1,618	(\$129,591)		(\$26,353)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$144,849				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$26,523		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,363,067	\$3,468,088	\$0	\$612,076	\$776,806	\$1,618	\$757,635	\$144,849	\$575,472	\$26,523		
8	Total Nursing Facility Days	As Filed Days = 30,185 FY20 Audited C/R Days	30,185											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,185 FY20 GL-PL Ins Rpt Days								30,185				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.80	\$114.89	\$0.00	\$20.28	\$25.79	(with L&H)	\$25.10	\$4.80	\$19.06	\$0.88		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6774</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.49										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.49	\$0.00	\$20.28	\$25.79		\$25.10	\$4.80	\$19.06	\$0.88		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.60	\$68.49	\$0.00	\$20.28	\$25.79		\$25.10	\$4.80	11.26 (FRV)	\$0.88		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.60	\$68.49	\$0.00	\$20.28	\$25.79	\$0.00	\$25.10	\$4.80	\$11.26	\$0.88		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5295</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.76										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.87	\$104.76	\$0.00	\$20.28	\$25.79	\$0.00	\$25.10	\$4.80	\$11.26	\$0.88		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.62	\$2.62										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.14	\$3.14										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.39	\$6.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$217.26</b>	<b>\$111.05</b>	<b>\$0.00</b>	<b>\$20.50</b>	<b>\$26.20</b>	<b>\$0.00</b>	<b>\$42.57</b>	<b>\$4.80</b>	<b>\$11.26</b>	<b>\$0.88</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$150.12</b>											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance			Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i			
<b>Provider: PRUITTHEALTH - FITZGERALD</b> <b>Prvdr ID: 00140995A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>															
			Growth Allowance: N/A Qtrly BIMS score: 16.95% Nurse Hours per On-Site Day/Quality Incentive: 3.05				Add-on Percent: 0.00% 0.0% 5.0%				Base Period Overall CMI: 1.4638 Quarterly Medicaid CMI: 1.4840 Qtrly Mcaid CMI w RUG Wght Options: 1.5108		1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>															
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>						
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,530,922	\$2,262,081	\$0	\$408,847	\$642,360	\$0	\$884,582		\$333,052	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$204,754)	(\$11,761)	\$0	\$0	\$0	\$0	(\$168,805)		(\$24,188)				
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$159,176					
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$25,832			
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,511,176	\$2,250,320	\$0	\$408,847	\$642,360	\$0	\$715,777	\$159,176	\$308,864	\$25,832			
8	Total Nursing Facility Days	As Filed Days = 22,746 FY20 Audited C/R Days	22,746												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,746 FY20 GL-PL Ins Rpt Days								22,746					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$198.33	\$98.93	\$0.00	\$17.97	\$28.24	(with L&H)	\$31.47	\$7.00	\$13.58	\$1.14			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4638</b>											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.58											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.58	\$0.00	\$17.97	\$28.24		\$31.47	\$7.00	\$13.58	\$1.14			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.21	\$67.58	\$0.00	\$17.97	\$27.62		\$30.83	\$7.00	12.07 (FRV)	\$1.14			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.21	\$67.58	\$0.00	\$17.97	\$27.62	\$0.00	\$30.83	\$7.00	\$12.07	\$1.14			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5108</b>											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.10											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.73	\$102.10	\$0.00	\$17.97	\$27.62	\$0.00	\$30.83	\$7.00	\$12.07	\$1.14			
<b>Quarterly Per Diem Add-on Amounts</b>															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.11	\$5.11											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.96	\$5.64	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$221.69</b>	<b>\$107.74</b>	<b>\$0.00</b>	<b>\$18.19</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$7.00</b>	<b>\$12.07</b>	<b>\$1.14</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$153.44</b>												

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>FOLKSTON PARK CARE AND REHABILITATION CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00141006A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4653	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	29.23%	1.0%	Quarterly Medicaid CMI:			1.4550	1.5192
							2.20	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4806	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,222,074	\$2,363,900	\$0	\$347,530	\$395,727	\$0	\$741,835		\$373,082	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$87,034)	\$0	\$0	\$0	(\$783)	(\$814)	(\$61,126)		(\$24,311)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$45,083			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$24,213	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,204,336	\$2,363,900	\$0	\$347,530	\$394,944	(\$814)	\$680,709	\$45,083	\$348,771	\$24,213	
8	Total Nursing Facility Days	As Filed Days = 27,650 FY20 Audited C/R Days	27,650										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,650 FY20 GL-PL Ins Rpt Days								27,650			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$152.05	\$85.49	\$0.00	\$12.57	\$14.25	(with L&H)	\$24.62	\$1.63	\$12.61	\$0.88	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4653</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.34									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.34	\$0.00	\$12.57	\$14.25		\$24.62	\$1.63	\$12.61	\$0.88	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.49	\$58.34	\$0.00	\$12.57	\$14.25		\$24.62	\$1.63	9.20 (FRV)	\$0.88	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.49	\$58.34	\$0.00	\$12.57	\$14.25	\$0.00	\$24.62	\$1.63	\$9.20	\$0.88	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4806</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.38									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.53	\$86.38	\$0.00	\$12.57	\$14.25	\$0.00	\$24.62	\$1.63	\$9.20	\$0.88	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.73	\$1.73									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.22	\$3.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$170.75</b>	<b>\$89.50</b>	<b>\$0.00</b>	<b>\$12.79</b>	<b>\$14.66</b>	<b>\$0.00</b>	<b>\$42.09</b>	<b>\$1.63</b>	<b>\$9.20</b>	<b>\$0.88</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$115.24</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - FORSYTH</b> Prvdr ID: <b>00141017A</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Growth Allowance: N/A Qtrly BIMS score: 31.11% Nurse Hours per On-Site Day/Quality Incentive: 3.06				0.00%	2.5%	Base Period Overall CMI: 1.4918 Quarterly Medicaid CMI: 1.4457 Qtrly Mcaid CMI w RUG Wght Options: 1.4694				1.4918	1.5126
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,930,918	\$2,212,088	\$0	\$333,715	\$513,511	\$0	\$702,548		\$169,056	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$186,147)	(\$13,397)	\$0	\$0	(\$1,832)	(\$2,593)	(\$141,244)		(\$27,081)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$146,789			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$29,331	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,920,891	\$2,198,691	\$0	\$333,715	\$511,679	(\$2,593)	\$561,304	\$146,789	\$141,975	\$29,331	
8	Total Nursing Facility Days	As Filed Days = 23,333 FY20 Audited C/R Days	23,333										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,333 FY20 GL-PL Ins Rpt Days								23,333			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$168.04	\$94.23	\$0.00	\$14.30	\$21.82	(with L&H)	\$24.06	\$6.29	\$6.08	\$1.26	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4918</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.16									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.16	\$0.00	\$14.30	\$21.82		\$24.06	\$6.29	\$6.08	\$1.26	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.57	\$63.16	\$0.00	\$14.30	\$21.82		\$24.06	\$6.29	8.68 (FRV)	\$1.26	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.57	\$63.16	\$0.00	\$14.30	\$21.82	\$0.00	\$24.06	\$6.29	\$8.68	\$1.26	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4694</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.81									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.22	\$92.81	\$0.00	\$14.30	\$21.82	\$0.00	\$24.06	\$6.29	\$8.68	\$1.26	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.71	\$3.71									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.66	\$6.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$193.88</b>	<b>\$99.37</b>	<b>\$0.00</b>	<b>\$14.52</b>	<b>\$22.23</b>	<b>\$0.00</b>	<b>\$41.53</b>	<b>\$6.29</b>	<b>\$8.68</b>	<b>\$1.26</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$132.59</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>FORT VALLEY HEALTH AND REHAB</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00141028A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.7458			1.7458	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 30.77%		Nurse Hours per On-Site Day/Quality Incentive: 2.73		30.77%	2.5%	Quarterly Medicaid CMI: 1.8514			1.8514	1.5192
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8862			1.8862	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,286,108	\$2,017,470	\$0	\$330,896	\$374,665	\$0	\$903,123		\$659,954	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$71,287)	(\$3,889)	\$0	\$0	\$0	\$0	(\$31,995)		(\$35,403)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$28,695		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$35,403
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,278,919	\$2,013,581	\$0	\$330,896	\$374,665	\$0	\$871,128	\$28,695	\$624,551	\$35,403
8	Total Nursing Facility Days	As Filed Days = 22,359 FY20 Audited C/R Days	22,359									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,359 FY20 GL-PL Ins Rpt Days								22,359		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$191.37	\$90.06	\$0.00	\$14.80	\$16.76	(with L&H)	\$38.96	\$1.28	\$27.93	\$1.58
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.7458</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$51.59	\$0.00	\$14.80	\$16.76		\$38.96	\$1.28	\$27.93	\$1.58
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.54	\$51.59	\$0.00	\$14.80	\$16.76		\$30.83	\$1.28	9.70 (FRV)	\$1.58
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.54	\$51.59	\$0.00	\$14.80	\$16.76	\$0.00	\$30.83	\$1.28	\$9.70	\$1.58
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.8862</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.26	\$97.31	\$0.00	\$14.80	\$16.76	\$0.00	\$30.83	\$1.28	\$9.70	\$1.58
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.43	\$2.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.92	\$2.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.61	\$5.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$195.87</b>	<b>\$103.19</b>	<b>\$0.00</b>	<b>\$15.02</b>	<b>\$17.17</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.28</b>	<b>\$9.70</b>	<b>\$1.58</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$134.08</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - FRANKLIN</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00141039A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A	0.00%	Base Period Overall CMI: 1.3576				1.3576	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 24.44%	1.0%	Quarterly Medicaid CMI: 1.4540				1.4540	1.5192	
				3.16	5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4780				1.4780	1.5459	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,616,200	\$2,577,919	\$0	\$367,448	\$539,358	\$0	\$820,671		\$310,804	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$186,793)	(\$45,444)	\$0	\$0	\$0	\$0	(\$122,311)		(\$19,038)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$158,868		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$20,391
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,608,666	\$2,532,475	\$0	\$367,448	\$539,358	\$0	\$698,360	\$158,868	\$291,766	\$20,391
8	Total Nursing Facility Days As Filed Days = 25,519	FY20 Audited C/R Days	25,519									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,519	FY20 GL-PL Ins Rpt Days								25,519		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$180.61	\$99.24	\$0.00	\$14.40	\$21.14	(with L&H)	\$27.37	\$6.23	\$11.43	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3576</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.10								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.10	\$0.00	\$14.40	\$21.14		\$27.37	\$6.23	\$11.43	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.35	\$73.10	\$0.00	\$14.40	\$21.14		\$27.37	\$6.23	10.31 (FRV)	\$0.80
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.35	\$73.10	\$0.00	\$14.40	\$21.14	\$0.00	\$27.37	\$6.23	\$10.31	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4780</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.29	\$108.04	\$0.00	\$14.40	\$21.14	\$0.00	\$27.37	\$6.23	\$10.31	\$0.80
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.40	\$5.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.11	\$7.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$213.40</b>	<b>\$115.05</b>	<b>\$0.00</b>	<b>\$14.62</b>	<b>\$21.55</b>	<b>\$0.00</b>	<b>\$44.84</b>	<b>\$6.23</b>	<b>\$10.31</b>	<b>\$0.80</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$147.23</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>NEW HORIZONS LANIER PARK</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00141072A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.2712			1.2712	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 19.78%		Nurse Hours per On-Site Day/Quality Incentive: 3.58		3.58	0.0%	Quarterly Medicaid CMI: 1.2469			1.2469	1.5192
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2641			1.2641	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$12,235,867	\$5,434,765	\$0	\$1,632,382	\$582,855	\$979,991	\$2,123,685		\$1,482,189	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$98,039)	\$0	\$0	\$0	\$0	\$0	(\$77,368)		(\$20,671)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$77,368		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$20,671
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$12,235,867	\$5,434,765	\$0	\$1,632,382	\$582,855	\$979,991	\$2,046,317	\$77,368	\$1,461,518	\$20,671
8	Total Nursing Facility Days	As Filed Days = 39,838 FY20 Audited C/R Days	39,838									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,838 FY20 GL-PL Ins Rpt Days								39,838		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$307.15	\$136.42	\$0.00	\$40.98	\$39.23	(with L&H)	\$51.37	\$1.94	\$36.69	\$0.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.2712</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$107.32	\$0.00	\$40.98	\$39.23		\$51.37	\$1.94	\$36.69	\$0.52
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.66	\$88.52	\$0.00	\$32.46	\$27.62		\$30.83	\$1.94	19.77 (FRV)	\$0.52
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.66	\$88.52	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$1.94	\$19.77	\$0.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2641</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.04	\$111.90	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$1.94	\$19.77	\$0.52
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.36	\$3.36								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.46	\$3.36	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$245.50</b>	<b>\$115.26</b>	<b>\$0.00</b>	<b>\$32.46</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.94</b>	<b>\$19.77</b>	<b>\$0.52</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$171.30</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:				
Provider: <b>DOUGLASVILLE NURSING AND REHABILITATION CENTER</b> Prvdr ID: <b>00141083A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	37.36%	2.5%	3.63	2.0%	1.4960	1.5126	1.5803	1.5192	1.6094	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>															
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
<b>Base Period Per Diem Allowed Amounts</b>																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$14,489,567	\$9,294,387	\$0	\$1,256,573	\$1,238,528	\$0	\$1,952,979		\$747,100	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmts	(\$115,487)	\$10,607	\$0	(\$7,200)	(\$1,805)	\$4,299	\$687		(\$122,075)													
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$0														
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$121,457												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$14,495,537	\$9,304,994	\$0	\$1,249,373	\$1,236,723	\$4,299	\$1,953,666	\$0	\$625,025	\$121,457												
8	Total Nursing Facility Days	As Filed Days = 77,448 FY20 Audited C/R Days	74,298																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 77,448 FY20 GL-PL Ins Rpt Days								74,298														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$195.10	\$125.24	\$0.00	\$16.82	\$16.70	(with L&H)	\$26.30	\$0.00	\$8.41	\$1.63												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4960</b>																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.72																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.72	\$0.00	\$16.82	\$16.70		\$26.30	\$0.00	\$8.41	\$1.63												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.35	\$83.72	\$0.00	\$16.82	\$16.70		\$26.30	\$0.00	13.18 <i>(FRV)</i>	\$1.63												
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.35	\$83.72	\$0.00	\$16.82	\$16.70	\$0.00	\$26.30	\$0.00	\$13.18	\$1.63												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6094</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.74																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.37	\$134.74	\$0.00	\$16.82	\$16.70	\$0.00	\$26.30	\$0.00	\$13.18	\$1.63												
<b>Quarterly Per Diem Add-on Amounts</b>																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00													
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.37	\$3.37																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.69	\$2.69																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.69	\$6.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00												
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$234.06</b>	<b>\$141.33</b>	<b>\$0.00</b>	<b>\$17.04</b>	<b>\$17.11</b>	<b>\$0.00</b>	<b>\$43.77</b>	<b>\$0.00</b>	<b>\$13.18</b>	<b>\$1.63</b>												
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$162.72</b>																					

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>GIBSON HEALTH AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00141116A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5166	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	27.27%	1.0%	Quarterly Medicaid CMI:			1.3983	1.5192
							3.24	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4193	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,103,528	\$2,645,567	\$0	\$540,722	\$562,554	\$0	\$923,261		\$431,424	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$126,359)	\$0	\$0	\$0	(\$9,951)	(\$13,627)	(\$63,066)		(\$39,715)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$54,990			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$38,204	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,070,363	\$2,645,567	\$0	\$540,722	\$552,603	(\$13,627)	\$860,195	\$54,990	\$391,709	\$38,204	
8	Total Nursing Facility Days	As Filed Days = 28,686 FY20 Audited C/R Days	28,686										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,686 FY20 GL-PL Ins Rpt Days								28,686			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$176.77	\$92.23	\$0.00	\$18.85	\$18.79	(with L&H)	\$29.99	\$1.92	\$13.66	\$1.33	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5166</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.81									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.81	\$0.00	\$18.85	\$18.79		\$29.99	\$1.92	\$13.66	\$1.33	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.52	\$60.81	\$0.00	\$18.85	\$18.79		\$29.99	\$1.92	10.83 (FRV)	\$1.33	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.52	\$60.81	\$0.00	\$18.85	\$18.79	\$0.00	\$29.99	\$1.92	\$10.83	\$1.33	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4193</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.31									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.02	\$86.31	\$0.00	\$18.85	\$18.79	\$0.00	\$29.99	\$1.92	\$10.83	\$1.33	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.32	\$4.32									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.81	\$5.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$191.83</b>	<b>\$92.02</b>	<b>\$0.00</b>	<b>\$19.07</b>	<b>\$19.20</b>	<b>\$0.00</b>	<b>\$47.46</b>	<b>\$1.92</b>	<b>\$10.83</b>	<b>\$1.33</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$131.05</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PARKSIDE CENTER FOR NURSING AND REHAB AT ELLIJAY</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00141127A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7449	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	20.00%	1.0%	Quarterly Medicaid CMI:			1.8651	1.5192
							3.27	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9024	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,444,169	\$3,593,633	\$0	\$598,974	\$758,885	\$0	\$1,319,242		\$173,435	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$147,398)	(\$4,500)	\$0	\$0	\$1	\$1	(\$63,052)		(\$79,848)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$63,052			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$79,848	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,439,671	\$3,589,133	\$0	\$598,974	\$758,886	\$1	\$1,256,190	\$63,052	\$93,587	\$79,848	
8	Total Nursing Facility Days	As Filed Days = 34,518 FY20 Audited C/R Days	34,518										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,518 FY20 GL-PL Ins Rpt Days								34,518			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$186.56	\$103.98	\$0.00	\$17.35	\$21.99	(with L&H)	\$36.39	\$1.83	\$2.71	\$2.31	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.7449</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.59									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.59	\$0.00	\$17.35	\$21.99		\$36.39	\$1.83	\$2.71	\$2.31	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.78	\$59.59	\$0.00	\$17.35	\$21.99		\$30.83	\$1.83	18.88 (FRV)	\$2.31	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.78	\$59.59	\$0.00	\$17.35	\$21.99	\$0.00	\$30.83	\$1.83	\$18.88	\$2.31	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.9024</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.36									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.55	\$113.36	\$0.00	\$17.35	\$21.99	\$0.00	\$30.83	\$1.83	\$18.88	\$2.31	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.13	\$1.13									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.53	\$4.53									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.92	\$6.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$230.47</b>	<b>\$119.55</b>	<b>\$0.00</b>	<b>\$17.57</b>	<b>\$22.40</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.83</b>	<b>\$18.88</b>	<b>\$2.31</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$160.03</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Provider: <b>COMFORT CREEK NURSING AND REHABILITATION CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00141138A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5365			1.5365	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 32.31%		Nurse Hours per On-Site Day/Quality Incentive: 2.56		2.56	2.5%	Quarterly Medicaid CMI: 1.5400			1.5400	1.5192
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5685			1.5685	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,621,885	\$2,269,728	\$0	\$399,587	\$475,220	\$0	\$753,598		\$723,752	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$130,937)	\$0	\$0	\$0	\$0	\$0	(\$96,829)		(\$34,108)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$78,683		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$34,108
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,603,739	\$2,269,728	\$0	\$399,587	\$475,220	\$0	\$656,769	\$78,683	\$689,644	\$34,108
8	Total Nursing Facility Days	As Filed Days = 32,239										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,239										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$142.79	\$70.40	\$0.00	\$12.39	\$14.74	(with L&H)	\$20.37	\$2.44	\$21.39	\$1.06
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5365</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.82								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$45.82	\$0.00	\$12.39	\$14.74		\$20.37	\$2.44	\$21.39	\$1.06
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$105.80	\$45.82	\$0.00	\$12.39	\$14.74		\$20.37	\$2.44	8.98 (FRV)	\$1.06
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$105.80	\$45.82	\$0.00	\$12.39	\$14.74	\$0.00	\$20.37	\$2.44	\$8.98	\$1.06
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5685</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$71.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$131.85	\$71.87	\$0.00	\$12.39	\$14.74	\$0.00	\$20.37	\$2.44	\$8.98	\$1.06
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.80	\$1.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.44	\$1.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.87	\$3.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$153.72</b>	<b>\$75.64</b>	<b>\$0.00</b>	<b>\$12.61</b>	<b>\$15.15</b>	<b>\$0.00</b>	<b>\$37.84</b>	<b>\$2.44</b>	<b>\$8.98</b>	<b>\$1.06</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$102.47</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>GLENN-MOR NURSING HOME</b> Prvdr ID: <b>00141149A</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Growth Allowance: N/A Qtrly BIMS score: 15.38% Nurse Hours per On-Site Day/Quality Incentive: 3.27				0.00%	0.0%	Base Period Overall CMI: 1.2369 Quarterly Medicaid CMI: 1.2499 Qtrly Mcaid CMI w RUG Wght Options: 1.2690				1.2369	1.5126
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,686,832	\$2,411,698	\$0	\$598,660	\$397,696	\$393,742	\$1,206,071		\$678,965	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$126,771)	\$0	\$0	\$0	(\$578)	(\$573)	(\$118,973)		(\$6,647)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$118,973			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$6,638	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,685,672	\$2,411,698	\$0	\$598,660	\$397,118	\$393,169	\$1,087,098	\$118,973	\$672,318	\$6,638	
8	Total Nursing Facility Days	As Filed Days = 22,348 FY20 Audited C/R Days		22,348									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,348 FY20 GL-PL Ins Rpt Days								22,348			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$254.41	\$107.92	\$0.00	\$26.79	\$35.36	(with L&H)	\$48.64	\$5.32	\$30.08	\$0.30	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.2369</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.25									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.25	\$0.00	\$26.79	\$35.36		\$48.64	\$5.32	\$30.08	\$0.30	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.17	\$87.25	\$0.00	\$26.79	\$27.62		\$30.83	\$5.32	9.06 (FRV)	\$0.30	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.17	\$87.25	\$0.00	\$26.79	\$27.62	\$0.00	\$30.83	\$5.32	\$9.06	\$0.30	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2690</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.72									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.64	\$110.72	\$0.00	\$26.79	\$27.62	\$0.00	\$30.83	\$5.32	\$9.06	\$0.30	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.32	\$3.32									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.17	\$3.85	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$231.81</b>	<b>\$114.57</b>	<b>\$0.00</b>	<b>\$27.01</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$5.32</b>	<b>\$9.06</b>	<b>\$0.30</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$161.03</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>GLENVUE HEALTH AND REHAB</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00141171A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance:	N/A	Base Period Overall CMI:				1.5764	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	18.07%	Quarterly Medicaid CMI:				1.5474	1.5192	
					3.20	Qtrly Mcaid CMI w RUG Wght Options:				1.5763	1.5459	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,801,799	\$3,756,779	\$0	\$791,208	\$717,561	\$0	\$1,149,422		\$1,386,829	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$227,453)	(\$2,689)	\$0	\$0	(\$5,287)	(\$6,410)	(\$127,826)		(\$85,241)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$127,826		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$83,851
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,786,023	\$3,754,090	\$0	\$791,208	\$712,274	(\$6,410)	\$1,021,596	\$127,826	\$1,301,588	\$83,851
8	Total Nursing Facility Days	As Filed Days = 43,407 FY20 Audited C/R Days	43,407									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 43,407 FY20 GL-PL Ins Rpt Days								43,407		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$179.38	\$86.49	\$0.00	\$18.23	\$16.26	(with L&H)	\$23.54	\$2.94	\$29.99	\$1.93
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5764</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$54.86	\$0.00	\$18.23	\$16.26		\$23.54	\$2.94	\$29.99	\$1.93
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.67	\$54.86	\$0.00	\$18.23	\$16.26		\$23.54	\$2.94	9.91 (FRV)	\$1.93
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.67	\$54.86	\$0.00	\$18.23	\$16.26	\$0.00	\$23.54	\$2.94	\$9.91	\$1.93
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5763</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.29	\$86.48	\$0.00	\$18.23	\$16.26	\$0.00	\$23.54	\$2.94	\$9.91	\$1.93
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.59	\$2.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.22	\$3.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$180.51</b>	<b>\$89.60</b>	<b>\$0.00</b>	<b>\$18.45</b>	<b>\$16.67</b>	<b>\$0.00</b>	<b>\$41.01</b>	<b>\$2.94</b>	<b>\$9.91</b>	<b>\$1.93</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$122.56</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>GRACEMORE NURSING AND REHAB</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00141182A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4044	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	34.38%	2.5%	Quarterly Medicaid CMI:			1.3340	1.5192
							3.27	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3539	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,156,762	\$1,702,190	\$0	\$427,523	\$449,610	\$0	\$509,396		\$68,043	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$66,852)	\$5,608	\$0	\$0	\$0	\$0	(\$49,131)		(\$23,329)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$47,012			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$23,329	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,160,251	\$1,707,798	\$0	\$427,523	\$449,610	\$0	\$460,265	\$47,012	\$44,714	\$23,329	
8	Total Nursing Facility Days As Filed Days = 16,376	FY20 Audited C/R Days	16,376										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,376	FY20 GL-PL Ins Rpt Days								16,376			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$192.99	\$104.29	\$0.00	\$26.11	\$27.46	(with L&H)	\$28.11	\$2.87	\$2.73	\$1.42	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4044</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.26									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.26	\$0.00	\$26.11	\$27.46		\$28.11	\$2.87	\$2.73	\$1.42	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.95	\$74.26	\$0.00	\$24.48	\$27.46		\$28.11	\$2.87	8.35 (FRV)	\$1.42	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.95	\$74.26	\$0.00	\$24.48	\$27.46	\$0.00	\$28.11	\$2.87	\$8.35	\$1.42	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3539</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.54									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.23	\$100.54	\$0.00	\$24.48	\$27.46	\$0.00	\$28.11	\$2.87	\$8.35	\$1.42	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.02	\$0.53	\$0.00	\$0.00	\$0.12	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.65	\$6.06	\$0.00	\$0.00	\$0.12	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$216.88</b>	<b>\$106.60</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$27.58</b>	<b>\$0.00</b>	<b>\$45.58</b>	<b>\$2.87</b>	<b>\$8.35</b>	<b>\$1.42</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$149.84</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - GRANDVIEW</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00141215A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4980	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	11.32%	0.0%	Quarterly Medicaid CMI:			1.6683	1.5192
							2.85	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6995	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,742,723	\$2,527,320	\$0	\$421,527	\$620,762	\$0	\$765,809		\$407,305	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$223,785)	\$0	\$0	\$0	\$0	\$0	(\$146,861)		(\$76,924)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$146,861			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$78,894	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,744,693	\$2,527,320	\$0	\$421,527	\$620,762	\$0	\$618,948	\$146,861	\$330,381	\$78,894	
8	Total Nursing Facility Days	As Filed Days = 24,111 FY20 Audited C/R Days	24,111										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,111 FY20 GL-PL Ins Rpt Days								24,111			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$196.78	\$104.82	\$0.00	\$17.48	\$25.75	(with L&H)	\$25.67	\$6.09	\$13.70	\$3.27	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4980</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.97									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.97	\$0.00	\$17.48	\$25.75		\$25.67	\$6.09	\$13.70	\$3.27	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.95	\$69.97	\$0.00	\$17.48	\$25.75		\$25.67	\$6.09	10.72 (FRV)	\$3.27	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.95	\$69.97	\$0.00	\$17.48	\$25.75	\$0.00	\$25.67	\$6.09	\$10.72	\$3.27	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6995</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.91									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.89	\$118.91	\$0.00	\$17.48	\$25.75	\$0.00	\$25.67	\$6.09	\$10.72	\$3.27	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.95	\$5.95									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.58	\$6.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$232.47</b>	<b>\$125.39</b>	<b>\$0.00</b>	<b>\$17.70</b>	<b>\$26.16</b>	<b>\$0.00</b>	<b>\$43.14</b>	<b>\$6.09</b>	<b>\$10.72</b>	<b>\$3.27</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$161.53</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>GRANDVIEW HEALTH CARE CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00141226A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5546		1.5546	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 22.00%		Nurse Hours per On-Site Day/Quality Incentive: 2.69		2.69	1.0%	Quarterly Medicaid CMI: 2.0827		2.0827	1.5192		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 2.1244		2.1244	1.5459		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,131,058	\$1,795,068	\$0	\$434,847	\$296,850	\$0	\$757,813		\$846,480	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$131,544)	\$0	\$0	\$0	\$10,944	\$6,576	(\$97,562)		(\$51,502)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$91,598			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$54,541	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,145,653	\$1,795,068	\$0	\$434,847	\$307,794	\$6,576	\$660,251	\$91,598	\$794,978	\$54,541	
8	Total Nursing Facility Days As Filed Days = 20,327	FY20 Audited C/R Days	20,327										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,327	FY20 GL-PL Ins Rpt Days								20,327			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$203.95	\$88.31	\$0.00	\$21.39	\$15.47	(with L&H)	\$32.48	\$4.51	\$39.11	\$2.68	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5546</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.80									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.80	\$0.00	\$21.39	\$15.47		\$32.48	\$4.51	\$39.11	\$2.68	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.84	\$56.80	\$0.00	\$21.39	\$15.47		\$30.83	\$4.51	11.16 (FRV)	\$2.68	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.84	\$56.80	\$0.00	\$21.39	\$15.47	\$0.00	\$30.83	\$4.51	\$11.16	\$2.68	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>2.1244</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.67									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.71	\$120.67	\$0.00	\$21.39	\$15.47	\$0.00	\$30.83	\$4.51	\$11.16	\$2.68	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.62	\$3.62									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.09	\$5.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$229.80</b>	<b>\$126.03</b>	<b>\$0.00</b>	<b>\$21.61</b>	<b>\$15.88</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$4.51</b>	<b>\$11.16</b>	<b>\$2.68</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$159.53</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>AZALEALAND NURSING HOME</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00141237A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4875	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	64.10%	5.5%	Quarterly Medicaid CMI:			1.6830	1.5192
							3.47	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7158	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,498,956	\$3,206,802	\$0	\$697,678	\$586,923	\$0	\$1,169,167		\$838,386	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$159,880)	(\$92,809)	\$0	\$0	\$0	\$0	\$27,299		(\$94,370)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$65,510			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$94,370	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,498,956	\$3,113,993	\$0	\$697,678	\$586,923	\$0	\$1,196,466	\$65,510	\$744,016	\$94,370	
8	Total Nursing Facility Days	As Filed Days = 27,941 FY20 Audited C/R Days	27,941										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,941 FY20 GL-PL Ins Rpt Days								27,941			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$232.60	\$111.45	\$0.00	\$24.97	\$21.01	(with L&H)	\$42.82	\$2.34	\$26.63	\$3.38	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4875</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.93									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.93	\$0.00	\$24.97	\$21.01		\$42.82	\$2.34	\$26.63	\$3.38	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.82	\$74.93	\$0.00	\$24.48	\$21.01		\$30.83	\$2.34	17.85 (FRV)	\$3.38	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.82	\$74.93	\$0.00	\$24.48	\$21.01	\$0.00	\$30.83	\$2.34	\$17.85	\$3.38	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7158</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.56									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.45	\$128.56	\$0.00	\$24.48	\$21.01	\$0.00	\$30.83	\$2.34	\$17.85	\$3.38	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.07	\$7.07									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.14	\$5.14									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.25	\$12.74	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$258.70</b>	<b>\$141.30</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$21.42</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$2.34</b>	<b>\$17.85</b>	<b>\$3.38</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$181.20</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:		
Provider: <b>ROSWELL NURSING &amp; REHAB CENTER</b> Prvdr ID: <b>00141248A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide
													N/A	0.00%	N/A	37.32%	2.89	2.0%	1.6710	1.5126		
																			1.6822	1.5192		
																			1.7135	1.5459		
<b>CASE MIX BASED RATE CALCULATIONS</b>													a	b	c	d	e	f	g	g	h	i
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>													
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																					
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
	<b>Base Period Per Diem Allowed Amounts</b>																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$17,328,425	\$9,511,639	\$0	\$1,398,672	\$1,425,551	\$0	\$2,782,819		\$2,209,744	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$331,896)	\$0	\$0	\$0	\$0	\$0	(\$184,888)		(\$147,008)											
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$184,888												
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$147,008										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$17,328,425	\$9,511,639	\$0	\$1,398,672	\$1,425,551	\$0	\$2,597,931	\$184,888	\$2,062,736	\$147,008										
8	Total Nursing Facility Days	As Filed Days = 73,998 FY20 Audited C/R Days	73,998																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 73,998 FY20 GL-PL Ins Rpt Days								73,998												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$234.18	\$128.54	\$0.00	\$18.90	\$19.26	(with L&H)	\$35.11	\$2.50	\$27.88	\$1.99										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6710</b>																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.92																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.92	\$0.00	\$18.90	\$19.26		\$35.11	\$2.50	\$27.88	\$1.99										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.38	\$76.92	\$0.00	\$18.90	\$19.26		\$30.83	\$2.50	9.98 (FRV)	\$1.99										
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.38	\$76.92	\$0.00	\$18.90	\$19.26	\$0.00	\$30.83	\$2.50	\$9.98	\$1.99										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7135</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.80																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.26	\$131.80	\$0.00	\$18.90	\$19.26	\$0.00	\$30.83	\$2.50	\$9.98	\$1.99										
	<b>Quarterly Per Diem Add-on Amounts</b>																					
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00										
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.30	\$3.30																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.64	\$2.64																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.20	\$6.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$239.46</b>	<b>\$138.27</b>	<b>\$0.00</b>	<b>\$19.12</b>	<b>\$19.67</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$2.50</b>	<b>\$9.98</b>	<b>\$1.99</b>										
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$166.77</b>																			

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
				a	b	c	d	e	f	g	g	h	i		
<b>Provider: PREMIER ESTATES OF DUBLIN, LLC</b> <b>Prvdr ID: 00141281A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>															
				<b>Add-on Data and Percentages</b> Growth Allowance: N/A Qtrly BIMS score: 13.33% Nurse Hours per On-Site Day/Quality Incentive: 2.92			<b>Facility Score</b> Add-on Percent: 0.00% 0.0% 2.0%			<b>Case Mix Index (CMI) Data</b> Base Period Overall CMI: 1.4777 Quarterly Medicaid CMI: 1.4480 Qtrly Mcaid CMI w RUG Wght Options: 1.4722			<b>Facility Specific</b> 1.4777 1.4480 1.4722		<b>State-wide</b> 1.5126 1.5192 1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>															
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>						
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,268,491	\$2,361,578	\$0	\$614,306	\$556,722	\$0	\$928,585		\$807,300	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$128,703)	\$0	\$0	\$0	\$0	\$0	(\$105,391)		(\$23,312)				
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$73,781					
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$23,312			
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,236,881	\$2,361,578	\$0	\$614,306	\$556,722	\$0	\$823,194	\$73,781	\$783,988	\$23,312			
8	Total Nursing Facility Days	As Filed Days = 31,749 FY20 Audited C/R Days	31,749												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,749 FY20 GL-PL Ins Rpt Days								31,749					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$164.94	\$74.38	\$0.00	\$19.35	\$17.54	(with L&H)	\$25.93	\$2.32	\$24.69	\$0.73			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4777</b>											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.34											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$50.34	\$0.00	\$19.35	\$17.54		\$25.93	\$2.32	\$24.69	\$0.73			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.86	\$50.34	\$0.00	\$19.35	\$17.54		\$25.93	\$2.32	8.65 (FRV)	\$0.73			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.86	\$50.34	\$0.00	\$19.35	\$17.54	\$0.00	\$25.93	\$2.32	\$8.65	\$0.73			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4722</b>											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.11											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.63	\$74.11	\$0.00	\$19.35	\$17.54	\$0.00	\$25.93	\$2.32	\$8.65	\$0.73			
<b>Quarterly Per Diem Add-on Amounts</b>															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.48	\$1.48											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.11	\$2.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$168.74</b>	<b>\$76.12</b>	<b>\$0.00</b>	<b>\$19.57</b>	<b>\$17.95</b>	<b>\$0.00</b>	<b>\$43.40</b>	<b>\$2.32</b>	<b>\$8.65</b>	<b>\$0.73</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$113.73</b>												



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<b>Provider: HABERSHAM HOME</b> <b>Prvdr ID: 00141292A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>															
			Growth Allowance: N/A Qtrly BIMS score: 46.43% Nurse Hours per On-Site Day/Quality Incentive: 2.78				Add-on Percent: 0.00% 5.5% 3.0%				Base Period Overall CMI: 1.3149 Quarterly Medicaid CMI: 1.2221 Qtrly Mcaid CMI w RUG Wght Options: 1.2390		1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>															
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>						
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,701,335	\$3,017,576	\$0	\$1,359,787	\$1,098,223	\$478,655	\$907,919		\$839,175	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$145,724)	\$0	\$0	\$0	\$0	\$0	(\$67,892)		(\$77,832)				
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$67,892					
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>											\$77,832		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,701,335	\$3,017,576	\$0	\$1,359,787	\$1,098,223	\$478,655	\$840,027	\$67,892	\$761,343	\$77,832			
8	Total Nursing Facility Days	As Filed Days = 26,945 FY20 Audited C/R Days	26,945												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,945 FY20 GL-PL Ins Rpt Days								26,945					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$285.83	\$111.99	\$0.00	\$50.47	\$58.52	(with L&H)	\$31.18	\$2.52	\$28.26	\$2.89			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3149</b>											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.17											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.17	\$0.00	\$50.47	\$58.52		\$31.18	\$2.52	\$28.26	\$2.89			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.17	\$85.17	\$0.00	\$32.46	\$27.62		\$30.83	\$2.52	9.68 (FRV)	\$2.89			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.17	\$85.17	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$2.52	\$9.68	\$2.89			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2390</b>											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.53											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.53	\$105.53	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$2.52	\$9.68	\$2.89			
<b>Quarterly Per Diem Add-on Amounts</b>															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.80	\$5.80											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.17	\$3.17											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.60	\$9.50	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$238.13</b>	<b>\$115.03</b>	<b>\$0.00</b>	<b>\$32.46</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$2.52</b>	<b>\$9.68</b>	<b>\$2.89</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$165.77</b>												

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>WARNER ROBINS REHABILITATION CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00141303A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5133	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	26.97%	1.0%	Quarterly Medicaid CMI:			1.5368	1.5192
							3.88	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5640	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,165,898	\$3,090,039	\$0	\$513,598	\$589,274	\$0	\$1,249,980		\$723,007	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$321,095)	(\$14,862)	\$0	\$0	\$0	\$0	(\$195,050)		(\$111,183)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$209,912			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$111,183	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,165,898	\$3,075,177	\$0	\$513,598	\$589,274	\$0	\$1,054,930	\$209,912	\$611,824	\$111,183	
8	Total Nursing Facility Days As Filed Days = 41,910	FY20 Audited C/R Days	41,910										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,910	FY20 GL-PL Ins Rpt Days								41,910			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$147.12	\$73.38	\$0.00	\$12.25	\$14.06	(with L&H)	\$25.17	\$5.01	\$14.60	\$2.65	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5133</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.49									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$48.49	\$0.00	\$12.25	\$14.06		\$25.17	\$5.01	\$14.60	\$2.65	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.58	\$48.49	\$0.00	\$12.25	\$14.06		\$25.17	\$5.01	11.95 (FRV)	\$2.65	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.58	\$48.49	\$0.00	\$12.25	\$14.06	\$0.00	\$25.17	\$5.01	\$11.95	\$2.65	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5640</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.84									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.93	\$75.84	\$0.00	\$12.25	\$14.06	\$0.00	\$25.17	\$5.01	\$11.95	\$2.65	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.76	\$0.76									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.79	\$3.79									
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	\$23.18	\$5.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$170.11</b>	<b>\$80.92</b>	<b>\$0.00</b>	<b>\$12.47</b>	<b>\$14.47</b>	<b>\$0.00</b>	<b>\$42.64</b>	<b>\$5.01</b>	<b>\$11.95</b>	<b>\$2.65</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$114.76</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>HARALSON NSG &amp; REHAB CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00141325A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6451	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	27.91%	1.0%	Quarterly Medicaid CMI:			1.6445	1.5192
							2.96	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6747	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,110,105	\$3,651,200	\$0	\$702,373	\$639,707	\$0	\$1,187,320		\$929,505	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$53,073)	(\$2,500)	\$0	\$0	(\$6,526)	(\$6,099)	(\$10,807)		(\$27,141)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$10,807			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$26,606	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,094,445	\$3,648,700	\$0	\$702,373	\$633,181	(\$6,099)	\$1,176,513	\$10,807	\$902,364	\$26,606	
8	Total Nursing Facility Days	As Filed Days = 38,456											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,456											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.47	\$94.88	\$0.00	\$18.26	\$16.31	(with L&H)	\$30.59	\$0.28	\$23.46	\$0.69	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6451</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.67									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.67	\$0.00	\$18.26	\$16.31		\$30.59	\$0.28	\$23.46	\$0.69	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.74	\$57.67	\$0.00	\$18.26	\$16.31		\$30.59	\$0.28	8.94 (FRV)	\$0.69	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.74	\$57.67	\$0.00	\$18.26	\$16.31	\$0.00	\$30.59	\$0.28	\$8.94	\$0.69	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6747</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.58									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.65	\$96.58	\$0.00	\$18.26	\$16.31	\$0.00	\$30.59	\$0.28	\$8.94	\$0.69	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.34	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.18		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.90	\$2.90									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.31	\$4.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.28	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$193.96</b>	<b>\$100.98</b>	<b>\$0.00</b>	<b>\$18.48</b>	<b>\$16.72</b>	<b>\$0.00</b>	<b>\$47.87</b>	<b>\$0.28</b>	<b>\$8.94</b>	<b>\$0.69</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$132.65</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,078,075	\$1,609,325	\$0	\$330,575	\$426,757	\$0	\$566,623		\$144,795	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$89,801)	\$0	\$0	\$0	(\$644)	(\$573)	(\$72,956)		(\$15,628)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$74,118		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$15,583
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,077,975	\$1,609,325	\$0	\$330,575	\$426,113	(\$573)	\$493,667	\$74,118	\$129,167	\$15,583
8	Total Nursing Facility Days	As Filed Days = 18,034 FY20 Audited C/R Days	18,034									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,034 FY20 GL-PL Ins Rpt Days								18,034		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$170.67	\$89.24	\$0.00	\$18.33	\$23.60	(with L&H)	\$27.37	\$4.11	\$7.16	\$0.86
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.2705</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.24	\$0.00	\$18.33	\$23.60		\$27.37	\$4.11	\$7.16	\$0.86
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.01	\$70.24	\$0.00	\$18.33	\$23.60		\$27.37	\$4.11	8.50 (FRV)	\$0.86
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.01	\$70.24	\$0.00	\$18.33	\$23.60	\$0.00	\$27.37	\$4.11	\$8.50	\$0.86
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6333</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.49	\$114.72	\$0.00	\$18.33	\$23.60	\$0.00	\$27.37	\$4.11	\$8.50	\$0.86
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.44	\$3.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.22	\$5.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$220.71</b>	<b>\$119.84</b>	<b>\$0.00</b>	<b>\$18.55</b>	<b>\$24.01</b>	<b>\$0.00</b>	<b>\$44.84</b>	<b>\$4.11</b>	<b>\$8.50</b>	<b>\$0.86</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$152.71</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>HEART OF GEORGIA NURSING HOME</b> Prvdr ID: <b>00141358A</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Growth Allowance: N/A Qtrly BIMS score: 31.33% Nurse Hours per On-Site Day/Quality Incentive: 2.65				N/A	0.00% 2.5% 6.0%	Base Period Overall CMI: 1.6509 Quarterly Medicaid CMI: 1.6717 Qtrly Mcaid CMI w RUG Wght Options: 1.7052			1.6509 1.6717 1.7052	1.5126 1.5192 1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,622,322	\$2,967,387	\$0	\$615,227	\$492,634	\$0	\$734,341		\$2,812,733	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$97,721)	\$0	\$0	\$0	\$0	\$0	(\$66,702)		(\$31,019)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$64,199		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$31,019
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,619,819	\$2,967,387	\$0	\$615,227	\$492,634	\$0	\$667,639	\$64,199	\$2,781,714	\$31,019
8	Total Nursing Facility Days	As Filed Days = 33,095 FY20 Audited C/R Days	33,095									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,095 FY20 GL-PL Ins Rpt Days								33,095		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$230.24	\$89.66	\$0.00	\$18.59	\$14.89	(with L&H)	\$20.17	\$1.94	\$84.05	\$0.94
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6509</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$54.31	\$0.00	\$18.59	\$14.89		\$20.17	\$1.94	\$84.05	\$0.94
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.19	\$54.31	\$0.00	\$18.59	\$14.89		\$20.17	\$1.94	12.35 (FRV)	\$0.94
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.19	\$54.31	\$0.00	\$18.59	\$14.89	\$0.00	\$20.17	\$1.94	\$12.35	\$0.94
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7052</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.49	\$92.61	\$0.00	\$18.59	\$14.89	\$0.00	\$20.17	\$1.94	\$12.35	\$0.94
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.56	\$5.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.51	\$8.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$188.00</b>	<b>\$101.02</b>	<b>\$0.00</b>	<b>\$18.81</b>	<b>\$15.30</b>	<b>\$0.00</b>	<b>\$37.64</b>	<b>\$1.94</b>	<b>\$12.35</b>	<b>\$0.94</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$128.18</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,552,451	\$3,051,448	\$0	\$471,028	\$689,274	\$0	\$951,906		\$388,795	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$265,091)	(\$40,602)	\$0	\$0	\$0	\$0	(\$175,159)		(\$49,330)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$200,303		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$53,191
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,540,854	\$3,010,846	\$0	\$471,028	\$689,274	\$0	\$776,747	\$200,303	\$339,465	\$53,191
8	Total Nursing Facility Days	As Filed Days = 32,606 FY20 Audited C/R Days	32,606									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,606 FY20 GL-PL Ins Rpt Days								32,606		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$169.93	\$92.34	\$0.00	\$14.45	\$21.14	(with L&H)	\$23.82	\$6.14	\$10.41	\$1.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5992</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.74	\$0.00	\$14.45	\$21.14		\$23.82	\$6.14	\$10.41	\$1.63
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.32	\$57.74	\$0.00	\$14.45	\$21.14		\$23.82	\$6.14	10.40 (FRV)	\$1.63
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.32	\$57.74	\$0.00	\$14.45	\$21.14	\$0.00	\$23.82	\$6.14	\$10.40	\$1.63
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6775</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.44	\$96.86	\$0.00	\$14.45	\$21.14	\$0.00	\$23.82	\$6.14	\$10.40	\$1.63
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.84	\$4.84								
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	\$24.44	\$6.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$198.88</b>	<b>\$103.20</b>	<b>\$0.00</b>	<b>\$14.67</b>	<b>\$21.55</b>	<b>\$0.00</b>	<b>\$41.29</b>	<b>\$6.14</b>	<b>\$10.40</b>	<b>\$1.63</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$136.34</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - ATHENS HERITAGE</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00141391A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5974	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	23.81%	1.0%	Quarterly Medicaid CMI:			1.6286	1.5192
							3.79	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6578	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,973,375	\$3,794,603	\$0	\$581,589	\$858,960	\$0	\$1,182,397		\$555,826	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$343,094)	(\$66,954)	\$0	\$0	\$2,007	\$1,921	(\$145,578)		(\$134,490)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$211,340			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$139,639	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,981,260	\$3,727,649	\$0	\$581,589	\$860,967	\$1,921	\$1,036,819	\$211,340	\$421,336	\$139,639	
8	Total Nursing Facility Days	As Filed Days = 33,851 FY20 Audited C/R Days	33,851										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,851 FY20 GL-PL Ins Rpt Days								33,851			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$206.24	\$110.12	\$0.00	\$17.18	\$25.49	(with L&H)	\$30.63	\$6.24	\$12.45	\$4.13	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5974</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.94									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.94	\$0.00	\$17.18	\$25.49		\$30.63	\$6.24	\$12.45	\$4.13	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.33	\$68.94	\$0.00	\$17.18	\$25.49		\$30.63	\$6.24	15.72 (FRV)	\$4.13	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.33	\$68.94	\$0.00	\$17.18	\$25.49	\$0.00	\$30.63	\$6.24	\$15.72	\$4.13	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6578</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.29									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.68	\$114.29	\$0.00	\$17.18	\$25.49	\$0.00	\$30.63	\$6.24	\$15.72	\$4.13	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.15		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.57	\$4.57									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.12	\$6.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.25	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$237.80</b>	<b>\$120.53</b>	<b>\$0.00</b>	<b>\$17.40</b>	<b>\$25.90</b>	<b>\$0.00</b>	<b>\$47.88</b>	<b>\$6.24</b>	<b>\$15.72</b>	<b>\$4.13</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$165.53</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:		
Provider: <b>MAGNOLIA MANOR OF ST SIMONS REHAB &amp; NURSING CENTER</b> Prvdr ID: <b>00141402A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	29.73%	3.45	1.6038	1.6218	1.6539	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>													
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
<b>Base Period Per Diem Allowed Amounts</b>																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,147,821	\$3,457,391	\$0	\$677,965	\$863,870	\$0	\$1,236,776		\$911,819	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$329,896)	(\$24,887)	\$0	\$0	(\$510)	(\$552)	(\$140,969)		(\$162,978)											
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$143,603												
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$129,689										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,091,217	\$3,432,504	\$0	\$677,965	\$863,360	(\$552)	\$1,095,807	\$143,603	\$748,841	\$129,689										
8	Total Nursing Facility Days	As Filed Days = 36,984 FY20 Audited C/R Days	36,977																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,984 FY20 GL-PL Ins Rpt Days								36,977												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$191.76	\$92.83	\$0.00	\$18.33	\$23.33	(with L&H)	\$29.63	\$3.88	\$20.25	\$3.51										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6038</b>																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.88																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.88	\$0.00	\$18.33	\$23.33		\$29.63	\$3.88	\$20.25	\$3.51										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.21	\$57.88	\$0.00	\$18.33	\$23.33		\$29.63	\$3.88	10.65 <i>(FRV)</i>	\$3.51										
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.21	\$57.88	\$0.00	\$18.33	\$23.33	\$0.00	\$29.63	\$3.88	\$10.65	\$3.51										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6539</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.73																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.06	\$95.73	\$0.00	\$18.33	\$23.33	\$0.00	\$29.63	\$3.88	\$10.65	\$3.51										
<b>Quarterly Per Diem Add-on Amounts</b>																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.87	\$2.87																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.46	\$4.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$207.52</b>	<b>\$100.09</b>	<b>\$0.00</b>	<b>\$18.55</b>	<b>\$23.74</b>	<b>\$0.00</b>	<b>\$47.10</b>	<b>\$3.88</b>	<b>\$10.65</b>	<b>\$3.51</b>										
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$142.82</b>																			



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>HARTWELL HEALTH AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00141413A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.3933			1.3933	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 28.30%		Nurse Hours per On-Site Day/Quality Incentive: 3.08		3.08	1.0%	Quarterly Medicaid CMI: 1.4782			1.4782	1.5192
							6.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5021			1.5021	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,681,181	\$3,087,638	\$0	\$709,021	\$562,575	\$0	\$1,057,613		\$264,334	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$108,146)	\$0	\$0	\$0	\$0	(\$6,820)	(\$86,640)		(\$14,686)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$49,244		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$14,686
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,636,965	\$3,087,638	\$0	\$709,021	\$562,575	(\$6,820)	\$970,973	\$49,244	\$249,648	\$14,686
8	Total Nursing Facility Days As Filed Days = 30,594	FY20 Audited C/R Days	30,594									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,594	FY20 GL-PL Ins Rpt Days								30,594		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.26	\$100.92	\$0.00	\$23.18	\$18.17	(with L&H)	\$31.74	\$1.61	\$8.16	\$0.48
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3933</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.43								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.43	\$0.00	\$23.18	\$18.17		\$31.74	\$1.61	\$8.16	\$0.48
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.95	\$72.43	\$0.00	\$23.18	\$18.17		\$30.83	\$1.61	9.25 (FRV)	\$0.48
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.95	\$72.43	\$0.00	\$23.18	\$18.17	\$0.00	\$30.83	\$1.61	\$9.25	\$0.48
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5021</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.32	\$108.80	\$0.00	\$23.18	\$18.17	\$0.00	\$30.83	\$1.61	\$9.25	\$0.48
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.53	\$6.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.88	\$8.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$218.20</b>	<b>\$116.95</b>	<b>\$0.00</b>	<b>\$23.40</b>	<b>\$18.58</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.61</b>	<b>\$9.25</b>	<b>\$0.48</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$150.83</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - MONROE</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00141468A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.3787	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	28.57%	1.0%	Quarterly Medicaid CMI:				1.3930	1.5192
							3.39	4.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4159	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,620,558	\$2,544,745	\$0	\$455,133	\$597,436	\$0	\$757,486		\$265,758	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$188,809)	\$0	\$0	\$0	\$0	\$0	(\$169,008)		(\$19,801)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$169,008				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$21,369		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,622,126	\$2,544,745	\$0	\$455,133	\$597,436	\$0	\$588,478	\$169,008	\$245,957	\$21,369		
8	Total Nursing Facility Days	As Filed Days = 26,313 FY20 Audited C/R Days	26,313											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,313 FY20 GL-PL Ins Rpt Days								26,313				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$175.65	\$96.71	\$0.00	\$17.30	\$22.70	(with L&H)	\$22.36	\$6.42	\$9.35	\$0.81		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3787</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.14										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.14	\$0.00	\$17.30	\$22.70		\$22.36	\$6.42	\$9.35	\$0.81		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.28	\$70.14	\$0.00	\$17.30	\$22.70		\$22.36	\$6.42	9.55 (FRV)	\$0.81		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.28	\$70.14	\$0.00	\$17.30	\$22.70	\$0.00	\$22.36	\$6.42	\$9.55	\$0.81		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4159</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.31										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.45	\$99.31	\$0.00	\$17.30	\$22.70	\$0.00	\$22.36	\$6.42	\$9.55	\$0.81		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.97	\$3.97										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.59	\$5.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$202.04</b>	<b>\$104.80</b>	<b>\$0.00</b>	<b>\$17.52</b>	<b>\$23.11</b>	<b>\$0.00</b>	<b>\$39.83</b>	<b>\$6.42</b>	<b>\$9.55</b>	<b>\$0.81</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.71</b>											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance			
			a	b	c	d	e	f	g	g	h	i	
<b>Provider: PRUITTHEALTH - HOLLY HILL, LLC</b> <b>Prvdr ID: 00141479A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													
			Growth Allowance: N/A Qtrly BIMS score: 21.54% Nurse Hours per On-Site Day/Quality Incentive: 3.26				Add-on Percent: 0.00% 1.0% 5.0%				Base Period Overall CMI: 1.5147 Quarterly Medicaid CMI: 1.4542 Qtrly Mcaid CMI w RUG Wght Options: 1.4791		Facility Specific: 1.5126 1.5192 1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,276,993	\$3,032,762	\$0	\$462,941	\$578,380	\$0	\$840,855		\$362,055	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$250,955)	(\$30,357)	\$0	\$0	\$0	\$0	(\$193,235)		(\$27,363)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$206,689			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$29,127	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,261,854	\$3,002,405	\$0	\$462,941	\$578,380	\$0	\$647,620	\$206,689	\$334,692	\$29,127	
8	Total Nursing Facility Days	As Filed Days = 28,348 FY20 Audited C/R Days	28,348										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,348 FY20 GL-PL Ins Rpt Days								28,348			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$185.62	\$105.91	\$0.00	\$16.33	\$20.40	(with L&H)	\$22.85	\$7.29	\$11.81	\$1.03	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5147</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.92									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.92	\$0.00	\$16.33	\$20.40		\$22.85	\$7.29	\$11.81	\$1.03	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.75	\$69.92	\$0.00	\$16.33	\$20.40		\$22.85	\$7.29	9.93 (FRV)	\$1.03	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.75	\$69.92	\$0.00	\$16.33	\$20.40	\$0.00	\$22.85	\$7.29	\$9.93	\$1.03	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4791</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.42									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.25	\$103.42	\$0.00	\$16.33	\$20.40	\$0.00	\$22.85	\$7.29	\$9.93	\$1.03	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.17	\$5.17									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.83	\$6.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$206.08</b>	<b>\$110.15</b>	<b>\$0.00</b>	<b>\$16.55</b>	<b>\$20.81</b>	<b>\$0.00</b>	<b>\$40.32</b>	<b>\$7.29</b>	<b>\$9.93</b>	<b>\$1.03</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$141.74</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
<b>Provider: WYNFIELD PARK HEALTH AND REHABILITATION</b> <b>Prvdr ID: 00141512A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													Growth Allowance: N/A Qtrly BIMS score: 33.33% Nurse Hours per On-Site Day/Quality Incentive: 2.99			Facility Score: N/A Add-on Percent: 0.00% 2.5% 5.0%			Base Period Overall CMI: 1.4527 Quarterly Medicaid CMI: 1.3347 Qtrly Mcaid CMI w RUG Wght Options: 1.3547			1.4527	1.5126	1.3347	1.5192	1.3547	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																											
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
<b>Base Period Per Diem Allowed Amounts</b>																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$11,063,217	\$5,848,804	\$0	\$1,314,166	\$1,122,547	\$0	\$1,851,967		\$925,733	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$175,146)	\$4,846	\$0	\$0	\$0	\$6,811	(\$154,138)		(\$32,665)																
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$98,215																	
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$32,665															
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$11,018,951	\$5,853,650	\$0	\$1,314,166	\$1,122,547	\$6,811	\$1,697,829	\$98,215	\$893,068	\$32,665															
8	Total Nursing Facility Days	As Filed Days = 60,369 FY20 Audited C/R Days	60,369																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 60,369 FY20 GL-PL Ins Rpt Days								60,369																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$182.52	\$96.96	\$0.00	\$21.77	\$18.71	(with L&H)	\$28.12	\$1.63	\$14.79	\$0.54															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4527</b>																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.75																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.75	\$0.00	\$21.77	\$18.71		\$28.12	\$1.63	\$14.79	\$0.54															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.99	\$66.75	\$0.00	\$21.77	\$18.71		\$28.12	\$1.63	23.47 (FRV)	\$0.54															
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.99	\$66.75	\$0.00	\$21.77	\$18.71	\$0.00	\$28.12	\$1.63	\$23.47	\$0.54															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3547</b>																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.43																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.67	\$90.43	\$0.00	\$21.77	\$18.71	\$0.00	\$28.12	\$1.63	\$23.47	\$0.54															
<b>Quarterly Per Diem Add-on Amounts</b>																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00																
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.26	\$2.26																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.52	\$4.52																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.41	\$7.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00															
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$210.08</b>	<b>\$97.74</b>	<b>\$0.00</b>	<b>\$21.99</b>	<b>\$19.12</b>	<b>\$0.00</b>	<b>\$45.59</b>	<b>\$1.63</b>	<b>\$23.47</b>	<b>\$0.54</b>															
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$144.74</b>																								



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,056,756	\$2,744,792	\$0	\$525,366	\$634,162	\$0	\$981,889		\$1,170,547	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$191,682)	\$0	\$0	\$0	\$0	\$0	(\$111,338)		(\$80,344)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$125,883		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$80,344
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,071,301	\$2,744,792	\$0	\$525,366	\$634,162	\$0	\$870,551	\$125,883	\$1,090,203	\$80,344
8	Total Nursing Facility Days	As Filed Days = 29,674 FY20 Audited C/R Days		29,674								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,674 FY20 GL-PL Ins Rpt Days								29,674		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$204.60	\$92.50	\$0.00	\$17.70	\$21.37	(with L&H)	\$29.34	\$4.24	\$36.74	\$2.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.7271</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$53.56	\$0.00	\$17.70	\$21.37		\$29.34	\$4.24	\$36.74	\$2.71
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.88	\$53.56	\$0.00	\$17.70	\$21.37		\$29.34	\$4.24	10.96 (FRV)	\$2.71
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.88	\$53.56	\$0.00	\$17.70	\$21.37	\$0.00	\$29.34	\$4.24	\$10.96	\$2.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.8844</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.25	\$100.93	\$0.00	\$17.70	\$21.37	\$0.00	\$29.34	\$4.24	\$10.96	\$2.71
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.02	\$2.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.66	\$3.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$208.91</b>	<b>\$104.49</b>	<b>\$0.00</b>	<b>\$17.92</b>	<b>\$21.78</b>	<b>\$0.00</b>	<b>\$46.81</b>	<b>\$4.24</b>	<b>\$10.96</b>	<b>\$2.71</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$143.86</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>FRIENDSHIP HEALTH AND REHAB</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00141567A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6381	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	32.14%	2.5%	Quarterly Medicaid CMI:			1.7171	1.5192
							3.20	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7487	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,292,129	\$2,950,655	\$0	\$506,766	\$661,959	\$0	\$781,342		\$391,407	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$141,827)	(\$80,055)	\$0	\$80,055	\$0	\$0	(\$127,130)		(\$14,697)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$128,784			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$14,697	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,293,783	\$2,870,600	\$0	\$586,821	\$661,959	\$0	\$654,212	\$128,784	\$376,710	\$14,697	
8	Total Nursing Facility Days As Filed Days = 25,191	FY20 Audited C/R Days	25,191										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,191	FY20 GL-PL Ins Rpt Days								25,191			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.13	\$113.95	\$0.00	\$23.29	\$26.28	(with L&H)	\$25.97	\$5.11	\$14.95	\$0.58	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6381</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.56									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.56	\$0.00	\$23.29	\$26.28		\$25.97	\$5.11	\$14.95	\$0.58	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.45	\$69.56	\$0.00	\$23.29	\$26.28		\$25.97	\$5.11	8.66 (FRV)	\$0.58	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.45	\$69.56	\$0.00	\$23.29	\$26.28	\$0.00	\$25.97	\$5.11	\$8.66	\$0.58	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7487</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.64									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.53	\$121.64	\$0.00	\$23.29	\$26.28	\$0.00	\$25.97	\$5.11	\$8.66	\$0.58	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.04	\$3.04									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.65	\$3.65									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.32	\$7.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$236.85</b>	<b>\$128.86</b>	<b>\$0.00</b>	<b>\$23.51</b>	<b>\$26.69</b>	<b>\$0.00</b>	<b>\$43.44</b>	<b>\$5.11</b>	<b>\$8.66</b>	<b>\$0.58</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$164.81</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>MIONA GERIATRIC &amp; DEMENTIA CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00141578A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7517	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	55.56%	5.5%	Quarterly Medicaid CMI:			1.5131	1.5192
							3.10	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5393	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,705,811	\$2,946,894	\$0	\$515,536	\$493,564	\$0	\$632,584		\$117,233	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$84,364)	\$0	\$0	\$0	\$0	\$0	(\$51,389)		(\$32,975)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$51,389			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$32,975	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,705,811	\$2,946,894	\$0	\$515,536	\$493,564	\$0	\$581,195	\$51,389	\$84,258	\$32,975	
8	Total Nursing Facility Days	As Filed Days = 30,097 FY20 Audited C/R Days	30,097										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,097 FY20 GL-PL Ins Rpt Days								30,097			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$156.36	\$97.91	\$0.00	\$17.13	\$16.40	(with L&H)	\$19.31	\$1.71	\$2.80	\$1.10	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.7517</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.89									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$55.89	\$0.00	\$17.13	\$16.40		\$19.31	\$1.71	\$2.80	\$1.10	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.75	\$55.89	\$0.00	\$17.13	\$16.40		\$19.31	\$1.71	11.21 (FRV)	\$1.10	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.75	\$55.89	\$0.00	\$17.13	\$16.40	\$0.00	\$19.31	\$1.71	\$11.21	\$1.10	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5393</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.03									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.89	\$86.03	\$0.00	\$17.13	\$16.40	\$0.00	\$19.31	\$1.71	\$11.21	\$1.10	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.73	\$4.73									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.58	\$2.58									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.94	\$7.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$178.83</b>	<b>\$93.87</b>	<b>\$0.00</b>	<b>\$17.35</b>	<b>\$16.81</b>	<b>\$0.00</b>	<b>\$36.78</b>	<b>\$1.71</b>	<b>\$11.21</b>	<b>\$1.10</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$121.30</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>THE PLACE AT DEANS BRIDGE</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00141589A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.4140		1.4140	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 52.86%		Nurse Hours per On-Site Day/Quality Incentive: 4.12		52.86%	5.5%	Quarterly Medicaid CMI: 1.2109		1.2109	1.5192		
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2281		1.2281	1.5459		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,278,912	\$2,828,112	\$0	\$514,540	\$539,674	\$0	\$1,077,343		\$319,243	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$400,662)	\$0	\$0	\$0	\$0	\$0	(\$334,737)		(\$65,925)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$334,737			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$65,925	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,278,912	\$2,828,112	\$0	\$514,540	\$539,674	\$0	\$742,606	\$334,737	\$253,318	\$65,925	
8	Total Nursing Facility Days	As Filed Days = 28,607 FY20 Audited C/R Days	28,607										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,607 FY20 GL-PL Ins Rpt Days								28,607			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.54	\$98.86	\$0.00	\$17.99	\$18.87	(with L&H)	\$25.96	\$11.70	\$8.86	\$2.30	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4140</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.92									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.92	\$0.00	\$17.99	\$18.87		\$25.96	\$11.70	\$8.86	\$2.30	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.90	\$69.92	\$0.00	\$17.99	\$18.87		\$25.96	\$11.70	10.16 (FRV)	\$2.30	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.90	\$69.92	\$0.00	\$17.99	\$18.87	\$0.00	\$25.96	\$11.70	\$10.16	\$2.30	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2281</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.87									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.85	\$85.87	\$0.00	\$17.99	\$18.87	\$0.00	\$25.96	\$11.70	\$10.16	\$2.30	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.72	\$4.72									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.72	\$1.72									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.07	\$6.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$197.92</b>	<b>\$92.84</b>	<b>\$0.00</b>	<b>\$18.21</b>	<b>\$19.28</b>	<b>\$0.00</b>	<b>\$43.43</b>	<b>\$11.70</b>	<b>\$10.16</b>	<b>\$2.30</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$135.62</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>HARBORVIEW HEALTH SYSTEMS JESUP</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00141611A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.4929		1.4929	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 12.50%		Qtrly BIMS score: 12.50%		12.50%	0.0%	Quarterly Medicaid CMI: 1.7095		1.7095	1.5192		
		Nurse Hours per On-Site Day/Quality Incentive: 3.34		Nurse Hours per On-Site Day/Quality Incentive: 3.34		3.34	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7408		1.7408	1.5459		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,287,161	\$2,560,164	\$0	\$467,677	\$483,728	\$0	\$926,621		\$848,971	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$85,268)	(\$27,504)	\$0	(\$6,570)	(\$5,054)	(\$294)	\$1,481		(\$47,327)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$58,205			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$46,225	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,306,323	\$2,532,660	\$0	\$461,107	\$478,674	(\$294)	\$928,102	\$58,205	\$801,644	\$46,225	
8	Total Nursing Facility Days As Filed Days = 31,491	FY20 Audited C/R Days	31,491										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,491	FY20 GL-PL Ins Rpt Days								31,491			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$168.50	\$80.42	\$0.00	\$14.64	\$15.19	(with L&H)	\$29.47	\$1.85	\$25.46	\$1.47	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4929</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.87									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$53.87	\$0.00	\$14.64	\$15.19		\$29.47	\$1.85	\$25.46	\$1.47	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.54	\$53.87	\$0.00	\$14.64	\$15.19		\$29.47	\$1.85	8.05 (FRV)	\$1.47	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.54	\$53.87	\$0.00	\$14.64	\$15.19	\$0.00	\$29.47	\$1.85	\$8.05	\$1.47	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7408</b>									
18	Qtrly Routine Srvc 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	\$164.45	\$93.78	\$0.00	\$14.64	\$15.19	\$0.00	\$29.47	\$1.85	\$8.05	\$1.47	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$21.44	\$3.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$185.89</b>	<b>\$97.12</b>	<b>\$0.00</b>	<b>\$14.86</b>	<b>\$15.60</b>	<b>\$0.00</b>	<b>\$46.94</b>	<b>\$1.85</b>	<b>\$8.05</b>	<b>\$1.47</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$126.59</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>JOE-ANNE BURGIN HEALTH AND REHABILITATION</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00141633A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance:	N/A	Base Period Overall CMI:				1.1492	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	24.29%	Quarterly Medicaid CMI:				1.3938	1.5192	
					3.25	Qtrly Mcaid CMI w RUG Wght Options:				1.4177	1.5459	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,598,405	\$2,532,516	\$0	\$761,413	\$199,305	\$325,294	\$624,558		\$155,319	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$26,933)	\$0	\$0	\$0	\$0	\$0	(\$19,350)		(\$7,583)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$19,350		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$7,583
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,598,405	\$2,532,516	\$0	\$761,413	\$199,305	\$325,294	\$605,208	\$19,350	\$147,736	\$7,583
8	Total Nursing Facility Days	FY20 Audited C/R Days	25,878									
	As Filed Days = 25,878											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								25,878		
	As Filed Days = 25,878											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$177.69	\$97.86	\$0.00	\$29.42	\$20.27	(with L&H)	\$23.39	\$0.75	\$5.71	\$0.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.1492</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.15								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.15	\$0.00	\$29.42	\$20.27		\$23.39	\$0.75	\$5.71	\$0.29
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.17	\$85.15	\$0.00	\$24.48	\$20.27		\$23.39	\$0.75	19.84 (FRV)	\$0.29
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.17	\$85.15	\$0.00	\$24.48	\$20.27	\$0.00	\$23.39	\$0.75	\$19.84	\$0.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4177</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.74	\$120.72	\$0.00	\$24.48	\$20.27	\$0.00	\$23.39	\$0.75	\$19.84	\$0.29
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.04	\$6.04								
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	\$25.66	\$7.78	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$235.40</b>	<b>\$128.50</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$20.68</b>	<b>\$0.00</b>	<b>\$40.86</b>	<b>\$0.75</b>	<b>\$19.84</b>	<b>\$0.29</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$163.73</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:				
Provider: <b>SCOTT HEALTH &amp; REHABILITATION</b> Prvdr ID: <b>00141644A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	36.11%	2.5%	3.39	6.0%	1.5388	1.3066	1.3259	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>															
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
<b>Base Period Per Diem Allowed Amounts</b>																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,411,698	\$2,007,810	\$0	\$345,210	\$388,075	\$0	\$560,739		\$109,864	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$65,003)	\$0	\$0	\$0	\$0	(\$2,010)	(\$48,935)		(\$14,058)													
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$42,418														
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$14,058												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,403,171	\$2,007,810	\$0	\$345,210	\$388,075	(\$2,010)	\$511,804	\$42,418	\$95,806	\$14,058												
8	Total Nursing Facility Days	As Filed Days = 19,724 FY20 Audited C/R Days		19,724																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,724 FY20 GL-PL Ins Rpt Days								19,724														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$172.54	\$101.80	\$0.00	\$17.50	\$19.57	(with L&H)	\$25.95	\$2.15	\$4.86	\$0.71												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5388</b>																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.15																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.15	\$0.00	\$17.50	\$19.57		\$25.95	\$2.15	\$4.86	\$0.71												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.66	\$66.15	\$0.00	\$17.50	\$19.57		\$25.95	\$2.15	10.63 (FRV)	\$0.71												
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.66	\$66.15	\$0.00	\$17.50	\$19.57	\$0.00	\$25.95	\$2.15	\$10.63	\$0.71												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3259</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.71																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.22	\$87.71	\$0.00	\$17.50	\$19.57	\$0.00	\$25.95	\$2.15	\$10.63	\$0.71												
<b>Quarterly Per Diem Add-on Amounts</b>																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00													
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.19	\$2.19																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.26	\$5.26																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.08	\$7.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00												
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$190.30</b>	<b>\$95.69</b>	<b>\$0.00</b>	<b>\$17.72</b>	<b>\$19.98</b>	<b>\$0.00</b>	<b>\$43.42</b>	<b>\$2.15</b>	<b>\$10.63</b>	<b>\$0.71</b>												
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$129.90</b>																					

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
Provider: <b>KEYSVILLE NURSING HOME &amp; REHAB</b> Prvdr ID: <b>00141655A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>												
			Growth Allowance: N/A				Base Period Overall CMI: 1.3499				1.3499	1.5126
			Qtrly BIMS score: 50.00%				Quarterly Medicaid CMI: 1.3941				1.3941	1.5192
			Nurse Hours per On-Site Day/Quality Incentive: 3.13				Qtrly Mcaid CMI w RUG Wght Options: 1.4191				1.4191	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,362,241	\$1,742,686	\$0	\$430,166	\$442,835	\$0	\$358,922		\$387,632	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$68,851)	\$0	\$0	\$0	\$0	\$0	(\$46,057)		(\$22,794)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$46,057		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$22,794
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,362,241	\$1,742,686	\$0	\$430,166	\$442,835	\$0	\$312,865	\$46,057	\$364,838	\$22,794
8	Total Nursing Facility Days	FY20 Audited C/R Days	18,770									
	As Filed Days = 18,770											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								18,770		
	As Filed Days = 18,770											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$179.12	\$92.84	\$0.00	\$22.92	\$23.59	<i>(with L&amp;H)</i>	\$16.67	\$2.45	\$19.44	\$1.21
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3499</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.77	\$0.00	\$22.92	\$23.59		\$16.67	\$2.45	\$19.44	\$1.21
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.62	\$68.77	\$0.00	\$22.92	\$23.59		\$16.67	\$2.45	13.01 <i>(FRV)</i>	\$1.21
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.62	\$68.77	\$0.00	\$22.92	\$23.59	\$0.00	\$16.67	\$2.45	\$13.01	\$1.21
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4191</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.44	\$97.59	\$0.00	\$22.92	\$23.59	\$0.00	\$16.67	\$2.45	\$13.01	\$1.21
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.37	\$5.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.93	\$2.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.93	\$8.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$204.37</b>	<b>\$106.42</b>	<b>\$0.00</b>	<b>\$23.14</b>	<b>\$24.00</b>	<b>\$0.00</b>	<b>\$34.14</b>	<b>\$2.45</b>	<b>\$13.01</b>	<b>\$1.21</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$140.45</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>COUNTRYSIDE HEALTH CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00141666A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5442	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	21.28%	1.0%	Quarterly Medicaid CMI:			1.7455	1.5192
							2.80	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7787	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,039,238	\$1,552,115	\$0	\$286,438	\$358,866	\$0	\$586,083		\$255,736	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$65,769)	\$0	\$0	\$0	(\$3,306)	(\$2,388)	(\$42,918)		(\$17,157)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$32,943			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$16,885	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,023,297	\$1,552,115	\$0	\$286,438	\$355,560	(\$2,388)	\$543,165	\$32,943	\$238,579	\$16,885	
8	Total Nursing Facility Days As Filed Days = 20,494	FY20 Audited C/R Days	20,494										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,494	FY20 GL-PL Ins Rpt Days								20,494			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$147.52	\$75.74	\$0.00	\$13.98	\$17.23	(with L&H)	\$26.50	\$1.61	\$11.64	\$0.82	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5442</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.05									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$49.05	\$0.00	\$13.98	\$17.23		\$26.50	\$1.61	\$11.64	\$0.82	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.33	\$49.05	\$0.00	\$13.98	\$17.23		\$26.50	\$1.61	6.14 (FRV)	\$0.82	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.33	\$49.05	\$0.00	\$13.98	\$17.23	\$0.00	\$26.50	\$1.61	\$6.14	\$0.82	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7787</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.25									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.53	\$87.25	\$0.00	\$13.98	\$17.23	\$0.00	\$26.50	\$1.61	\$6.14	\$0.82	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.87	\$0.87									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.62	\$2.62									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.12	\$4.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$175.65</b>	<b>\$91.27</b>	<b>\$0.00</b>	<b>\$14.20</b>	<b>\$17.64</b>	<b>\$0.00</b>	<b>\$43.97</b>	<b>\$1.61</b>	<b>\$6.14</b>	<b>\$0.82</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$118.91</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:		
Provider: <b>LAKE CITY NURSING AND REHABILITATION CENTER LLC</b> Prvdr ID: <b>00141699A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	27.55%	2.66	1.6064	1.4677	1.4931	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>													
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
<b>Base Period Per Diem Allowed Amounts</b>																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$14,622,884	\$9,075,986	\$0	\$1,365,091	\$1,504,727	\$0	\$1,711,817		\$965,263	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$201,585)	\$0	\$0	(\$8,066)	\$0	\$8,066	(\$109,162)		(\$92,423)											
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$98,306												
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$92,423										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$14,612,028	\$9,075,986	\$0	\$1,357,025	\$1,504,727	\$8,066	\$1,602,655	\$98,306	\$872,840	\$92,423										
8	Total Nursing Facility Days	As Filed Days = 82,516 FY20 Audited C/R Days	82,516																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 82,516 FY20 GL-PL Ins Rpt Days								82,516												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$177.08	\$109.99	\$0.00	\$16.45	\$18.33	<i>(with L&amp;H)</i>	\$19.42	\$1.19	\$10.58	\$1.12										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6064</b>																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.47																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.47	\$0.00	\$16.45	\$18.33		\$19.42	\$1.19	\$10.58	\$1.12										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.33	\$68.47	\$0.00	\$16.45	\$18.33		\$19.42	\$1.19	8.35 <i>(FRV)</i>	\$1.12										
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.33	\$68.47	\$0.00	\$16.45	\$18.33	\$0.00	\$19.42	\$1.19	\$8.35	\$1.12										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4931</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.23																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.09	\$102.23	\$0.00	\$16.45	\$18.33	\$0.00	\$19.42	\$1.19	\$8.35	\$1.12										
<b>Quarterly Per Diem Add-on Amounts</b>																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.72	\$4.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$189.81</b>	<b>\$106.85</b>	<b>\$0.00</b>	<b>\$16.67</b>	<b>\$18.74</b>	<b>\$0.00</b>	<b>\$36.89</b>	<b>\$1.19</b>	<b>\$8.35</b>	<b>\$1.12</b>										
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$129.53</b>																			

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - LAKEHAVEN, LLC</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00141721A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance:	N/A	Base Period Overall CMI:				1.6532	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	28.79%	Quarterly Medicaid CMI:				1.7545	1.5192	
					3.63	Qtrly Mcaid CMI w RUG Wght Options:				1.7866	1.5459	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,346,476	\$2,861,912	\$0	\$512,360	\$604,297	\$0	\$904,891		\$463,016	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$224,779)	(\$37,891)	\$0	\$0	\$0	\$0	(\$161,196)		(\$25,692)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$183,614		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$28,654
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,333,965	\$2,824,021	\$0	\$512,360	\$604,297	\$0	\$743,695	\$183,614	\$437,324	\$28,654
8	Total Nursing Facility Days	As Filed Days = 30,455 FY20 Audited C/R Days	30,455									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,455 FY20 GL-PL Ins Rpt Days								30,455		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$175.14	\$92.73	\$0.00	\$16.82	\$19.84	(with L&H)	\$24.42	\$6.03	\$14.36	\$0.94
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6532</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.09	\$0.00	\$16.82	\$19.84		\$24.42	\$6.03	\$14.36	\$0.94
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.11	\$56.09	\$0.00	\$16.82	\$19.84		\$24.42	\$6.03	7.97 (FRV)	\$0.94
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.11	\$56.09	\$0.00	\$16.82	\$19.84	\$0.00	\$24.42	\$6.03	\$7.97	\$0.94
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7866</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.23	\$100.21	\$0.00	\$16.82	\$19.84	\$0.00	\$24.42	\$6.03	\$7.97	\$0.94
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.01	\$6.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.64	\$7.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$201.87</b>	<b>\$107.75</b>	<b>\$0.00</b>	<b>\$17.04</b>	<b>\$20.25</b>	<b>\$0.00</b>	<b>\$41.89</b>	<b>\$6.03</b>	<b>\$7.97</b>	<b>\$0.94</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.58</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>SGMC LAKELAND VILLA</b> Prvdr ID: <b>00141732A</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Growth Allowance: N/A		Qtrly BIMS score: 26.79%	Nurse Hours per On-Site Day/Quality Incentive: 3.80	0.00%	1.0%	3.0%	Base Period Overall CMI: 1.1610				1.1610	1.5126
		Qtrly Medicaid CMI: 1.0785		Qtrly Mcaid CMI w RUG Wght Options: 1.0918								1.0785	1.5192	
		Qtrly Mcaid CMI w RUG Wght Options: 1.0918										1.0918	1.5459	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,674,050	\$3,057,151	\$0	\$1,328,854	\$387,845	\$673,084	\$832,607		\$394,509	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$79,856)	\$26,561	\$0	\$0	\$0	\$0	(\$89,892)		(\$16,525)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$43,612				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$16,525		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,654,331	\$3,083,712	\$0	\$1,328,854	\$387,845	\$673,084	\$742,715	\$43,612	\$377,984	\$16,525		
8	Total Nursing Facility Days As Filed Days = 22,274	FY20 Audited C/R Days	22,340											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,274	FY20 GL-PL Ins Rpt Days								22,340				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$297.87	\$138.04	\$0.00	\$59.48	\$47.49	(with L&H)	\$33.25	\$1.95	\$16.92	\$0.74		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.1610</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$118.90										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$118.90	\$0.00	\$59.48	\$47.49		\$33.25	\$1.95	\$16.92	\$0.74		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.18	\$88.52	\$0.00	\$32.46	\$27.62		\$30.83	\$1.95	29.06 (FRV)	\$0.74		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$211.18	\$88.52	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$1.95	\$29.06	\$0.74		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.0918</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.65										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.31	\$96.65	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$1.95	\$29.06	\$0.74		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.90	\$2.90										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.97	\$3.87	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$240.28</b>	<b>\$100.52</b>	<b>\$0.00</b>	<b>\$32.46</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.95</b>	<b>\$29.06</b>	<b>\$0.74</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$167.39</b>											



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>THE OAKS - LIMESTONE</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00141743A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.6112	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	29.79%	1.0%	Quarterly Medicaid CMI:				1.4174	1.5192
							3.02	5.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4400	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,978,214	\$3,784,996	\$0	\$523,531	\$911,889	\$0	\$1,296,150		\$461,648	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$264,480)	(\$60,591)	\$0	\$0	\$10,558	\$13,024	(\$149,562)		(\$77,909)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$211,821				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$65,787		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,991,342	\$3,724,405	\$0	\$523,531	\$922,447	\$13,024	\$1,146,588	\$211,821	\$383,739	\$65,787		
8	Total Nursing Facility Days	As Filed Days = 33,255												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,255								33,255				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.24	\$112.00	\$0.00	\$15.74	\$28.13	(with L&H)	\$34.48	\$6.37	\$11.54	\$1.98		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6112</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.51										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.51	\$0.00	\$15.74	\$28.13		\$34.48	\$6.37	\$11.54	\$1.98		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.52	\$69.51	\$0.00	\$15.74	\$27.62		\$30.83	\$6.37	33.47 (FRV)	\$1.98		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.52	\$69.51	\$0.00	\$15.74	\$27.62	\$0.00	\$30.83	\$6.37	\$33.47	\$1.98		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4400</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.09										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.10	\$100.09	\$0.00	\$15.74	\$27.62	\$0.00	\$30.83	\$6.37	\$33.47	\$1.98		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.00	\$5.00										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.85	\$6.53	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$239.95</b>	<b>\$106.62</b>	<b>\$0.00</b>	<b>\$15.96</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$6.37</b>	<b>\$33.47</b>	<b>\$1.98</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$167.14</b>											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>RENAISSANCE CENTER FOR NURSING AND HEALING</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00141754A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5645	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	26.13%	1.0%	Quarterly Medicaid CMI:			1.6858	1.5192
							3.94	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7182	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,998,112	\$3,495,716	\$0	\$652,604	\$563,288	\$0	\$1,111,518		\$1,174,986	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$238,912)	(\$3,355)	\$0	\$0	(\$3,974)	(\$4,878)	(\$150,535)		(\$76,170)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$111,935			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$74,973	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,946,108	\$3,492,361	\$0	\$652,604	\$559,314	(\$4,878)	\$960,983	\$111,935	\$1,098,816	\$74,973	
8	Total Nursing Facility Days	As Filed Days = 39,525 FY20 Audited C/R Days	39,525										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,525 FY20 GL-PL Ins Rpt Days								39,525			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$175.74	\$88.36	\$0.00	\$16.51	\$14.03	(with L&H)	\$24.31	\$2.83	\$27.80	\$1.90	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5645</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.48									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.48	\$0.00	\$16.51	\$14.03		\$24.31	\$2.83	\$27.80	\$1.90	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.60	\$56.48	\$0.00	\$16.51	\$14.03		\$24.31	\$2.83	8.54 (FRV)	\$1.90	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.60	\$56.48	\$0.00	\$16.51	\$14.03	\$0.00	\$24.31	\$2.83	\$8.54	\$1.90	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7182</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.04									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.16	\$97.04	\$0.00	\$16.51	\$14.03	\$0.00	\$24.31	\$2.83	\$8.54	\$1.90	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.85	\$4.85									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.45	\$6.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$189.61</b>	<b>\$103.39</b>	<b>\$0.00</b>	<b>\$16.73</b>	<b>\$14.44</b>	<b>\$0.00</b>	<b>\$41.78</b>	<b>\$2.83</b>	<b>\$8.54</b>	<b>\$1.90</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$129.38</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>MAGNOLIA MANOR OF MARION COUNTY</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00141809A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6769	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	48.39%	5.5%	Quarterly Medicaid CMI:			1.5421	1.5192
							3.49	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5726	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,239,434	\$2,275,577	\$0	\$415,534	\$441,196	\$0	\$741,773		\$365,354	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$74,207)	\$0	\$0	\$0	\$4,103	\$5,529	(\$68,543)		(\$15,296)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$66,181			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$15,630	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,247,038	\$2,275,577	\$0	\$415,534	\$445,299	\$5,529	\$673,230	\$66,181	\$350,058	\$15,630	
8	Total Nursing Facility Days	As Filed Days = 21,845 FY20 Audited C/R Days	21,845										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,845 FY20 GL-PL Ins Rpt Days								21,845			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$194.42	\$104.17	\$0.00	\$19.02	\$20.64	(with L&H)	\$30.82	\$3.03	\$16.02	\$0.72	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6769</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.12									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.12	\$0.00	\$19.02	\$20.64		\$30.82	\$3.03	\$16.02	\$0.72	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.70	\$62.12	\$0.00	\$19.02	\$20.64		\$30.82	\$3.03	28.35 (FRV)	\$0.72	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.70	\$62.12	\$0.00	\$19.02	\$20.64	\$0.00	\$30.82	\$3.03	\$28.35	\$0.72	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5726</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.69									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.27	\$97.69	\$0.00	\$19.02	\$20.64	\$0.00	\$30.82	\$3.03	\$28.35	\$0.72	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.17	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.01		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.37	\$5.37									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.88	\$4.88									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.52	\$10.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.11	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$228.79</b>	<b>\$108.47</b>	<b>\$0.00</b>	<b>\$19.24</b>	<b>\$21.05</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$3.03</b>	<b>\$28.35</b>	<b>\$0.72</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$158.77</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>LEGACY TRANSITIONAL CARE &amp; REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00141831A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3564	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	30.82%	2.5%	Quarterly Medicaid CMI:			1.3537	1.5192
							2.25	1.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3768	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$10,130,734	\$4,764,008	\$0	\$950,114	\$1,118,925	\$0	\$1,822,698		\$1,474,989	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$577,968)	\$0	\$0	\$0	(\$6,030)	(\$8,198)	(\$422,724)		(\$141,016)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$356,069			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$139,223	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,048,058	\$4,764,008	\$0	\$950,114	\$1,112,895	(\$8,198)	\$1,399,974	\$356,069	\$1,333,973	\$139,223	
8	Total Nursing Facility Days	As Filed Days = 62,428 FY20 Audited C/R Days	62,428										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 62,428 FY20 GL-PL Ins Rpt Days								62,428			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$160.96	\$76.31	\$0.00	\$15.22	\$17.70	(with L&H)	\$22.43	\$5.70	\$21.37	\$2.23	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3564</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.26									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.26	\$0.00	\$15.22	\$17.70		\$22.43	\$5.70	\$21.37	\$2.23	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.73	\$56.26	\$0.00	\$15.22	\$17.70		\$22.43	\$5.70	10.19 (FRV)	\$2.23	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.73	\$56.26	\$0.00	\$15.22	\$17.70	\$0.00	\$22.43	\$5.70	\$10.19	\$2.23	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3768</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.46									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.93	\$77.46	\$0.00	\$15.22	\$17.70	\$0.00	\$22.43	\$5.70	\$10.19	\$2.23	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.94	\$1.94									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.77	\$0.77									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.34	\$3.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$172.27</b>	<b>\$80.70</b>	<b>\$0.00</b>	<b>\$15.44</b>	<b>\$18.11</b>	<b>\$0.00</b>	<b>\$39.90</b>	<b>\$5.70</b>	<b>\$10.19</b>	<b>\$2.23</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$116.38</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$13,860,322	\$6,983,291	\$0	\$1,236,600	\$1,712,026	\$0	\$3,593,745		\$334,660	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$441,813)	\$0	\$0	\$0	(\$1,270)	(\$2,172)	(\$412,463)		(\$25,908)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$309,008		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$13,629
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$13,741,146	\$6,983,291	\$0	\$1,236,600	\$1,710,756	(\$2,172)	\$3,181,282	\$309,008	\$308,752	\$13,629
8	Total Nursing Facility Days	As Filed Days = 64,698 FY20 Audited C/R Days	64,698									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 64,698 FY20 GL-PL Ins Rpt Days								64,698		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$212.39	\$107.94	\$0.00	\$19.11	\$26.41	(with L&H)	\$49.17	\$4.78	\$4.77	\$0.21
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4093</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.59	\$0.00	\$19.11	\$26.41		\$49.17	\$4.78	\$4.77	\$0.21
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.26	\$76.59	\$0.00	\$19.11	\$26.41		\$30.83	\$4.78	11.33 (FRV)	\$0.21
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.26	\$76.59	\$0.00	\$19.11	\$26.41	\$0.00	\$30.83	\$4.78	\$11.33	\$0.21
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4825</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.21	\$113.54	\$0.00	\$19.11	\$26.41	\$0.00	\$30.83	\$4.78	\$11.33	\$0.21
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.84	\$2.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.68	\$5.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$9.68	\$9.05	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$215.89</b>	<b>\$122.59</b>	<b>\$0.00</b>	<b>\$19.33</b>	<b>\$26.82</b>	<b>\$0.00</b>	<b>\$30.83</b>	<b>\$4.78</b>	<b>\$11.33</b>	<b>\$0.21</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$161.92</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
Provider: <b>MCRAE MANOR NURSING HOME</b> Prvdr ID: <b>00141853A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>												
			Growth Allowance: N/A				Base Period Overall CMI: 1.5006				1.5006	1.5126
			Qtrly BIMS score: 22.50%				Quarterly Medicaid CMI: 1.4445				1.4445	1.5192
			Nurse Hours per On-Site Day/Quality Incentive: 3.50				Qtrly Mcaid CMI w RUG Wght Options: 1.4699				1.4699	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,690,831	\$3,473,058	\$0	\$627,567	\$815,315	\$0	\$1,195,366		\$579,525	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$348,018)	(\$2,306)	\$0	\$0	(\$1,451)	(\$1,499)	(\$394,618)		\$51,856	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$313,362		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$34,727
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,690,902	\$3,470,752	\$0	\$627,567	\$813,864	(\$1,499)	\$800,748	\$313,362	\$631,381	\$34,727
8	Total Nursing Facility Days	As Filed Days = 35,049 FY20 Audited C/R Days	35,049									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,049 FY20 GL-PL Ins Rpt Days								35,049		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$190.91	\$99.03	\$0.00	\$17.91	\$23.18	(with L&H)	\$22.85	\$8.94	\$18.01	\$0.99
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5006</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.99	\$0.00	\$17.91	\$23.18		\$22.85	\$8.94	\$18.01	\$0.99
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.69	\$65.99	\$0.00	\$17.91	\$23.18		\$22.85	\$8.94	10.83 <i>(FRV)</i>	\$0.99
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.69	\$65.99	\$0.00	\$17.91	\$23.18	\$0.00	\$22.85	\$8.94	\$10.83	\$0.99
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4699</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.70	\$97.00	\$0.00	\$17.91	\$23.18	\$0.00	\$22.85	\$8.94	\$10.83	\$0.99
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.85	\$4.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.45	\$6.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$206.15</b>	<b>\$103.35</b>	<b>\$0.00</b>	<b>\$18.13</b>	<b>\$23.59</b>	<b>\$0.00</b>	<b>\$40.32</b>	<b>\$8.94</b>	<b>\$10.83</b>	<b>\$0.99</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$141.79</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>MEADOWBROOK HEALTH AND REHAB</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00141864A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.8282	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	56.25%	5.5%	Quarterly Medicaid CMI:			1.9049	1.5192
							3.28	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9396	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,169,136	\$3,751,628	\$0	\$670,027	\$777,485	\$0	\$1,982,711		\$1,987,285	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$240,877)	(\$68,150)	\$0	\$0	(\$2,108)	(\$1,456)	(\$40,042)		(\$129,121)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$78,729			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$84,471	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,091,459	\$3,683,478	\$0	\$670,027	\$775,377	(\$1,456)	\$1,942,669	\$78,729	\$1,858,164	\$84,471	
8	Total Nursing Facility Days As Filed Days = 46,124	FY20 Audited C/R Days	46,124										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,124	FY20 GL-PL Ins Rpt Days								46,124			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$197.12	\$79.86	\$0.00	\$14.53	\$16.78	(with L&H)	\$42.12	\$1.71	\$40.29	\$1.83	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.8282</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.68									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$43.68	\$0.00	\$14.53	\$16.78		\$42.12	\$1.71	\$40.29	\$1.83	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.79	\$43.68	\$0.00	\$14.53	\$16.78		\$30.83	\$1.71	14.43 (FRV)	\$1.83	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.79	\$43.68	\$0.00	\$14.53	\$16.78	\$0.00	\$30.83	\$1.71	\$14.43	\$1.83	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.9396</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.72									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.83	\$84.72	\$0.00	\$14.53	\$16.78	\$0.00	\$30.83	\$1.71	\$14.43	\$1.83	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.66	\$4.66									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$25.46	\$7.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$190.29</b>	<b>\$92.45</b>	<b>\$0.00</b>	<b>\$14.75</b>	<b>\$17.19</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.71</b>	<b>\$14.43</b>	<b>\$1.83</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$129.89</b>										

Quarterly Case Mix Per Diem Calculation

Interim

Provider: <b>Ridgecrest Rehab and Skilled Nursing Center</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State- wide	
Prvdr ID: <b>00141886A</b>				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.3708	1.5126	
H/B ? : No				Case Mix Per Diem Rate Effective Date: <b>04/01/23</b>		BIMS:	21.4%	1.0%	Quarterly Medicaid CMI:			1.7067	1.5192
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>				Nurse Hours per On-Site Day/Quality Incentive:		5.23	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7386	1.5459	

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs												
Total Nursing Facility Days GL-PL Ins. Rpt												
Standard Per Diem (After CMA for Routine Svcs)												
Allowed @ 95% of Std												
Growth Allowance 0.0%												
CMA Allowed Per Diem (After Growth Allowance)												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
Nursing Home Provider Fee												
<b>Total Quarterly Per Diem Add-On Amounts</b>												
<b>Quarterly Case Mix Based Per Diem Rate</b>												
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>												

\* 1002.3B - The allowed Per Diem for GL/PL insurance will be the lower of projected costs or 90% of 105% of the median Net Per Diem.



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - MACON</b> Prvdr ID: <b>00141908A</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Growth Allowance: N/A Qtrly BIMS score: 25.60% Nurse Hours per On-Site Day/Quality Incentive: 3.61				0.00%	1.0%	Base Period Overall CMI: 1.5328 Quarterly Medicaid CMI: 1.4901 Qtrly Mcaid CMI w RUG Wght Options: 1.5163			1.5126	1.5192	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$12,858,657	\$7,335,301	\$0	\$971,012	\$1,696,158	\$0	\$2,117,772		\$738,414	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$614,622)	(\$25,333)	\$0	\$0	(\$4,948)	(\$5,277)	(\$477,269)		(\$101,795)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$465,676			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$104,474	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$12,814,185	\$7,309,968	\$0	\$971,012	\$1,691,210	(\$5,277)	\$1,640,503	\$465,676	\$636,619	\$104,474	
8	Total Nursing Facility Days As Filed Days = 67,874	FY20 Audited C/R Days	62,747										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 67,874	FY20 GL-PL Ins Rpt Days								62,747			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$204.23	\$116.50	\$0.00	\$15.48	\$26.87	(with L&H)	\$26.14	\$7.42	\$10.15	\$1.67	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5328</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.00									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.00	\$0.00	\$15.48	\$26.87		\$26.14	\$7.42	\$10.15	\$1.67	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.03	\$76.00	\$0.00	\$15.48	\$26.87		\$26.14	\$7.42	8.45 (FRV)	\$1.67	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.03	\$76.00	\$0.00	\$15.48	\$26.87	\$0.00	\$26.14	\$7.42	\$8.45	\$1.67	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5163</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.24									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.27	\$115.24	\$0.00	\$15.48	\$26.87	\$0.00	\$26.14	\$7.42	\$8.45	\$1.67	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.76	\$5.76									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.54	\$7.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$226.81</b>	<b>\$122.68</b>	<b>\$0.00</b>	<b>\$15.70</b>	<b>\$27.28</b>	<b>\$0.00</b>	<b>\$43.61</b>	<b>\$7.42</b>	<b>\$8.45</b>	<b>\$1.67</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$157.28</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: <b>MEMORIAL MANOR NURSING HOME</b> Prvdr ID: <b>00141919A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													Growth Allowance: N/A Qtrly BIMS score: 30.51% Nurse Hours per On-Site Day/Quality Incentive: 3.16			Facility Score: N/A Add-on Percent: 0.00% 2.5% 3.0%			Base Period Overall CMI: 1.2586 Quarterly Medicaid CMI: 1.2443 Qtrly Mcaid CMI w RUG Wght Options: 1.2635			1.2586	1.5126	1.2443	1.5192	1.2635	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																											
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
<b>Base Period Per Diem Allowed Amounts</b>																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,105,984	\$3,261,866	\$0	\$1,267,788	\$308,894	\$459,930	\$607,174		\$200,332	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$62,027)	\$0	\$0	\$0	\$0	\$0	(\$18,227)		(\$43,800)																
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$18,227																	
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$43,800															
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,105,984	\$3,261,866	\$0	\$1,267,788	\$308,894	\$459,930	\$588,947	\$18,227	\$156,532	\$43,800															
8	Total Nursing Facility Days	As Filed Days = 34,915 FY20 Audited C/R Days	34,915																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,915 FY20 GL-PL Ins Rpt Days								34,915																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$174.87	\$93.42	\$0.00	\$36.31	\$22.02	(with L&H)	\$16.87	\$0.52	\$4.48	\$1.25															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.2586</b>																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.23																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.23	\$0.00	\$36.31	\$22.02		\$16.87	\$0.52	\$4.48	\$1.25															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.62	\$74.23	\$0.00	\$32.46	\$22.02		\$16.87	\$0.52	10.27 (FRV)	\$1.25															
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.62	\$74.23	\$0.00	\$32.46	\$22.02	\$0.00	\$16.87	\$0.52	\$10.27	\$1.25															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2635</b>																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.79																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.18	\$93.79	\$0.00	\$32.46	\$22.02	\$0.00	\$16.87	\$0.52	\$10.27	\$1.25															
<b>Quarterly Per Diem Add-on Amounts</b>																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00																
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.34	\$2.34																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$23.56	\$5.68	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00															
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$200.74</b>	<b>\$99.47</b>	<b>\$0.00</b>	<b>\$32.46</b>	<b>\$22.43</b>	<b>\$0.00</b>	<b>\$34.34</b>	<b>\$0.52</b>	<b>\$10.27</b>	<b>\$1.25</b>															
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$137.73</b>																								

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>MEDICAL MANAGEMENT HEALTH AND REHAB CENTER</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00141941A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A	0.00%	Base Period Overall CMI: 1.5960				1.5960	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 21.43%	1.0%	Quarterly Medicaid CMI: 1.5826				1.5826	1.5192	
				2.89	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6114				1.6114	1.5459	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,507,894	\$2,387,820	\$0	\$418,244	\$512,812	\$0	\$740,624		\$448,394	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$123,305)	(\$13,200)	\$0	\$0	\$0	\$0	(\$50,231)		(\$59,874)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$50,231		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$59,874
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,494,694	\$2,374,620	\$0	\$418,244	\$512,812	\$0	\$690,393	\$50,231	\$388,520	\$59,874
8	Total Nursing Facility Days	As Filed Days = 29,096 FY20 Audited C/R Days	29,096									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,096 FY20 GL-PL Ins Rpt Days								29,096		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$154.47	\$81.61	\$0.00	\$14.37	\$17.62	(with L&H)	\$23.73	\$1.73	\$13.35	\$2.06
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5960</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.13								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$51.13	\$0.00	\$14.37	\$17.62		\$23.73	\$1.73	\$13.35	\$2.06
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.01	\$51.13	\$0.00	\$14.37	\$17.62		\$23.73	\$1.73	8.37 (FRV)	\$2.06
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.01	\$51.13	\$0.00	\$14.37	\$17.62	\$0.00	\$23.73	\$1.73	\$8.37	\$2.06
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6114</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.27	\$82.39	\$0.00	\$14.37	\$17.62	\$0.00	\$23.73	\$1.73	\$8.37	\$2.06
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.47	\$2.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.92	\$3.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$172.19</b>	<b>\$86.21</b>	<b>\$0.00</b>	<b>\$14.59</b>	<b>\$18.03</b>	<b>\$0.00</b>	<b>\$41.20</b>	<b>\$1.73</b>	<b>\$8.37</b>	<b>\$2.06</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$116.32</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>WARM SPRINGS MEDICAL CENTER NURSING HOME</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00141952A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.0433	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	27.78%	1.0%	Quarterly Medicaid CMI:			1.3965	1.5192
							3.05	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4182	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,931,001	\$2,883,879	\$0	\$672,234	\$269,630	\$282,454	\$621,169		\$201,635	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$36,831)	(\$135,791)	\$0	\$0	\$2,897	\$3,035	\$100,816		(\$7,788)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$35,826			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$7,654	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,937,650	\$2,748,088	\$0	\$672,234	\$272,527	\$285,489	\$721,985	\$35,826	\$193,847	\$7,654	
8	Total Nursing Facility Days	As Filed Days = 26,703 FY20 Audited C/R Days		26,808									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,703 FY20 GL-PL Ins Rpt Days								26,808			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.20	\$102.51	\$0.00	\$25.08	\$20.82	(with L&H)	\$26.93	\$1.34	\$7.23	\$0.29	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.0433</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.25									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$98.25	\$0.00	\$25.08	\$20.82		\$26.93	\$1.34	\$7.23	\$0.29	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.61	\$88.52	\$0.00	\$25.08	\$20.82		\$26.93	\$1.34	11.63 (FRV)	\$0.29	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.61	\$88.52	\$0.00	\$25.08	\$20.82	\$0.00	\$26.93	\$1.34	\$11.63	\$0.29	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4182</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.54									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.63	\$125.54	\$0.00	\$25.08	\$20.82	\$0.00	\$26.93	\$1.34	\$11.63	\$0.29	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.51	\$2.51									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.87	\$3.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$233.50</b>	<b>\$129.31</b>	<b>\$0.00</b>	<b>\$25.30</b>	<b>\$21.23</b>	<b>\$0.00</b>	<b>\$44.40</b>	<b>\$1.34</b>	<b>\$11.63</b>	<b>\$0.29</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$162.30</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific
Provider: <b>AZALEA HEALTH AND REHABILITATION</b> Prvdr ID: <b>00141963A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	26.19%	3.13	N/A	1.00%	1.4791	1.4033	1.4291	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>														
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
<b>Base Period Per Diem Allowed Amounts</b>																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,353,364	\$2,361,554	\$0	\$512,600	\$440,006	\$0	\$804,218		\$234,986	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$111,144)	\$0	\$0	\$0	\$0	(\$3,002)	(\$78,282)		(\$29,860)												
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$69,068													
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$29,860											
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,341,148	\$2,361,554	\$0	\$512,600	\$440,006	(\$3,002)	\$725,936	\$69,068	\$205,126	\$29,860											
8	Total Nursing Facility Days	As Filed Days = 26,839 FY20 Audited C/R Days	26,839																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,839 FY20 GL-PL Ins Rpt Days								26,839													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$161.74	\$87.99	\$0.00	\$19.10	\$16.28	(with L&H)	\$27.05	\$2.57	\$7.64	\$1.11											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4791</b>																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.49																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.49	\$0.00	\$19.10	\$16.28		\$27.05	\$2.57	\$7.64	\$1.11											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.71	\$59.49	\$0.00	\$19.10	\$16.28		\$27.05	\$2.57	11.11 <i>(FRV)</i>	\$1.11											
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.71	\$59.49	\$0.00	\$19.10	\$16.28	\$0.00	\$27.05	\$2.57	\$11.11	\$1.11											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4291</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.02																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.24	\$85.02	\$0.00	\$19.10	\$16.28	\$0.00	\$27.05	\$2.57	\$11.11	\$1.11											
<b>Quarterly Per Diem Add-on Amounts</b>																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00												
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.85	\$0.85																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.25	\$4.25																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10														
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.73	\$5.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00											
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$185.97</b>	<b>\$90.65</b>	<b>\$0.00</b>	<b>\$19.32</b>	<b>\$16.69</b>	<b>\$0.00</b>	<b>\$44.52</b>	<b>\$2.57</b>	<b>\$11.11</b>	<b>\$1.11</b>											
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$126.65</b>																				

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.3692	1.5126		
Provider: <b>EASTMAN HEALTHCARE &amp; REHAB</b> Prvdr ID: <b>00141974A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	30.95%	2.5%	2.91	3.0%	1.3692	1.5126	1.2306	1.5192	1.2488	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>															
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
<b>Base Period Per Diem Allowed Amounts</b>																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,325,265	\$1,804,496	\$0	\$341,015	\$461,346	\$0	\$324,844		\$393,564	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$63,773)	\$0	\$0	\$0	\$0	\$0	(\$25,746)		(\$38,027)													
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$25,746														
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$38,027												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,325,265	\$1,804,496	\$0	\$341,015	\$461,346	\$0	\$299,098	\$25,746	\$355,537	\$38,027												
8	Total Nursing Facility Days	As Filed Days = 23,217 FY20 Audited C/R Days	23,217																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,217 FY20 GL-PL Ins Rpt Days								23,217														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$143.22	\$77.72	\$0.00	\$14.69	\$19.87	<i>(with L&amp;H)</i>	\$12.88	\$1.11	\$15.31	\$1.64												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3692</b>																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.76																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.76	\$0.00	\$14.69	\$19.87		\$12.88	\$1.11	\$15.31	\$1.64												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.18	\$56.76	\$0.00	\$14.69	\$19.87		\$12.88	\$1.11	9.23 <i>(FRV)</i>	\$1.64												
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$116.18	\$56.76	\$0.00	\$14.69	\$19.87	\$0.00	\$12.88	\$1.11	\$9.23	\$1.64												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2488</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$70.88																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$130.30	\$70.88	\$0.00	\$14.69	\$19.87	\$0.00	\$12.88	\$1.11	\$9.23	\$1.64												
<b>Quarterly Per Diem Add-on Amounts</b>																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00													
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.77	\$1.77																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.13	\$2.13																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.53	\$4.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00												
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$152.83</b>	<b>\$75.31</b>	<b>\$0.00</b>	<b>\$14.91</b>	<b>\$20.28</b>	<b>\$0.00</b>	<b>\$30.35</b>	<b>\$1.11</b>	<b>\$9.23</b>	<b>\$1.64</b>												
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$101.80</b>																					

Quarterly Case Mix Per Diem Calculation

Interim

Provider: <b>Magnolia Manor of Midway</b>				Facility Score	Add-on Percent			Facility Specific	State-wide
Prvdr ID: <b>00141985A</b>				N/A	0.00%			1.1165	1.5126
H/B?: No	Case Mix Per Diem Rate Effective Date: <b>04/01/23</b>			BIMS: 25.4%	1.0%			1.4143	1.5192
	MDS & Nurse Hrs Data per Quarter Ending: 12/31/22	Nurse Hours per On-Site Day/Quality Incentive: 4.00			3.0%		Qtrly Mcaid CMI w RUG Wght Options:	1.4376	1.5459

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>												
	<b>Cost Center Peer Groups per Selected Options</b>			<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Per Diem Costs and Add-ons</b>											
	GL-PL- Insurance Costs	FY2020 GL-PL Ins. Rpt								\$ 114,936		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2020 GL-PL Ins. Rpt								30,676		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2020 Peer Group Limit		\$88.52		\$24.48	\$27.62		\$30.83		\$15.36	\$1.92
	Allowed @ 95% of Std		\$180.16	\$84.09		\$23.26	\$26.24		\$29.29		\$15.36	\$1.92
	Growth Allowance 0.0%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$183.91	\$84.09		\$23.26	\$26.24		\$29.29	\$ 3.75	\$15.36	\$1.92
	Quarterly Facility Case Mix Index for Medicaid Residents			<b>1.4376</b>							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$120.89								
	Quarterly Medicaid CMA Allowed Per Diem		\$219.67	\$120.89		\$23.26	\$26.24		\$29.29	\$ 2.71	\$15.36	\$1.92
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)		\$1.21	\$1.21								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.63	\$3.63								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$21.94									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$241.60</b>	<b>\$125.72</b>		<b>\$23.26</b>	<b>\$26.24</b>		<b>\$46.39</b>	<b>\$2.71</b>	<b>\$15.36</b>	<b>\$1.92</b>
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	<b>\$168.38</b>										

\* 1002.3B - The allowed Per Diem for GL/PL insurance will be the lower of projected costs or 90% of 105% of the median Net Per Diem.

Quarterly Case Mix Per Diem Calculation

Interim

Provider: <b>Miller Nursing Home</b>				Facility Score	Add-on Percent			Facility Specific	State-wide
Prvdr ID: <b>00141996A</b>				N/A	0.00%			2.1389	1.5126
H/B ?: Yes	Case Mix Per Diem Rate Effective Date: <b>04/01/23</b>			BIMS: 58.1%	5.5%			2.1157	1.5192
	MDS & Nurse Hrs Data per Quarter Ending: 12/31/22	Nurse Hours per On-Site Day/Quality Incentive: 5.37			4.0%		Qtrly Mcaid CMI w RUG Wght Options:	2.1574	1.5459

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>												
	<b>Cost Center Peer Groups per Selected Options</b>			<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Per Diem Costs and Add-ons</b>											
	GL-PL- Insurance Costs	FY2020 GL-PL Ins. Rpt								\$ 65,825		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2020 GL-PL Ins. Rpt								20,190		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2020 Peer Group Limit		\$88.52		\$32.46	\$27.62		\$30.83		\$23.01	\$1.33
	Allowed @ 95% of Std		\$194.80	\$84.09		\$30.84	\$26.24		\$29.29		\$23.01	\$1.33
	Growth Allowance 0.0%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$198.06	\$84.09		\$30.84	\$26.24		\$29.29	\$ 3.26	\$23.01	\$1.33
	Quarterly Facility Case Mix Index for Medicaid Residents			<b>2.1574</b>							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$181.42								
	Quarterly Medicaid CMA Allowed Per Diem		\$294.84	\$181.42		\$30.84	\$26.24		\$29.29	\$ 2.71	\$23.01	\$1.33
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)		\$9.98	\$9.98								
	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%		\$7.26	\$7.26								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$34.33									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$329.17	\$198.65		\$30.84	\$26.24		\$46.39	\$2.71	\$23.01	\$1.33
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$234.05										

\* 1002.3B - The allowed Per Diem for GL/PL insurance will be the lower of projected costs or 90% of 105% of the median Net Per Diem.



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>NEW HORIZONS LIMESTONE</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00142007A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.2628		1.2628	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 12.12%		Qtrly BIMS score: 12.12%		12.12%	0.0%	Quarterly Medicaid CMI: 1.1664		1.1664	1.5192		
		Nurse Hours per On-Site Day/Quality Incentive: 3.72		Nurse Hours per On-Site Day/Quality Incentive: 3.72		3.72	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.1814		1.1814	1.5459		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$11,522,880	\$5,742,857	\$0	\$1,597,115	\$452,695	\$815,613	\$2,078,931		\$835,669	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$76,917)	\$0	\$0	\$0	\$0	\$0	(\$72,250)		(\$4,667)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$72,250			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$4,667	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$11,522,880	\$5,742,857	\$0	\$1,597,115	\$452,695	\$815,613	\$2,006,681	\$72,250	\$831,002	\$4,667	
8	Total Nursing Facility Days As Filed Days = 40,180	FY20 Audited C/R Days	40,180										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,180	FY20 GL-PL Ins Rpt Days								40,180			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$286.79	\$142.93	\$0.00	\$39.75	\$31.57	(with L&H)	\$49.94	\$1.80	\$20.68	\$0.12	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.2628</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$113.18									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$113.18	\$0.00	\$39.75	\$31.57		\$49.94	\$1.80	\$20.68	\$0.12	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.11	\$88.52	\$0.00	\$32.46	\$27.62		\$30.83	\$1.80	11.76 (FRV)	\$0.12	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.11	\$88.52	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$1.80	\$11.76	\$0.12	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.1814</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.58									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.17	\$104.58	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$1.80	\$11.76	\$0.12	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.14	\$3.14									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.24	\$3.14	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$229.41</b>	<b>\$107.72</b>	<b>\$0.00</b>	<b>\$32.46</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.80</b>	<b>\$11.76</b>	<b>\$0.12</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$159.23</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: MITCHELL CONVALESCENT CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142018A		Case Mix Per Diem Rate Effective Date: 4/1/2023				Growth Allowance: N/A	0.00%	Base Period Overall CMI: 1.4592			1.4592	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 12/31/22		Nurse Hours per On-Site Day/Quality Incentive: 3.58				Qtrly BIMS score: 38.89%	2.5%	Quarterly Medicaid CMI: 1.3626			1.3626	1.5192
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3812			1.3812	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,288,106	\$2,199,645	\$0	\$530,338	\$312,956	\$340,636	\$630,914		\$273,617	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$85,670)	\$0	\$0	\$0	\$0	\$0	(\$80,634)		(\$5,036)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$80,634		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$5,036
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,288,106	\$2,199,645	\$0	\$530,338	\$312,956	\$340,636	\$550,280	\$80,634	\$268,581	\$5,036
8	Total Nursing Facility Days	As Filed Days = 17,011 FY20 Audited C/R Days		17,011								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,011 FY20 GL-PL Ins Rpt Days								17,011		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$252.09	\$129.31	\$0.00	\$31.18	\$38.42	(with L&H)	\$32.35	\$4.74	\$15.79	\$0.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4592</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.62								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$88.62	\$0.00	\$31.18	\$38.42		\$32.35	\$4.74	\$15.79	\$0.30
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.31	\$88.52	\$0.00	\$31.18	\$27.62		\$30.83	\$4.74	11.12 (FRV)	\$0.30
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.31	\$88.52	\$0.00	\$31.18	\$27.62	\$0.00	\$30.83	\$4.74	\$11.12	\$0.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3812</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.05	\$122.26	\$0.00	\$31.18	\$27.62	\$0.00	\$30.83	\$4.74	\$11.12	\$0.30
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.06	\$3.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.67	\$3.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.05	\$6.73	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$252.10</b>	<b>\$128.99</b>	<b>\$0.00</b>	<b>\$31.40</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$4.74</b>	<b>\$11.12</b>	<b>\$0.30</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$176.25</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: <b>MONTEZUMA HEALTH CARE CENTER</b>														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.4831	1.5126	
Prvdr ID: <b>00142062A</b>														Qtrly BIMS score	58.14%	5.5%	Quarterly Medicaid CMI:	1.6907	1.5192	
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>														Nurse Hours per On-Site Day/Quality Incentive:	3.60	5.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.7209	1.5459	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>																				
			a	b	c	d	e	f	g	g	h	i								
<b>CASE MIX BASED RATE CALCULATIONS</b>																				
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>											
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
<b>Base Period Per Diem Allowed Amounts</b>																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,210,527	\$2,298,737	\$0	\$410,434	\$542,351	\$0	\$785,157		\$173,848	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$93,742)	(\$40,231)	\$0	(\$36)	(\$14,979)	(\$886)	(\$27,470)		(\$10,140)									
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$52,000										
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$10,077								
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,178,862	\$2,258,506	\$0	\$410,398	\$527,372	(\$886)	\$757,687	\$52,000	\$163,708	\$10,077								
8	Total Nursing Facility Days As Filed Days = 22,161	FY20 Audited C/R Days	22,207																	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,161	FY20 GL-PL Ins Rpt Days								22,207										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$188.17	\$101.70	\$0.00	\$18.48	\$23.71	(with L&H)	\$34.12	\$2.34	\$7.37	\$0.45								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4831</b>																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.57																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.57	\$0.00	\$18.48	\$23.71		\$34.12	\$2.34	\$7.37	\$0.45								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.77	\$68.57	\$0.00	\$18.48	\$23.71		\$30.83	\$2.34	10.39 (FRV)	\$0.45								
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.77	\$68.57	\$0.00	\$18.48	\$23.71	\$0.00	\$30.83	\$2.34	\$10.39	\$0.45								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7209</b>																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.00																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.20	\$118.00	\$0.00	\$18.48	\$23.71	\$0.00	\$30.83	\$2.34	\$10.39	\$0.45								
<b>Quarterly Per Diem Add-on Amounts</b>																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00									
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.49	\$6.49																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.90	\$5.90																
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	\$30.65	\$12.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00								
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$234.85</b>	<b>\$130.92</b>	<b>\$0.00</b>	<b>\$18.70</b>	<b>\$24.12</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$2.34</b>	<b>\$10.39</b>	<b>\$0.45</b>								
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$163.31</b>																	

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>AVALON HEALTH AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00142084A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.3931			1.3931	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 65.85%		Nurse Hours per On-Site Day/Quality Incentive: 3.85		65.85%	5.5%	Quarterly Medicaid CMI: 1.4520			1.4520	1.5192
								Qtrly Mcaid CMI w RUG Wght Options: 1.4759			1.4759	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,488,439	\$2,979,737	\$0	\$540,952	\$628,539	\$0	\$973,687		\$365,524	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$37,239)	(\$3,809)	\$0	\$0	\$0	(\$4,885)	(\$18,851)		(\$9,694)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$47,905		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$9,694
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,508,799	\$2,975,928	\$0	\$540,952	\$628,539	(\$4,885)	\$954,836	\$47,905	\$355,830	\$9,694
8	Total Nursing Facility Days As Filed Days = 28,548	FY20 Audited C/R Days	28,548									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,548	FY20 GL-PL Ins Rpt Days								28,548		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$192.97	\$104.24	\$0.00	\$18.95	\$21.85	(with L&H)	\$33.45	\$1.68	\$12.46	\$0.34
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3931</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.83								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.83	\$0.00	\$18.95	\$21.85		\$33.45	\$1.68	\$12.46	\$0.34
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.13	\$74.83	\$0.00	\$18.95	\$21.85		\$30.83	\$1.68	10.65 (FRV)	\$0.34
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.13	\$74.83	\$0.00	\$18.95	\$21.85	\$0.00	\$30.83	\$1.68	\$10.65	\$0.34
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4759</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.74	\$110.44	\$0.00	\$18.95	\$21.85	\$0.00	\$30.83	\$1.68	\$10.65	\$0.34
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.07	\$6.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.52	\$5.52								
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	\$29.85	\$12.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$224.59</b>	<b>\$122.56</b>	<b>\$0.00</b>	<b>\$19.17</b>	<b>\$22.26</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.68</b>	<b>\$10.65</b>	<b>\$0.34</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$155.62</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - MOULTRIE</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00142095A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4156	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	25.86%	1.0%	Quarterly Medicaid CMI:			1.5070	1.5192
							3.42	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5357	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,073,136	\$2,036,053	\$0	\$343,892	\$496,996	\$0	\$714,814		\$481,381	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$186,124)	(\$11,360)	\$0	\$0	\$0	\$0	(\$146,510)		(\$28,254)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$138,474			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$30,026	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,055,512	\$2,024,693	\$0	\$343,892	\$496,996	\$0	\$568,304	\$138,474	\$453,127	\$30,026	
8	Total Nursing Facility Days	As Filed Days = 23,995 FY20 Audited C/R Days	23,995										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,995 FY20 GL-PL Ins Rpt Days								23,995			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$169.00	\$84.38	\$0.00	\$14.33	\$20.71	(with L&H)	\$23.68	\$5.77	\$18.88	\$1.25	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4156</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.61									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.61	\$0.00	\$14.33	\$20.71		\$23.68	\$5.77	\$18.88	\$1.25	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.08	\$59.61	\$0.00	\$14.33	\$20.71		\$23.68	\$5.77	16.73 (FRV)	\$1.25	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.08	\$59.61	\$0.00	\$14.33	\$20.71	\$0.00	\$23.68	\$5.77	\$16.73	\$1.25	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5357</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.54									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.01	\$91.54	\$0.00	\$14.33	\$20.71	\$0.00	\$23.68	\$5.77	\$16.73	\$1.25	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.58	\$4.58									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.13	\$6.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$198.14</b>	<b>\$97.57</b>	<b>\$0.00</b>	<b>\$14.55</b>	<b>\$21.12</b>	<b>\$0.00</b>	<b>\$41.15</b>	<b>\$5.77</b>	<b>\$16.73</b>	<b>\$1.25</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$135.78</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>RIVER BROOK HEALTHCARE CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00142106A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.4939			1.4939	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 36.92%		Nurse Hours per On-Site Day/Quality Incentive: 2.72		36.92%	2.5%	Quarterly Medicaid CMI: 1.6033			1.6033	1.5192
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6330			1.6330	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,064,921	\$2,144,075	\$0	\$399,943	\$412,330	\$0	\$822,595		\$285,978	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$81,996)	\$0	\$0	\$0	\$0	\$0	(\$59,652)		(\$22,344)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$46,149		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$22,344
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,051,418	\$2,144,075	\$0	\$399,943	\$412,330	\$0	\$762,943	\$46,149	\$263,634	\$22,344
8	Total Nursing Facility Days	As Filed Days = 27,741										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,741										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$146.04	\$77.29	\$0.00	\$14.42	\$14.86	(with L&H)	\$27.50	\$1.66	\$9.50	\$0.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4939</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$51.74	\$0.00	\$14.42	\$14.86		\$27.50	\$1.66	\$9.50	\$0.81
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.48	\$51.74	\$0.00	\$14.42	\$14.86		\$27.50	\$1.66	7.49 (FRV)	\$0.81
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$118.48	\$51.74	\$0.00	\$14.42	\$14.86	\$0.00	\$27.50	\$1.66	\$7.49	\$0.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6330</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.23	\$84.49	\$0.00	\$14.42	\$14.86	\$0.00	\$27.50	\$1.66	\$7.49	\$0.81
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.11	\$2.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.53	\$2.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.27	\$5.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$174.50</b>	<b>\$89.66</b>	<b>\$0.00</b>	<b>\$14.64</b>	<b>\$15.27</b>	<b>\$0.00</b>	<b>\$44.97</b>	<b>\$1.66</b>	<b>\$7.49</b>	<b>\$0.81</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$118.05</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$14,833,818	\$8,344,446	\$0	\$1,272,001	\$1,549,404	\$0	\$1,684,659		\$1,983,308	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$254,167)	(\$27,688)	\$0	\$0	\$0	\$0	(\$192,580)		(\$33,899)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$217,891		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$33,899
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$14,831,441	\$8,316,758	\$0	\$1,272,001	\$1,549,404	\$0	\$1,492,079	\$217,891	\$1,949,409	\$33,899
8	Total Nursing Facility Days	As Filed Days = 60,701 FY20 Audited C/R Days	60,731									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 60,701 FY20 GL-PL Ins Rpt Days								60,731		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$244.21	\$136.94	\$0.00	\$20.94	\$25.51	(with L&H)	\$24.57	\$3.59	\$32.10	\$0.56
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3293</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$103.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$103.02	\$0.00	\$20.94	\$25.51		\$24.57	\$3.59	\$32.10	\$0.56
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.63	\$88.52	\$0.00	\$20.94	\$25.51		\$24.57	\$3.59	36.94 (FRV)	\$0.56
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.63	\$88.52	\$0.00	\$20.94	\$25.51	\$0.00	\$24.57	\$3.59	\$36.94	\$0.56
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3827</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.51	\$122.40	\$0.00	\$20.94	\$25.51	\$0.00	\$24.57	\$3.59	\$36.94	\$0.56
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.06	\$3.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.67	\$3.67								
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	\$7.73	\$6.73	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$242.24</b>	<b>\$129.13</b>	<b>\$0.00</b>	<b>\$21.16</b>	<b>\$25.92</b>	<b>\$0.00</b>	<b>\$24.94</b>	<b>\$3.59</b>	<b>\$36.94</b>	<b>\$0.56</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$181.68</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>SUMMERHILL ELDERLIVING HOME &amp; CARE</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00142139A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4744	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	37.62%	2.5%	Quarterly Medicaid CMI:			1.4561	1.5192
							4.67	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4811	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$11,370,796	\$6,629,034	\$0	\$1,321,830	\$1,471,492	\$0	\$1,556,721		\$391,719	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$336,139)	\$0	\$0	\$0	(\$6,590)	(\$7,917)	(\$230,174)		(\$91,458)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$222,651			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$90,557	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$11,347,865	\$6,629,034	\$0	\$1,321,830	\$1,464,902	(\$7,917)	\$1,326,547	\$222,651	\$300,261	\$90,557	
8	Total Nursing Facility Days	As Filed Days = 53,164 FY20 Audited C/R Days	53,164										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 53,164 FY20 GL-PL Ins Rpt Days								53,164			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.45	\$124.69	\$0.00	\$24.86	\$27.41	(with L&H)	\$24.95	\$4.19	\$5.65	\$1.70	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4744</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.57									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$84.57	\$0.00	\$24.86	\$27.41		\$24.95	\$4.19	\$5.65	\$1.70	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.22	\$84.57	\$0.00	\$24.48	\$27.41		\$24.95	\$4.19	15.92 (FRV)	\$1.70	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.22	\$84.57	\$0.00	\$24.48	\$27.41	\$0.00	\$24.95	\$4.19	\$15.92	\$1.70	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4811</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.26									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.91	\$125.26	\$0.00	\$24.48	\$27.41	\$0.00	\$24.95	\$4.19	\$15.92	\$1.70	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.06	\$0.53	\$0.00	\$0.00	\$0.16	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.13	\$3.13									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.01	\$5.01									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.30	\$8.67	\$0.00	\$0.00	\$0.16	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$250.21</b>	<b>\$133.93</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$27.57</b>	<b>\$0.00</b>	<b>\$42.42</b>	<b>\$4.19</b>	<b>\$15.92</b>	<b>\$1.70</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$174.83</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>HERITAGE INN HEALTH AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00142161A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6444	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	18.60%	0.0%	Quarterly Medicaid CMI:			1.3870	1.5192
							3.25	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4085	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,861,804	\$2,467,253	\$0	\$482,552	\$501,001	\$0	\$769,016		\$641,982	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$100,119)	\$0	\$0	\$0	(\$993)	(\$7,816)	(\$56,583)		(\$34,727)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$49,140			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$34,599	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,845,424	\$2,467,253	\$0	\$482,552	\$500,008	(\$7,816)	\$712,433	\$49,140	\$607,255	\$34,599	
8	Total Nursing Facility Days As Filed Days = 26,438	FY20 Audited C/R Days	26,438										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,438	FY20 GL-PL Ins Rpt Days								26,438			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$183.28	\$93.32	\$0.00	\$18.25	\$18.62	(with L&H)	\$26.95	\$1.86	\$22.97	\$1.31	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6444</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.75									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.75	\$0.00	\$18.25	\$18.62		\$26.95	\$1.86	\$22.97	\$1.31	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.83	\$56.75	\$0.00	\$18.25	\$18.62		\$26.95	\$1.86	8.09 (FRV)	\$1.31	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.83	\$56.75	\$0.00	\$18.25	\$18.62	\$0.00	\$26.95	\$1.86	\$8.09	\$1.31	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4085</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.93									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.01	\$79.93	\$0.00	\$18.25	\$18.62	\$0.00	\$26.95	\$1.86	\$8.09	\$1.31	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.00	\$4.00									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.63	\$4.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$177.64</b>	<b>\$84.46</b>	<b>\$0.00</b>	<b>\$18.47</b>	<b>\$19.03</b>	<b>\$0.00</b>	<b>\$44.42</b>	<b>\$1.86</b>	<b>\$8.09</b>	<b>\$1.31</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$120.41</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>NURSE CARE OF BUCKHEAD</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00142183A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4084	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	26.80%	1.0%	Quarterly Medicaid CMI:			1.6686	1.5192
							3.17	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6986	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$14,664,960	\$6,864,987	\$0	\$1,155,697	\$1,447,934	\$0	\$2,428,633		\$2,767,709	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$714,097)	(\$19,746)	\$0	\$179	(\$34)	\$136	(\$464,442)		(\$230,190)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$412,076			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$226,732	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$14,589,671	\$6,845,241	\$0	\$1,155,876	\$1,447,900	\$136	\$1,964,191	\$412,076	\$2,537,519	\$226,732	
8	Total Nursing Facility Days	As Filed Days = 72,226 FY20 Audited C/R Days	72,226										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 72,226 FY20 GL-PL Ins Rpt Days								72,226			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$202.01	\$94.78	\$0.00	\$16.00	\$20.05	(with L&H)	\$27.20	\$5.71	\$35.13	\$3.14	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4084</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.29									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.29	\$0.00	\$16.00	\$20.05		\$27.20	\$5.71	\$35.13	\$3.14	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.20	\$67.29	\$0.00	\$16.00	\$20.05		\$27.20	\$5.71	10.81 (FRV)	\$3.14	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.20	\$67.29	\$0.00	\$16.00	\$20.05	\$0.00	\$27.20	\$5.71	\$10.81	\$3.14	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6986</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.30									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.21	\$114.30	\$0.00	\$16.00	\$20.05	\$0.00	\$27.20	\$5.71	\$10.81	\$3.14	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.43	\$3.43									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.20	\$5.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$220.41</b>	<b>\$119.40</b>	<b>\$0.00</b>	<b>\$16.22</b>	<b>\$20.46</b>	<b>\$0.00</b>	<b>\$44.67</b>	<b>\$5.71</b>	<b>\$10.81</b>	<b>\$3.14</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$152.48</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PINEWOOD NURSING CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00142205A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.2168		1.2168	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive: 2.47		Qtrly BIMS score: 28.85%		28.85%	1.0%	Quarterly Medicaid CMI: 1.2311		1.2311	1.5192		
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2497		1.2497	1.5459		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,488,988	\$1,455,538	\$0	\$338,336	\$474,570	\$0	\$712,236		\$508,308	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$138,319)	\$0	\$0	\$0	\$0	\$0	(\$96,929)		(\$41,390)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$29,301			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$41,390	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,421,360	\$1,455,538	\$0	\$338,336	\$474,570	\$0	\$615,307	\$29,301	\$466,918	\$41,390	
8	Total Nursing Facility Days	As Filed Days = 24,875 FY20 Audited C/R Days	24,875										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,875 FY20 GL-PL Ins Rpt Days								24,875			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$137.54	\$58.51	\$0.00	\$13.60	\$19.08	(with L&H)	\$24.74	\$1.18	\$18.77	\$1.66	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.2168</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.08									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$48.08	\$0.00	\$13.60	\$19.08		\$24.74	\$1.18	\$18.77	\$1.66	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.49	\$48.08	\$0.00	\$13.60	\$19.08		\$24.74	\$1.18	8.15 (FRV)	\$1.66	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$116.49	\$48.08	\$0.00	\$13.60	\$19.08	\$0.00	\$24.74	\$1.18	\$8.15	\$1.66	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2497</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$60.09									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$128.50	\$60.09	\$0.00	\$13.60	\$19.08	\$0.00	\$24.74	\$1.18	\$8.15	\$1.66	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.60	\$0.60									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$148.93</b>	<b>\$62.42</b>	<b>\$0.00</b>	<b>\$13.82</b>	<b>\$19.49</b>	<b>\$0.00</b>	<b>\$42.21</b>	<b>\$1.18</b>	<b>\$8.15</b>	<b>\$1.66</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$98.87</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>OAKVIEW HEALTH AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00142238A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5400	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	30.10%	2.5%	Quarterly Medicaid CMI:			1.4569	1.5192
							3.18	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4824	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,437,126	\$4,872,796	\$0	\$899,185	\$1,005,628	\$0	\$1,506,783		\$1,152,734	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$214,512)	\$0	\$0	\$0	\$0	(\$740)	(\$166,439)		(\$47,333)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$79,950			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$47,333	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,349,897	\$4,872,796	\$0	\$899,185	\$1,005,628	(\$740)	\$1,340,344	\$79,950	\$1,105,401	\$47,333	
8	Total Nursing Facility Days	As Filed Days = 50,314 FY20 Audited C/R Days	50,314										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 50,314 FY20 GL-PL Ins Rpt Days								50,314			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$185.83	\$96.85	\$0.00	\$17.87	\$19.97	(with L&H)	\$26.64	\$1.59	\$21.97	\$0.94	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5400</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.89									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.89	\$0.00	\$17.87	\$19.97		\$26.64	\$1.59	\$21.97	\$0.94	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.67	\$62.89	\$0.00	\$17.87	\$19.97		\$26.64	\$1.59	14.77 (FRV)	\$0.94	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.67	\$62.89	\$0.00	\$17.87	\$19.97	\$0.00	\$26.64	\$1.59	\$14.77	\$0.94	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4824</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.23									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.01	\$93.23	\$0.00	\$17.87	\$19.97	\$0.00	\$26.64	\$1.59	\$14.77	\$0.94	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.33	\$2.33									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.66	\$4.66									
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	\$8.52	\$7.52	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$183.53</b>	<b>\$100.75</b>	<b>\$0.00</b>	<b>\$18.09</b>	<b>\$20.38</b>	<b>\$0.00</b>	<b>\$27.01</b>	<b>\$1.59</b>	<b>\$14.77</b>	<b>\$0.94</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$137.65</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:		
Provider: <b>OAK VIEW HOME, INC</b> Prvdr ID: <b>00142249A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	1.3635	1.5126						
													41.94%	2.5%	1.1884	1.5192						
													3.39	5.0%	1.2048	1.5459						
<b>CASE MIX BASED RATE CALCULATIONS</b>													a	b	c	d	e	f	g	g	h	i
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>													
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																						
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
<b>Base Period Per Diem Allowed Amounts</b>																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,725,971	\$3,108,080	\$0	\$549,822	\$736,569	\$0	\$1,014,566		\$316,934	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$94,034)	\$0	\$0	\$0	\$0	(\$7,798)	(\$63,509)		(\$22,727)											
<b>As Filed FY20 GL/PL Rpt</b>																						
<b>As Filed FY20 C/R</b>																						
7	As Filed Cost Center Costs (GL/PL)									\$54,080												
7	As Filed Cost Center Costs (Taxes and Insurance)											\$22,727										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,708,744	\$3,108,080	\$0	\$549,822	\$736,569	(\$7,798)	\$951,057	\$54,080	\$294,207	\$22,727										
8	Total Nursing Facility Days	As Filed Days = 33,492	33,492																			
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,492								33,492												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$170.45	\$92.80	\$0.00	\$16.42	\$21.76	<i>(with L&amp;H)</i>	\$28.40	\$1.61	\$8.78	\$0.68										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3635</b>																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.06																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.06	\$0.00	\$16.42	\$21.76		\$28.40	\$1.61	\$8.78	\$0.68										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.32	\$68.06	\$0.00	\$16.42	\$21.76		\$28.40	\$1.61	9.39 <i>(FRV)</i>	\$0.68										
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.32	\$68.06	\$0.00	\$16.42	\$21.76	\$0.00	\$28.40	\$1.61	\$9.39	\$0.68										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2048</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.00																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.26	\$82.00	\$0.00	\$16.42	\$21.76	\$0.00	\$28.40	\$1.61	\$9.39	\$0.68										
<b>Quarterly Per Diem Add-on Amounts</b>																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.05	\$2.05																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.10	\$4.10																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.78	\$6.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$185.04</b>	<b>\$88.68</b>	<b>\$0.00</b>	<b>\$16.64</b>	<b>\$22.17</b>	<b>\$0.00</b>	<b>\$45.87</b>	<b>\$1.61</b>	<b>\$9.39</b>	<b>\$0.68</b>										
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$125.96</b>																			

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide											
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide	
Provider: <b>THE OAKS NURSING HOME, INC.</b> Prvdr ID: <b>00142271A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	1.6653	1.6194	1.5126	1.5192	1.5459	N/A	0.00%	1.6653	1.5126	1.5192	1.5459	N/A	0.00%	1.6653	1.6194	1.5192	1.5459
Add-on Data and Percentages: Growth Allowance: N/A, Facility Score: 47.37%, Add-on Percent: 5.5%, Nurse Hours per On-Site Day/Quality Incentive: 3.84, Facility Score: 3.84, Add-on Percent: 3.0%													47.37%	5.5%	3.84	3.84	3.0%	3.84	3.0%	3.84	3.0%	3.84	3.0%	3.84	3.0%	3.84	3.0%	3.84	3.0%	3.84	3.0%
Case Mix Index (CMI) Data: Base Period Overall CMI: 1.6653, Facility Specific: 1.6194, State-wide: 1.5126, Quarterly Medicaid CMI: 1.6499, Facility Specific: 1.6499, State-wide: 1.5459, Qtrly Mcaid CMI w RUG Wght Options: 1.6499, Facility Specific: 1.6499, State-wide: 1.5459													1.6653	1.6194	1.5126	1.6499	1.6499	1.5459	1.6499	1.6499	1.5459	1.6499	1.6499	1.5459	1.6499	1.6499	1.5459	1.6499	1.6499	1.5459	1.6499
<b>CASE MIX BASED RATE CALCULATIONS</b>													a	b	c	d	e	f	g	g	h	i									
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>																						
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																						
<b>Base Period Per Diem Allowed Amounts</b>																															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,574,374	\$2,086,491	\$0	\$356,642	\$523,475	\$0	\$568,462		\$39,304	\$0																			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$68,954)	(\$2,710)	\$0	\$0	\$0	\$0	(\$36,865)		(\$29,379)																				
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$39,313																					
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>																		\$29,379											
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,574,112	\$2,083,781	\$0	\$356,642	\$523,475	\$0	\$531,597	\$39,313	\$9,925	\$29,379																			
8	Total Nursing Facility Days	FY20 Audited C/R Days	21,037	21,037																											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								21,037																					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$169.89	\$99.05	\$0.00	\$16.95	\$24.88	(with L&H)	\$25.27	\$1.87	\$0.47	\$1.40																			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6653</b>																											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.48																											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.48	\$0.00	\$16.95	\$24.88		\$25.27	\$1.87	\$0.47	\$1.40																			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.61	\$59.48	\$0.00	\$16.95	\$24.88		\$25.27	\$1.87	14.76 (FRV)	\$1.40																			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A																			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.61	\$59.48	\$0.00	\$16.95	\$24.88	\$0.00	\$25.27	\$1.87	\$14.76	\$1.40																			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6499</b>																											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.14																											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.27	\$98.14	\$0.00	\$16.95	\$24.88	\$0.00	\$25.27	\$1.87	\$14.76	\$1.40																			
<b>Quarterly Per Diem Add-on Amounts</b>																															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00																			
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.40	\$5.40																											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94																											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.97	\$8.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00																			
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$210.24</b>	<b>\$107.01</b>	<b>\$0.00</b>	<b>\$17.17</b>	<b>\$25.29</b>	<b>\$0.00</b>	<b>\$42.74</b>	<b>\$1.87</b>	<b>\$14.76</b>	<b>\$1.40</b>																			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$144.86</b>																												

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:				
Provider: <b>OCONEE HEALTH AND REHABILITATION</b> Prvdr ID: <b>00142293A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	33.33%	2.5%	3.43	3.0%	1.2656	1.5126	1.4096	1.5192	1.4349	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>															
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
<b>Base Period Per Diem Allowed Amounts</b>																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,137,158	\$1,602,643	\$0	\$327,360	\$375,225	\$0	\$530,709		\$301,221	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$49,849)	\$0	\$0	\$0	\$0	(\$2,859)	(\$31,646)		(\$15,344)													
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$27,040														
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$15,344												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,129,693	\$1,602,643	\$0	\$327,360	\$375,225	(\$2,859)	\$499,063	\$27,040	\$285,877	\$15,344												
8	Total Nursing Facility Days	As Filed Days = 16,360 FY20 Audited C/R Days	16,360																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,360 FY20 GL-PL Ins Rpt Days								16,360														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$191.30	\$97.96	\$0.00	\$20.01	\$22.76	(with L&H)	\$30.51	\$1.65	\$17.47	\$0.94												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.2656</b>																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.40																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.40	\$0.00	\$20.01	\$22.76		\$30.51	\$1.65	\$17.47	\$0.94												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.58	\$77.40	\$0.00	\$20.01	\$22.76		\$30.51	\$1.65	10.31 <i>(FRV)</i>	\$0.94												
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.58	\$77.40	\$0.00	\$20.01	\$22.76	\$0.00	\$30.51	\$1.65	\$10.31	\$0.94												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4349</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.06																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.24	\$111.06	\$0.00	\$20.01	\$22.76	\$0.00	\$30.51	\$1.65	\$10.31	\$0.94												
<b>Quarterly Per Diem Add-on Amounts</b>																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.40	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.24		\$0.00													
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.78	\$2.78																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.33	\$3.33																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.61	\$6.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.34	\$0.00	\$0.00	\$0.00												
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$221.85</b>	<b>\$117.70</b>	<b>\$0.00</b>	<b>\$20.23</b>	<b>\$23.17</b>	<b>\$0.00</b>	<b>\$47.85</b>	<b>\$1.65</b>	<b>\$10.31</b>	<b>\$0.94</b>												
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$153.56</b>																					

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance				
			a	b	c	d	e	f	g	g	h	i		
<b>Provider: PRUITTHEALTH - OLD CAPITOL</b> <b>Prvdr ID: 00142304A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>														
			Growth Allowance: N/A Qtrly BIMS score: 42.86% Nurse Hours per On-Site Day/Quality Incentive: 3.35				Add-on Percent: 0.00% 2.5% 5.0%				Base Period Overall CMI: 1.3454 Quarterly Medicaid CMI: 1.4656 Qtrly Mcaid CMI w RUG Wght Options: 1.4922		Facility Specific: 1.3454 1.4656 1.4922	State-wide: 1.5126 1.5192 1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,453,536	\$3,617,720	\$0	\$600,118	\$779,969	\$0	\$1,104,156		\$351,573	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$352,785)	(\$5,269)	\$0	\$0	\$0	\$0	(\$297,883)		(\$49,633)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$291,131				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$51,021		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,442,903	\$3,612,451	\$0	\$600,118	\$779,969	\$0	\$806,273	\$291,131	\$301,940	\$51,021		
8	Total Nursing Facility Days	As Filed Days = 44,327 FY20 Audited C/R Days	44,327											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 44,327 FY20 GL-PL Ins Rpt Days								44,327				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$145.36	\$81.50	\$0.00	\$13.54	\$17.60	(with L&H)	\$18.19	\$6.57	\$6.81	\$1.15		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3454</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.58										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.58	\$0.00	\$13.54	\$17.60		\$18.19	\$6.57	\$6.81	\$1.15		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.92	\$60.58	\$0.00	\$13.54	\$17.60		\$18.19	\$6.57	8.29 (FRV)	\$1.15		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$125.92	\$60.58	\$0.00	\$13.54	\$17.60	\$0.00	\$18.19	\$6.57	\$8.29	\$1.15		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4922</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.40										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.74	\$90.40	\$0.00	\$13.54	\$17.60	\$0.00	\$18.19	\$6.57	\$8.29	\$1.15		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.26	\$2.26										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.52	\$4.52										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.41	\$7.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$181.15</b>	<b>\$97.71</b>	<b>\$0.00</b>	<b>\$13.76</b>	<b>\$18.01</b>	<b>\$0.00</b>	<b>\$35.66</b>	<b>\$6.57</b>	<b>\$8.29</b>	<b>\$1.15</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$123.04</b>											



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>Provider: PRUITTHEALTH - OCILLA</b> <b>Prvdr ID: 00142315A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.5522	1.5126
							28.30%	1.0%					1.8089	1.5192
							3.89	4.0%					1.8448	1.5459
<b>Case Mix Based Rate Calculations</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,951,664	\$1,987,307	\$0	\$343,591	\$524,384	\$0	\$744,423		\$351,959	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$216,816)	(\$19,779)	\$0	\$0	(\$685)	(\$534)	(\$169,328)		(\$26,490)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$169,259				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$27,731		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,931,838	\$1,967,528	\$0	\$343,591	\$523,699	(\$534)	\$575,095	\$169,259	\$325,469	\$27,731		
8	Total Nursing Facility Days	As Filed Days = 24,308 FY20 Audited C/R Days	24,308											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,308 FY20 GL-PL Ins Rpt Days								24,308				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$161.74	\$80.94	\$0.00	\$14.13	\$21.52	(with L&H)	\$23.66	\$6.96	\$13.39	\$1.14		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5522</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.15										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$52.15	\$0.00	\$14.13	\$21.52		\$23.66	\$6.96	\$13.39	\$1.14		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.50	\$52.15	\$0.00	\$14.13	\$21.52		\$23.66	\$6.96	9.94 (FRV)	\$1.14		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.50	\$52.15	\$0.00	\$14.13	\$21.52	\$0.00	\$23.66	\$6.96	\$9.94	\$1.14		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.8448</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.21										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.56	\$96.21	\$0.00	\$14.13	\$21.52	\$0.00	\$23.66	\$6.96	\$9.94	\$1.14		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.85	\$3.85										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.44	\$5.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$197.00</b>	<b>\$101.55</b>	<b>\$0.00</b>	<b>\$14.35</b>	<b>\$21.93</b>	<b>\$0.00</b>	<b>\$41.13</b>	<b>\$6.96</b>	<b>\$9.94</b>	<b>\$1.14</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$134.93</b>											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PALEMON GASKINS MEM NSG HOME</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00142326A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.2343	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	36.84%	2.5%	Quarterly Medicaid CMI:			1.0175	1.5192
							0.00	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.0281	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$2,451,723	\$967,511	\$0	\$542,450	\$130,829	\$234,010	\$619,891		(\$42,968)	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$37,919)	(\$12,463)	\$0	(\$60,708)	(\$18,966)	(\$8,556)	(\$51,290)		\$114,064		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$39,319			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$2,128	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$2,455,251	\$955,048	\$0	\$481,742	\$111,863	\$225,454	\$568,601	\$39,319	\$71,096	\$2,128	
8	Total Nursing Facility Days	As Filed Days = 10,149 FY20 Audited C/R Days	10,149										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 10,149 FY20 GL-PL Ins Rpt Days								10,149			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$241.93	\$94.10	\$0.00	\$47.47	\$33.24	(with L&H)	\$56.03	\$3.87	\$7.01	\$0.21	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.2343</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.24									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.24	\$0.00	\$47.47	\$33.24		\$56.03	\$3.87	\$7.01	\$0.21	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.12	\$76.24	\$0.00	\$32.46	\$27.62		\$30.83	\$3.87	13.89 (FRV)	\$0.21	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.12	\$76.24	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$3.87	\$13.89	\$0.21	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.0281</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.38									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.26	\$78.38	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$3.87	\$13.89	\$0.21	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.96	\$1.96									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.57	\$1.57									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.16	\$4.06	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$208.42</b>	<b>\$82.44</b>	<b>\$0.00</b>	<b>\$32.46</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$3.87</b>	<b>\$13.89</b>	<b>\$0.21</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$143.49</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:
													Facility Score	State-wide				Facility Specific	State-wide			
													N/A	39.39%	0.00%	1.4247	1.5126				1.4418	1.5192
													3.41	3.41	5.0%	1.4662	1.5459				1.4662	1.5459
													3.41	3.41	5.0%	1.4662	1.5459				1.4662	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes													
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
<b>Base Period Per Diem Allowed Amounts</b>																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$13,447,564	\$7,943,023	\$0	\$1,056,965	\$1,568,940	\$0	\$1,951,668		\$926,968	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$632,185)	(\$16,676)	\$0	\$0	(\$6,532)	(\$3,232)	(\$526,641)		(\$79,104)											
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$510,010												
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$61,030										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$13,386,419	\$7,926,347	\$0	\$1,056,965	\$1,562,408	(\$3,232)	\$1,425,027	\$510,010	\$847,864	\$61,030										
8	Total Nursing Facility Days	As Filed Days = 71,802 FY20 Audited C/R Days	71,802																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 71,802 FY20 GL-PL Ins Rpt Days								71,802												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$186.43	\$110.39	\$0.00	\$14.72	\$21.71	(with L&H)	\$19.85	\$7.10	\$11.81	\$0.85										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4247</b>																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.48																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.48	\$0.00	\$14.72	\$21.71		\$19.85	\$7.10	\$11.81	\$0.85										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.38	\$77.48	\$0.00	\$14.72	\$21.71		\$19.85	\$7.10	9.67 (FRV)	\$0.85										
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.38	\$77.48	\$0.00	\$14.72	\$21.71	\$0.00	\$19.85	\$7.10	\$9.67	\$0.85										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4662</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.60																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.50	\$113.60	\$0.00	\$14.72	\$21.71	\$0.00	\$19.85	\$7.10	\$9.67	\$0.85										
<b>Quarterly Per Diem Add-on Amounts</b>																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.84	\$2.84																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.68	\$5.68																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.15	\$9.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$214.65</b>	<b>\$122.65</b>	<b>\$0.00</b>	<b>\$14.94</b>	<b>\$22.12</b>	<b>\$0.00</b>	<b>\$37.32</b>	<b>\$7.10</b>	<b>\$9.67</b>	<b>\$0.85</b>										
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$148.16</b>																			

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>WELLSTAR PAULDING NURSING CTR</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00142359A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.0584	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	35.92%	2.5%	Quarterly Medicaid CMI:			1.0593	1.5192
							3.65	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.0724	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$24,809,202	\$9,099,654	\$0	\$3,190,414	\$1,517,187	\$1,990,247	\$4,032,417		\$4,979,283	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$140,075)	\$3,234	\$0	\$0	\$0	\$0	(\$144,329)		\$1,020		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$144,329			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$0	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$24,813,456	\$9,102,888	\$0	\$3,190,414	\$1,517,187	\$1,990,247	\$3,888,088	\$144,329	\$4,980,303	\$0	
8	Total Nursing Facility Days As Filed Days = 60,688	FY20 Audited C/R Days	60,688										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 60,688	FY20 GL-PL Ins Rpt Days								60,688			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$408.86	\$149.99	\$0.00	\$52.57	\$57.79	(with L&H)	\$64.07	\$2.38	\$82.06	\$0.00	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.0584</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$141.72									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$141.72	\$0.00	\$52.57	\$57.79		\$64.07	\$2.38	\$82.06	\$0.00	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.17	\$88.52	\$0.00	\$32.46	\$27.62		\$30.83	\$2.38	9.36 (FRV)	\$0.00	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.17	\$88.52	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$2.38	\$9.36	\$0.00	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.0724</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.93									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.58	\$94.93	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$2.38	\$9.36	\$0.00	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.80	\$3.80									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.27	\$6.17	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$220.85</b>	<b>\$101.10</b>	<b>\$0.00</b>	<b>\$32.46</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$2.38</b>	<b>\$9.36</b>	<b>\$0.00</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$152.81</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.7376	1.5126		
Provider: <b>THE LODGE</b> Prvdr ID: <b>00142381A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	29.79%	1.0%	4.60	3.0%	1.4698	1.5192	1.4957	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>													
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
<b>Base Period Per Diem Allowed Amounts</b>																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,870,169	\$3,334,946	\$0	\$639,051	\$717,182	\$0	\$1,031,763		\$147,227	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$112,823)	\$0	\$0	\$0	\$0	\$0	(\$96,071)		(\$16,752)											
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$100,213												
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$16,752										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,874,311	\$3,334,946	\$0	\$639,051	\$717,182	\$0	\$935,692	\$100,213	\$130,475	\$16,752										
8	Total Nursing Facility Days	As Filed Days = 26,631 FY20 Audited C/R Days	26,631																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,631 FY20 GL-PL Ins Rpt Days								26,631												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$220.59	\$125.23	\$0.00	\$24.00	\$26.93	<i>(with L&amp;H)</i>	\$35.14	\$3.76	\$4.90	\$0.63										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.7376</b>																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.07																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.07	\$0.00	\$24.00	\$26.93		\$35.14	\$3.76	\$4.90	\$0.63										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.51	\$72.07	\$0.00	\$24.00	\$26.93		\$30.83	\$3.76	34.29 <i>(FRV)</i>	\$0.63										
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.51	\$72.07	\$0.00	\$24.00	\$26.93	\$0.00	\$30.83	\$3.76	\$34.29	\$0.63										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4957</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.80																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.24	\$107.80	\$0.00	\$24.00	\$26.93	\$0.00	\$30.83	\$3.76	\$34.29	\$0.63										
<b>Quarterly Per Diem Add-on Amounts</b>																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00											
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.23	\$3.23																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.57	\$4.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$250.81</b>	<b>\$112.64</b>	<b>\$0.00</b>	<b>\$24.22</b>	<b>\$27.34</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$3.76</b>	<b>\$34.29</b>	<b>\$0.63</b>										
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$175.28</b>																			

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PELHAM PARKWAY NURSING HM</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00142425A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.1687			1.1687	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 32.63%		Nurse Hours per On-Site Day/Quality Incentive: 3.54		32.63%	2.5%	Quarterly Medicaid CMI: 1.2139			1.2139	1.5192
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2325			1.2325	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,486,092	\$3,826,472	\$0	\$1,000,586	\$609,232	\$693,293	\$782,800		\$573,709	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$188,077)	\$0	\$0	\$0	\$0	\$0	(\$176,353)		(\$11,724)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$176,353		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$11,724
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,486,092	\$3,826,472	\$0	\$1,000,586	\$609,232	\$693,293	\$606,447	\$176,353	\$561,985	\$11,724
8	Total Nursing Facility Days As Filed Days = 38,734	FY20 Audited C/R Days	38,734									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,734	FY20 GL-PL Ins Rpt Days								38,734		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$193.27	\$98.79	\$0.00	\$25.83	\$33.63	(with L&H)	\$15.66	\$4.55	\$14.51	\$0.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.1687</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$84.53	\$0.00	\$25.83	\$33.63		\$15.66	\$4.55	\$14.51	\$0.30
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.99	\$84.53	\$0.00	\$25.83	\$27.62		\$15.66	\$4.55	11.50 (FRV)	\$0.30
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.99	\$84.53	\$0.00	\$25.83	\$27.62	\$0.00	\$15.66	\$4.55	\$11.50	\$0.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2325</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.64	\$104.18	\$0.00	\$25.83	\$27.62	\$0.00	\$15.66	\$4.55	\$11.50	\$0.30
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.60	\$2.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.13	\$3.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.95	\$6.26	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$213.59</b>	<b>\$110.44</b>	<b>\$0.00</b>	<b>\$26.05</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$33.13</b>	<b>\$4.55</b>	<b>\$11.50</b>	<b>\$0.30</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$147.37</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>Provider: PRUITTHEALTH - JASPER</b> <b>Prvdr ID: 00142436A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.7423	1.5126
							20.93%	1.0%					1.3942	1.5192
							3.62	6.0%					1.4189	1.5459
<b>Case Mix Based Rate Calculations</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,210,214	\$2,174,249	\$0	\$366,260	\$536,838	\$0	\$803,174		\$329,693	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$162,763)	(\$55,119)	\$0	\$0	\$0	\$0	(\$71,892)		(\$35,752)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$122,487				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$37,069		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,207,007	\$2,119,130	\$0	\$366,260	\$536,838	\$0	\$731,282	\$122,487	\$293,941	\$37,069		
8	Total Nursing Facility Days	As Filed Days = 19,557 FY20 Audited C/R Days		19,557										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,557 FY20 GL-PL Ins Rpt Days								19,557				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$215.12	\$108.36	\$0.00	\$18.73	\$27.45	(with L&H)	\$37.39	\$6.26	\$15.03	\$1.90		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.7423</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.19										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.19	\$0.00	\$18.73	\$27.45		\$37.39	\$6.26	\$15.03	\$1.90		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.17	\$62.19	\$0.00	\$18.73	\$27.45		\$30.83	\$6.26	15.81 (FRV)	\$1.90		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.17	\$62.19	\$0.00	\$18.73	\$27.45	\$0.00	\$30.83	\$6.26	\$15.81	\$1.90		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4189</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.24										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.22	\$88.24	\$0.00	\$18.73	\$27.45	\$0.00	\$30.83	\$6.26	\$15.81	\$1.90		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.88	\$0.53	\$0.00	\$0.22	\$0.13	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.88	\$0.88										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.29	\$5.29										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.15	\$6.70	\$0.00	\$0.22	\$0.13	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$213.37</b>	<b>\$94.94</b>	<b>\$0.00</b>	<b>\$18.95</b>	<b>\$27.58</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$6.26</b>	<b>\$15.81</b>	<b>\$1.90</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$147.20</b>											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:			
Provider: <b>HARBORVIEW PIERCE COUNTY</b> Prvdr ID: <b>00142447A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	20.00%	4.16	3.0%	1.5805	1.5479	1.5751	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>														
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
<b>Base Period Per Diem Allowed Amounts</b>																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,668,349	\$2,683,980	\$0	\$459,476	\$617,677	\$0	\$985,942		\$921,274	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$174,408)	\$16,621	\$0	(\$458)	(\$7,185)	(\$7,644)	(\$65,684)		(\$110,058)												
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$65,684													
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>																		\$107,378			
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,667,003	\$2,700,601	\$0	\$459,018	\$610,492	(\$7,644)	\$920,258	\$65,684	\$811,216	\$107,378											
8	Total Nursing Facility Days	As Filed Days = 25,754 FY20 Audited C/R Days	25,754																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,754 FY20 GL-PL Ins Rpt Days								25,754													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$220.04	\$104.86	\$0.00	\$17.82	\$23.41	<i>(with L&amp;H)</i>	\$35.73	\$2.55	\$31.50	\$4.17											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5805</b>																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.35																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.35	\$0.00	\$17.82	\$23.41		\$35.73	\$2.55	\$31.50	\$4.17											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.03	\$66.35	\$0.00	\$17.82	\$23.41		\$30.83	\$2.55	16.90 <i>(FRV)</i>	\$4.17											
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.03	\$66.35	\$0.00	\$17.82	\$23.41	\$0.00	\$30.83	\$2.55	\$16.90	\$4.17											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5751</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.51																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.19	\$104.51	\$0.00	\$17.82	\$23.41	\$0.00	\$30.83	\$2.55	\$16.90	\$4.17											
<b>Quarterly Per Diem Add-on Amounts</b>																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00												
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.14	\$3.14																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10														
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.45	\$4.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00											
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$222.64</b>	<b>\$109.23</b>	<b>\$0.00</b>	<b>\$18.04</b>	<b>\$23.82</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$2.55</b>	<b>\$16.90</b>	<b>\$4.17</b>											
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$154.16</b>																				



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
<b>Provider: PINE KNOLL NURSING &amp; REHAB CTR</b> <b>Prvdr ID: 00142458A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 26.51% Nurse Hours per On-Site Day/Quality Incentive: 2.98, 3.0%				Base Period Overall CMI: 1.6869 Quarterly Medicaid CMI: 1.4989 Qtrly Mcaid CMI w RUG Wght Options: 1.5264				Facility Specific: 1.6869 1.4989 1.5264	State-wide: 1.5126 1.5192 1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,027,286	\$3,694,676	\$0	\$670,138	\$571,116	\$0	\$1,305,696		\$785,660	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$47,388)	\$0	\$0	\$0	\$0	\$0	(\$10,987)		(\$36,401)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$10,987		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$36,401
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,027,286	\$3,694,676	\$0	\$670,138	\$571,116	\$0	\$1,294,709	\$10,987	\$749,259	\$36,401
8	Total Nursing Facility Days	As Filed Days = 36,850 FY20 Audited C/R Days	36,850									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,850 FY20 GL-PL Ins Rpt Days								36,850		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$190.70	\$100.26	\$0.00	\$18.19	\$15.50	(with L&H)	\$35.13	\$0.30	\$20.33	\$0.99
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6869</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.44	\$0.00	\$18.19	\$15.50		\$35.13	\$0.30	\$20.33	\$0.99
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.74	\$59.44	\$0.00	\$18.19	\$15.50		\$30.83	\$0.30	8.49 (FRV)	\$0.99
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.74	\$59.44	\$0.00	\$18.19	\$15.50	\$0.00	\$30.83	\$0.30	\$8.49	\$0.99
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5264</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.03	\$90.73	\$0.00	\$18.19	\$15.50	\$0.00	\$30.83	\$0.30	\$8.49	\$0.99
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.72	\$2.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.89	\$4.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$186.92</b>	<b>\$94.89</b>	<b>\$0.00</b>	<b>\$18.41</b>	<b>\$15.91</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$0.30</b>	<b>\$8.49</b>	<b>\$0.99</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$127.37</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:		
Provider: <b>CROSSVIEW CARE CENTER</b> Prvdr ID: <b>00142502A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide
													N/A	0.00%	N/A	24.29%	2.65	3.0%	1.3848	1.5126		
																			1.5190	1.5192		
																			1.5473	1.5459		
			a	b	c	d	e	f	g	g	h	i										
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>													
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
<b>Base Period Per Diem Allowed Amounts</b>																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,340,105	\$2,165,284	\$0	\$385,982	\$378,625	\$0	\$710,357		\$699,857	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$88,473)	\$0	\$0	\$0	(\$1,668)	(\$1,319)	(\$62,175)		(\$23,311)											
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$49,807												
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$23,128										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,324,567	\$2,165,284	\$0	\$385,982	\$376,957	(\$1,319)	\$648,182	\$49,807	\$676,546	\$23,128										
8	Total Nursing Facility Days	As Filed Days = 25,411																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,411																				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$170.18	\$85.21	\$0.00	\$15.19	\$14.78	(with L&H)	\$25.51	\$1.96	\$26.62	\$0.91										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3848</b>																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.53	\$0.00	\$15.19	\$14.78		\$25.51	\$1.96	\$26.62	\$0.91										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.53	\$0.00	\$15.19	\$14.78		\$25.51	\$1.96	\$26.62	\$0.91										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.34	\$61.53	\$0.00	\$15.19	\$14.78		\$25.51	\$1.96	8.46 (FRV)	\$0.91										
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.34	\$61.53	\$0.00	\$15.19	\$14.78	\$0.00	\$25.51	\$1.96	\$8.46	\$0.91										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5473</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.21																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.02	\$95.21	\$0.00	\$15.19	\$14.78	\$0.00	\$25.51	\$1.96	\$8.46	\$0.91										
<b>Quarterly Per Diem Add-on Amounts</b>																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.86	\$2.86																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.44	\$4.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$184.46</b>	<b>\$99.55</b>	<b>\$0.00</b>	<b>\$15.41</b>	<b>\$15.19</b>	<b>\$0.00</b>	<b>\$42.98</b>	<b>\$1.96</b>	<b>\$8.46</b>	<b>\$0.91</b>										
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$125.52</b>																			

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide					
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:					
Provider: <b>PINEWOOD MANOR NURSING HOME &amp; REHABILITATION CNTR</b> Prvdr ID: <b>00142513A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	60.66%	4.57	0.00%	5.5%	3.0%	1.1696	1.5012	1.5294	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																									
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>																
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																
<b>Base Period Per Diem Allowed Amounts</b>																									
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,242,675	\$2,462,300	\$0	\$777,292	\$328,082	\$313,603	\$930,024		\$431,374	\$0													
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$52,189)	\$0	\$0	\$0	\$0	\$0	(\$39,783)		(\$12,406)														
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$39,783															
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$12,406													
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,242,675	\$2,462,300	\$0	\$777,292	\$328,082	\$313,603	\$890,241	\$39,783	\$418,968	\$12,406													
8	Total Nursing Facility Days	FY20 Audited C/R Days	35,252																						
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								35,252															
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$148.71	\$69.85	\$0.00	\$22.05	\$18.20	(with L&H)	\$25.25	\$1.13	\$11.88	\$0.35													
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.1696</b>																					
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.72																					
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.72	\$0.00	\$22.05	\$18.20		\$25.25	\$1.13	\$11.88	\$0.35													
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A														
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.48	\$59.72	\$0.00	\$22.05	\$18.20		\$25.25	\$1.13	8.78 <i>(FRV)</i>	\$0.35													
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																									
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A													
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.48	\$59.72	\$0.00	\$22.05	\$18.20	\$0.00	\$25.25	\$1.13	\$8.78	\$0.35													
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5294</b>																					
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.34																					
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.10	\$91.34	\$0.00	\$22.05	\$18.20	\$0.00	\$25.25	\$1.13	\$8.78	\$0.35													
<b>Quarterly Per Diem Add-on Amounts</b>																									
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00														
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.02	\$5.02																					
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74																					
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.39	\$8.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00													
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$193.49</b>	<b>\$99.63</b>	<b>\$0.00</b>	<b>\$22.27</b>	<b>\$18.61</b>	<b>\$0.00</b>	<b>\$42.72</b>	<b>\$1.13</b>	<b>\$8.78</b>	<b>\$0.35</b>													
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$132.29</b>																						

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:			
Provider: <b>LILLIAN G CARTER HEALTH AND REHABILITATION</b> Prvdr ID: <b>00142524A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	59.26%	3.28	3.0%	1.5388	1.4651	1.4916	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>														
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
<b>Base Period Per Diem Allowed Amounts</b>																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,946,290	\$3,381,626	\$0	\$576,657	\$583,265	\$0	\$877,496		\$527,246	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$102,183)	\$0	\$0	\$0	\$0	(\$6,398)	(\$62,851)		(\$32,934)												
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$53,820													
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$32,934											
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,930,861	\$3,381,626	\$0	\$576,657	\$583,265	(\$6,398)	\$814,645	\$53,820	\$494,312	\$32,934											
8	Total Nursing Facility Days	As Filed Days = 32,077 FY20 Audited C/R Days	32,077																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,077 FY20 GL-PL Ins Rpt Days								32,077													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.90	\$105.42	\$0.00	\$17.98	\$17.98	(with L&H)	\$25.40	\$1.68	\$15.41	\$1.03											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5388</b>																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.51																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.51	\$0.00	\$17.98	\$17.98		\$25.40	\$1.68	\$15.41	\$1.03											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.77	\$68.51	\$0.00	\$17.98	\$17.98		\$25.40	\$1.68	10.19 <i>(FRV)</i>	\$1.03											
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.77	\$68.51	\$0.00	\$17.98	\$17.98	\$0.00	\$25.40	\$1.68	\$10.19	\$1.03											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4916</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.19																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.45	\$102.19	\$0.00	\$17.98	\$17.98	\$0.00	\$25.40	\$1.68	\$10.19	\$1.03											
<b>Quarterly Per Diem Add-on Amounts</b>																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00												
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.62	\$5.62																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10														
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.32	\$9.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00											
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$203.77</b>	<b>\$111.41</b>	<b>\$0.00</b>	<b>\$18.20</b>	<b>\$18.39</b>	<b>\$0.00</b>	<b>\$42.87</b>	<b>\$1.68</b>	<b>\$10.19</b>	<b>\$1.03</b>											
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$140.00</b>																				



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>THE PLACE AT MARTINEZ</b> Prvdr ID: <b>00142535A</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Growth Allowance: N/A Qtrly BIMS score: 18.46% Nurse Hours per On-Site Day/Quality Incentive: 3.96				0.00%	0.0%	Base Period Overall CMI: 1.3564 Quarterly Medicaid CMI: 1.3850 Qtrly Mcaid CMI w RUG Wght Options: 1.4069			1.5126	1.5192	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,532,336	\$2,882,460	\$0	\$610,219	\$548,443	\$0	\$1,037,383		\$453,831	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$459,765)	(\$52,667)	\$0	\$0	(\$746)	(\$587)	(\$314,536)		(\$91,229)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$312,763			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$91,006	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,476,340	\$2,829,793	\$0	\$610,219	\$547,697	(\$587)	\$722,847	\$312,763	\$362,602	\$91,006	
8	Total Nursing Facility Days	As Filed Days = 29,278 FY20 Audited C/R Days	29,278										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,278 FY20 GL-PL Ins Rpt Days								29,278			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$187.04	\$96.65	\$0.00	\$20.84	\$18.69	(with L&H)	\$24.69	\$10.68	\$12.38	\$3.11	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3564</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.25									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.25	\$0.00	\$20.84	\$18.69		\$24.69	\$10.68	\$12.38	\$3.11	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.44	\$71.25	\$0.00	\$20.84	\$18.69		\$24.69	\$10.68	11.18 (FRV)	\$3.11	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.44	\$71.25	\$0.00	\$20.84	\$18.69	\$0.00	\$24.69	\$10.68	\$11.18	\$3.11	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4069</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.24									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.43	\$100.24	\$0.00	\$20.84	\$18.69	\$0.00	\$24.69	\$10.68	\$11.18	\$3.11	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.01	\$3.01									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.64	\$3.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$211.07</b>	<b>\$103.78</b>	<b>\$0.00</b>	<b>\$21.06</b>	<b>\$19.10</b>	<b>\$0.00</b>	<b>\$42.16</b>	<b>\$10.68</b>	<b>\$11.18</b>	<b>\$3.11</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$145.48</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PLEASANT VIEW NURSING CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00142546A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.3127			1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive: 2.47		Qtrly BIMS score: 25.00%		25.00%	1.0%	Quarterly Medicaid CMI: 1.4447			1.5192	
								Qtrly Mcaid CMI w RUG Wght Options: 1.4713			1.5459	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,485,891	\$2,777,025	\$0	\$495,067	\$592,024	\$0	\$1,080,921		\$540,854	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$114,172)	\$0	\$0	\$0	\$0	\$0	(\$87,149)		(\$27,023)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$64,227		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$27,023
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,462,969	\$2,777,025	\$0	\$495,067	\$592,024	\$0	\$993,772	\$64,227	\$513,831	\$27,023
8	Total Nursing Facility Days	As Filed Days = 40,923 FY20 Audited C/R Days	40,923									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,923 FY20 GL-PL Ins Rpt Days								40,923		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$133.50	\$67.86	\$0.00	\$12.10	\$14.47	(with L&H)	\$24.28	\$1.57	\$12.56	\$0.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3127</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$51.69	\$0.00	\$12.10	\$14.47		\$24.28	\$1.57	\$12.56	\$0.66
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$113.80	\$51.69	\$0.00	\$12.10	\$14.47		\$24.28	\$1.57	9.03 (FRV)	\$0.66
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$113.80	\$51.69	\$0.00	\$12.10	\$14.47	\$0.00	\$24.28	\$1.57	\$9.03	\$0.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4713</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$138.16	\$76.05	\$0.00	\$12.10	\$14.47	\$0.00	\$24.28	\$1.57	\$9.03	\$0.66
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.76	\$0.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.76	\$0.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.15	\$2.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$158.31</b>	<b>\$78.10</b>	<b>\$0.00</b>	<b>\$12.32</b>	<b>\$14.88</b>	<b>\$0.00</b>	<b>\$41.75</b>	<b>\$1.57</b>	<b>\$9.03</b>	<b>\$0.66</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$105.91</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>CEDAR VALLEY NSG &amp; REHAB CTR</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00142557A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5787	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	48.00%	5.5%	Quarterly Medicaid CMI:			1.5033	1.5192
							2.61	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5290	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,779,752	\$2,869,454	\$0	\$577,824	\$547,448	\$0	\$1,056,316		\$728,710	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$39,658)	\$0	\$0	\$0	\$0	\$0	(\$9,005)		(\$30,653)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$9,005			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$30,653	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,779,752	\$2,869,454	\$0	\$577,824	\$547,448	\$0	\$1,047,311	\$9,005	\$698,057	\$30,653	
8	Total Nursing Facility Days As Filed Days = 31,707	FY20 Audited C/R Days	31,707										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,707	FY20 GL-PL Ins Rpt Days								31,707			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$182.29	\$90.50	\$0.00	\$18.22	\$17.27	(with L&H)	\$33.03	\$0.28	\$22.02	\$0.97	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5787</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.32									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.32	\$0.00	\$18.22	\$17.27		\$33.03	\$0.28	\$22.02	\$0.97	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.36	\$57.32	\$0.00	\$18.22	\$17.27		\$30.83	\$0.28	9.47 (FRV)	\$0.97	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.36	\$57.32	\$0.00	\$18.22	\$17.27	\$0.00	\$30.83	\$0.28	\$9.47	\$0.97	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5290</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.64									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.68	\$87.64	\$0.00	\$18.22	\$17.27	\$0.00	\$30.83	\$0.28	\$9.47	\$0.97	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.82	\$4.82									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.63	\$2.63									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.71	\$7.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$190.39</b>	<b>\$95.62</b>	<b>\$0.00</b>	<b>\$18.44</b>	<b>\$17.68</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$0.28</b>	<b>\$9.47</b>	<b>\$0.97</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$129.97</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$13,270,569	\$6,994,218	\$0	\$1,701,039	\$1,537,112	\$0	\$2,160,793		\$877,407	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$123,839)	\$0	\$0	\$0	\$0	\$0	(\$11,391)		(\$112,448)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$46,066		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$66,434
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$13,259,230	\$6,994,218	\$0	\$1,701,039	\$1,537,112	\$0	\$2,149,402	\$46,066	\$764,959	\$66,434
8	Total Nursing Facility Days	As Filed Days = 65,887 FY20 Audited C/R Days	65,896									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 65,887 FY20 GL-PL Ins Rpt Days								65,896		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$201.22	\$106.14	\$0.00	\$25.81	\$23.33	(with L&H)	\$32.62	\$0.70	\$11.61	\$1.01
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3823</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.79	\$0.00	\$25.81	\$23.33		\$32.62	\$0.70	\$11.61	\$1.01
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.63	\$76.79	\$0.00	\$24.48	\$23.33		\$30.83	\$0.70	17.49 (FRV)	\$1.01
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.63	\$76.79	\$0.00	\$24.48	\$23.33	\$0.00	\$30.83	\$0.70	\$17.49	\$1.01
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3905</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.62	\$106.78	\$0.00	\$24.48	\$23.33	\$0.00	\$30.83	\$0.70	\$17.49	\$1.01
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.87	\$5.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.20	\$3.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$10.01	\$9.60	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$214.63</b>	<b>\$116.38</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$23.74</b>	<b>\$0.00</b>	<b>\$30.83</b>	<b>\$0.70</b>	<b>\$17.49</b>	<b>\$1.01</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$160.97</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.5162	1.5126	
<b>Provider: BRYANT HEALTH AND REHABILITATION CENTER</b> <b>Prvdr ID: 00142601A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	25.49%	2.57	3.0%	1.5162	1.5584	1.5894	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>														
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
<b>Base Period Per Diem Allowed Amounts</b>																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,969,426	\$1,823,908	\$0	\$360,840	\$415,938	\$0	\$681,479		\$687,261	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$55,421)	\$0	\$0	\$0	\$0	\$0	(\$36,738)		(\$18,683)												
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$23,142													
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$18,683											
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,955,830	\$1,823,908	\$0	\$360,840	\$415,938	\$0	\$644,741	\$23,142	\$668,578	\$18,683											
8	Total Nursing Facility Days	As Filed Days = 24,692 FY20 Audited C/R Days	24,692																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,692 FY20 GL-PL Ins Rpt Days								24,692													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$160.22	\$73.87	\$0.00	\$14.61	\$16.85	<i>(with L&amp;H)</i>	\$26.11	\$0.94	\$27.08	\$0.76											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5162</b>																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.72																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$48.72	\$0.00	\$14.61	\$16.85		\$26.11	\$0.94	\$27.08	\$0.76											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.95	\$48.72	\$0.00	\$14.61	\$16.85		\$26.11	\$0.94	8.96 <i>(FRV)</i>	\$0.76											
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$116.95	\$48.72	\$0.00	\$14.61	\$16.85	\$0.00	\$26.11	\$0.94	\$8.96	\$0.76											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5894</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.44																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.67	\$77.44	\$0.00	\$14.61	\$16.85	\$0.00	\$26.11	\$0.94	\$8.96	\$0.76											
<b>Quarterly Per Diem Add-on Amounts</b>																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00												
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.77	\$0.77																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$21.72	\$3.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00											
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$167.39</b>	<b>\$81.06</b>	<b>\$0.00</b>	<b>\$14.83</b>	<b>\$17.26</b>	<b>\$0.00</b>	<b>\$43.58</b>	<b>\$0.94</b>	<b>\$8.96</b>	<b>\$0.76</b>											
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$112.72</b>																				

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PROVIDENCE HEALTHCARE</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00142612A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5440	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	37.50%	2.5%	Quarterly Medicaid CMI:			1.4912	1.5192
							2.50	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5177	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,799,824	\$2,988,126	\$0	\$476,941	\$537,461	\$0	\$917,251		\$880,045	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$102,787)	\$0	\$0	\$0	(\$1,716)	(\$1,688)	(\$74,053)		(\$25,330)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$30,153			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$25,170	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,752,360	\$2,988,126	\$0	\$476,941	\$535,745	(\$1,688)	\$843,198	\$30,153	\$854,715	\$25,170	
8	Total Nursing Facility Days	As Filed Days = 28,388 FY20 Audited C/R Days	28,388										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,388 FY20 GL-PL Ins Rpt Days								28,388			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$202.63	\$105.26	\$0.00	\$16.80	\$18.81	(with L&H)	\$29.70	\$1.06	\$30.11	\$0.89	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5440</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.17									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.17	\$0.00	\$16.80	\$18.81		\$29.70	\$1.06	\$30.11	\$0.89	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.97	\$68.17	\$0.00	\$16.80	\$18.81		\$29.70	\$1.06	8.54 (FRV)	\$0.89	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.97	\$68.17	\$0.00	\$16.80	\$18.81	\$0.00	\$29.70	\$1.06	\$8.54	\$0.89	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5177</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.46									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.26	\$103.46	\$0.00	\$16.80	\$18.81	\$0.00	\$29.70	\$1.06	\$8.54	\$0.89	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.59	\$2.59									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.10	\$3.10									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.32	\$6.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$203.58</b>	<b>\$109.68</b>	<b>\$0.00</b>	<b>\$17.02</b>	<b>\$19.22</b>	<b>\$0.00</b>	<b>\$47.17</b>	<b>\$1.06</b>	<b>\$8.54</b>	<b>\$0.89</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$139.86</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PROVIDENCE OF SPARTA HEALTH AND REHAB</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00142623A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A	0.00%	Base Period Overall CMI: 1.5151				1.5126	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 8.57%	0.0%	Quarterly Medicaid CMI: 1.2930				1.5192	1.5192	
				3.12	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3139				1.5459	1.5459	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,846,441	\$1,765,964	\$0	\$381,955	\$403,018	\$0	\$763,583		\$531,921	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$87,039)	(\$1,792)	\$0	\$0	\$441	(\$5,910)	(\$50,805)		(\$28,973)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$56,970		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$29,364
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,845,736	\$1,764,172	\$0	\$381,955	\$403,459	(\$5,910)	\$712,778	\$56,970	\$502,948	\$29,364
8	Total Nursing Facility Days	As Filed Days = 19,899 FY20 Audited C/R Days	19,899									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,899 FY20 GL-PL Ins Rpt Days								19,899		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$193.27	\$88.66	\$0.00	\$19.19	\$19.98	(with L&H)	\$35.82	\$2.86	\$25.28	\$1.48
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5151</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.52	\$0.00	\$19.19	\$19.98		\$35.82	\$2.86	\$25.28	\$1.48
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.48	\$58.52	\$0.00	\$19.19	\$19.98		\$30.83	\$2.86	9.62 (FRV)	\$1.48
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.48	\$58.52	\$0.00	\$19.19	\$19.98	\$0.00	\$30.83	\$2.86	\$9.62	\$1.48
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3139</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.85	\$76.89	\$0.00	\$19.19	\$19.98	\$0.00	\$30.83	\$2.86	\$9.62	\$1.48
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.54	\$1.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.80	\$2.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$180.65</b>	<b>\$78.96</b>	<b>\$0.00</b>	<b>\$19.41</b>	<b>\$20.39</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$2.86</b>	<b>\$9.62</b>	<b>\$1.48</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$122.66</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:			
Provider: <b>GREENE POINT HEALTH AND REHABILITATION</b> Prvdr ID: <b>00142634A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	23.68%	3.26	3.0%	1.4451	1.1874	1.2037	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>														
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
<b>Base Period Per Diem Allowed Amounts</b>																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,572,915	\$1,851,343	\$0	\$359,332	\$470,911	\$0	\$605,320		\$286,009	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$51,658)	(\$59,416)	\$0	\$0	(\$849)	(\$1,944)	\$27,839		(\$17,288)												
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$26,845													
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$17,217											
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,565,319	\$1,791,927	\$0	\$359,332	\$470,062	(\$1,944)	\$633,159	\$26,845	\$268,721	\$17,217											
8	Total Nursing Facility Days	As Filed Days = 16,807 FY20 Audited C/R Days	16,817																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,807 FY20 GL-PL Ins Rpt Days								16,817													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$212.01	\$106.55	\$0.00	\$21.37	\$27.84	(with L&H)	\$37.65	\$1.60	\$15.98	\$1.02											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4451</b>																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.73																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.73	\$0.00	\$21.37	\$27.84		\$37.65	\$1.60	\$15.98	\$1.02											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.20	\$73.73	\$0.00	\$21.37	\$27.62		\$30.83	\$1.60	12.03 (FRV)	\$1.02											
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.20	\$73.73	\$0.00	\$21.37	\$27.62	\$0.00	\$30.83	\$1.60	\$12.03	\$1.02											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2037</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.75																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.22	\$88.75	\$0.00	\$21.37	\$27.62	\$0.00	\$30.83	\$1.60	\$12.03	\$1.02											
<b>Quarterly Per Diem Add-on Amounts</b>																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00												
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.89	\$0.89																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.66	\$2.66																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10														
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.40	\$4.08	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00											
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$204.62</b>	<b>\$92.83</b>	<b>\$0.00</b>	<b>\$21.59</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.60</b>	<b>\$12.03</b>	<b>\$1.02</b>											
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$140.64</b>																				



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: <b>WARRENTON HEALTH AND REHAB</b>														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.5611	1.5126	
Prvdr ID: <b>00142645A</b>														Qtrly BIMS score	30.00%	2.5%	Quarterly Medicaid CMI:	1.4712	1.5192	
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>														Nurse Hours per On-Site Day/Quality Incentive:	4.07	2.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.4954	1.5459	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>																				
			a	b	c	d	e	f	g	g	h	i								
<b>CASE MIX BASED RATE CALCULATIONS</b>																				
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>											
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
<b>Base Period Per Diem Allowed Amounts</b>																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,198,541	\$1,825,003	\$0	\$414,160	\$502,869	\$0	\$755,570		\$700,939	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$132,478)	(\$5,523)	\$0	\$0	\$2,077	\$1,715	(\$86,784)		(\$43,963)									
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$86,784										
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$44,295								
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,197,142	\$1,819,480	\$0	\$414,160	\$504,946	\$1,715	\$668,786	\$86,784	\$656,976	\$44,295								
8	Total Nursing Facility Days As Filed Days = 23,097	FY20 Audited C/R Days	23,097																	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,097	FY20 GL-PL Ins Rpt Days								23,097										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$181.73	\$78.78	\$0.00	\$17.93	\$21.94	(with L&H)	\$28.96	\$3.76	\$28.44	\$1.92								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5611</b>																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.47																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$50.47	\$0.00	\$17.93	\$21.94		\$28.96	\$3.76	\$28.44	\$1.92								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.77	\$50.47	\$0.00	\$17.93	\$21.94		\$28.96	\$3.76	8.79 (FRV)	\$1.92								
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.77	\$50.47	\$0.00	\$17.93	\$21.94	\$0.00	\$28.96	\$3.76	\$8.79	\$1.92								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4954</b>																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.47																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.77	\$75.47	\$0.00	\$17.93	\$21.94	\$0.00	\$28.96	\$3.76	\$8.79	\$1.92								
<b>Quarterly Per Diem Add-on Amounts</b>																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00									
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.89	\$1.89																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.51	\$1.51																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.03	\$3.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00								
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$180.80</b>	<b>\$79.40</b>	<b>\$0.00</b>	<b>\$18.15</b>	<b>\$22.35</b>	<b>\$0.00</b>	<b>\$46.43</b>	<b>\$3.76</b>	<b>\$8.79</b>	<b>\$1.92</b>								
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$122.78</b>																	

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: <b>ORCHARD HEALTH AND REHABILITATION</b> Prvdr ID: <b>00142656A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													Growth Allowance: N/A Qtrly BIMS score: 39.34% Nurse Hours per On-Site Day/Quality Incentive: 3.25			Facility Score: N/A Add-on Percent: 0.00% 2.5% 5.0%			Base Period Overall CMI: 1.3484 Quarterly Medicaid CMI: 1.3478 Qtrly Mcaid CMI w RUG Wght Options: 1.3701			1.3484	1.5126	1.3478	1.5192	1.3701	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																											
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
<b>Base Period Per Diem Allowed Amounts</b>																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,901,777	\$2,891,309	\$0	\$490,849	\$486,149	\$0	\$832,897		\$200,573	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$102,131)	\$0	\$0	\$0	\$0	(\$8,240)	(\$72,389)		(\$21,502)																
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$64,112																	
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$21,502															
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,885,260	\$2,891,309	\$0	\$490,849	\$486,149	(\$8,240)	\$760,508	\$64,112	\$179,071	\$21,502															
8	Total Nursing Facility Days	As Filed Days = 29,852 FY20 Audited C/R Days	29,852																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,852 FY20 GL-PL Ins Rpt Days								29,852																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$163.65	\$96.85	\$0.00	\$16.44	\$16.01	(with L&H)	\$25.48	\$2.15	\$6.00	\$0.72															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3484</b>																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.82																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.82	\$0.00	\$16.44	\$16.01		\$25.48	\$2.15	\$6.00	\$0.72															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.13	\$71.82	\$0.00	\$16.44	\$16.01		\$25.48	\$2.15	8.51 (FRV)	\$0.72															
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.13	\$71.82	\$0.00	\$16.44	\$16.01	\$0.00	\$25.48	\$2.15	\$8.51	\$0.72															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3701</b>																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.40																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.71	\$98.40	\$0.00	\$16.44	\$16.01	\$0.00	\$25.48	\$2.15	\$8.51	\$0.72															
<b>Quarterly Per Diem Add-on Amounts</b>																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00																
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.46	\$2.46																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.92	\$4.92																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.01	\$7.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00															
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$193.72</b>	<b>\$106.31</b>	<b>\$0.00</b>	<b>\$16.66</b>	<b>\$16.42</b>	<b>\$0.00</b>	<b>\$42.95</b>	<b>\$2.15</b>	<b>\$8.51</b>	<b>\$0.72</b>															
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$132.47</b>																								

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>HERITAGE INN OF SANDERSVILLE HEALTH AND REHAB</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00142678A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5644	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	33.96%	2.5%	Quarterly Medicaid CMI:			1.5009	1.5192
							3.22	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5262	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,792,516	\$2,041,453	\$0	\$387,493	\$400,155	\$0	\$596,598		\$366,817	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$71,141)	\$0	\$0	\$0	(\$916)	(\$4,590)	(\$37,632)		(\$28,003)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$31,720			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$27,867	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,780,962	\$2,041,453	\$0	\$387,493	\$399,239	(\$4,590)	\$558,966	\$31,720	\$338,814	\$27,867	
8	Total Nursing Facility Days	As Filed Days = 21,001 FY20 Audited C/R Days	21,001										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,001 FY20 GL-PL Ins Rpt Days								21,001			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$180.04	\$97.21	\$0.00	\$18.45	\$18.79	(with L&H)	\$26.62	\$1.51	\$16.13	\$1.33	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5644</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.14									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.14	\$0.00	\$18.45	\$18.79		\$26.62	\$1.51	\$16.13	\$1.33	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.09	\$62.14	\$0.00	\$18.45	\$18.79		\$26.62	\$1.51	10.25 (FRV)	\$1.33	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.09	\$62.14	\$0.00	\$18.45	\$18.79	\$0.00	\$26.62	\$1.51	\$10.25	\$1.33	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5262</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.84									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.79	\$94.84	\$0.00	\$18.45	\$18.79	\$0.00	\$26.62	\$1.51	\$10.25	\$1.33	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$25.74	\$7.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$197.53</b>	<b>\$102.48</b>	<b>\$0.00</b>	<b>\$18.67</b>	<b>\$19.20</b>	<b>\$0.00</b>	<b>\$44.09</b>	<b>\$1.51</b>	<b>\$10.25</b>	<b>\$1.33</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$135.32</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide											
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.8463	1.5126									
Provider: <b>JESUP HEALTH AND REHAB</b> Prvdr ID: <b>00142689A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>																															
<b>CASE MIX BASED RATE CALCULATIONS</b>																															
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>																						
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																						
<b>Base Period Per Diem Allowed Amounts</b>																															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,822,238	\$1,958,616	\$0	\$368,507	\$419,751	\$0	\$717,402		\$357,962	\$0																			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$5,948	(\$8,108)	\$0	\$0	\$0	\$0	\$26,168		(\$12,112)																				
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$18,688																					
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>											\$12,112																		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,858,986	\$1,950,508	\$0	\$368,507	\$419,751	\$0	\$743,570	\$18,688	\$345,850	\$12,112																			
8	Total Nursing Facility Days	As Filed Days = 21,499																													
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,499																													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$179.50	\$90.73	\$0.00	\$17.14	\$19.52	(with L&H)	\$34.59	\$0.87	\$16.09	\$0.56																			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.8463</b>																											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.14																											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$49.14	\$0.00	\$17.14	\$19.52		\$34.59	\$0.87	\$16.09	\$0.56																			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.02	\$49.14	\$0.00	\$17.14	\$19.52		\$30.83	\$0.87	7.96 (FRV)	\$0.56																			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A																			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.02	\$49.14	\$0.00	\$17.14	\$19.52	\$0.00	\$30.83	\$0.87	\$7.96	\$0.56																			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.9500</b>																											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.82																											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.70	\$95.82	\$0.00	\$17.14	\$19.52	\$0.00	\$30.83	\$0.87	\$7.96	\$0.56																			
<b>Quarterly Per Diem Add-on Amounts</b>																															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00																			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96																											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.83	\$3.83																											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.05	\$5.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00																			
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$195.75</b>	<b>\$101.14</b>	<b>\$0.00</b>	<b>\$17.36</b>	<b>\$19.93</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$0.87</b>	<b>\$7.96</b>	<b>\$0.56</b>																			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$133.99</b>																												



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>COLQUITT REGIONAL SENIOR CARE &amp; REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00142711A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.4746			1.4746	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive: 3.85		Qtrly BIMS score: 12.50%		12.50%	0.0%	Quarterly Medicaid CMI: 1.4675			1.4675	1.5192
				Qtrly Mcaid CMI w RUG Wght Options: 1.4920		3.85	3.0%				1.4920	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,581,116	\$1,555,530	\$0	\$343,630	\$545,429	\$0	\$840,876		\$295,651	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$103,588)	(\$90,362)	\$0	\$0	\$0	(\$196)	\$26,855		(\$39,885)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$10,608		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$39,885
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,528,021	\$1,465,168	\$0	\$343,630	\$545,429	(\$196)	\$867,731	\$10,608	\$255,766	\$39,885
8	Total Nursing Facility Days As Filed Days = 19,443	FY20 Audited C/R Days	19,443									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,443	FY20 GL-PL Ins Rpt Days								19,443		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$181.45	\$75.36	\$0.00	\$17.67	\$28.04	(with L&H)	\$44.63	\$0.55	\$13.15	\$2.05
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4746</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$51.11	\$0.00	\$17.67	\$28.04		\$44.63	\$0.55	\$13.15	\$2.05
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.44	\$51.11	\$0.00	\$17.67	\$27.62		\$30.83	\$0.55	17.61 (FRV)	\$2.05
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.44	\$51.11	\$0.00	\$17.67	\$27.62	\$0.00	\$30.83	\$0.55	\$17.61	\$2.05
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4920</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.59	\$76.26	\$0.00	\$17.67	\$27.62	\$0.00	\$30.83	\$0.55	\$17.61	\$2.05
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.29	\$2.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.14	\$2.82	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$192.73</b>	<b>\$79.08</b>	<b>\$0.00</b>	<b>\$17.89</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$0.55</b>	<b>\$17.61</b>	<b>\$2.05</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$131.72</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>BUCHANAN HEALTHCARE CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00142722A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5656	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	29.27%	1.0%	Quarterly Medicaid CMI:			1.6620	1.5192
							5.78	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6930	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$1,733,604	\$865,069	\$0	\$141,269	\$170,792	\$0	\$411,136		\$145,338	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$74,037)	\$0	\$0	\$0	\$0	\$0	(\$56,881)		(\$17,156)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$55,883			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$17,156	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$1,732,606	\$865,069	\$0	\$141,269	\$170,792	\$0	\$354,255	\$55,883	\$128,182	\$17,156	
8	Total Nursing Facility Days	As Filed Days = 9,859 FY20 Audited C/R Days	9,859										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 9,859 FY20 GL-PL Ins Rpt Days								9,859			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$175.73	\$87.74	\$0.00	\$14.33	\$17.32	(with L&H)	\$35.93	\$5.67	\$13.00	\$1.74	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5656</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.04									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.04	\$0.00	\$14.33	\$17.32		\$35.93	\$5.67	\$13.00	\$1.74	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.40	\$56.04	\$0.00	\$14.33	\$17.32		\$30.83	\$5.67	11.47 (FRV)	\$1.74	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.40	\$56.04	\$0.00	\$14.33	\$17.32	\$0.00	\$30.83	\$5.67	\$11.47	\$1.74	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6930</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.88									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.24	\$94.88	\$0.00	\$14.33	\$17.32	\$0.00	\$30.83	\$5.67	\$11.47	\$1.74	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.90	\$1.90									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.11	\$3.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$197.35</b>	<b>\$98.26</b>	<b>\$0.00</b>	<b>\$14.55</b>	<b>\$17.73</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$5.67</b>	<b>\$11.47</b>	<b>\$1.74</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$135.19</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>Provider: THE RETREAT</b> <b>Prvdr ID: 00142733A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.0805	1.5126
							25.00%	1.0%					1.2733	1.5192
							4.12	3.0%					1.2928	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,783,963	\$2,407,272	\$0	\$793,246	\$224,852	\$314,493	\$886,486		\$157,614	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$21,111)	\$0	\$0	\$0	\$1,055	\$1,475	(\$23,641)		\$0			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$23,641				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$0		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,786,493	\$2,407,272	\$0	\$793,246	\$225,907	\$315,968	\$862,845	\$23,641	\$157,614	\$0		
8	Total Nursing Facility Days	As Filed Days = 19,635 FY20 Audited C/R Days		19,635										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,635 FY20 GL-PL Ins Rpt Days								19,635				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$243.77	\$122.60	\$0.00	\$40.40	\$27.60	(with L&H)	\$43.94	\$1.20	\$8.03	\$0.00		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.0805</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$113.46										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$113.46	\$0.00	\$40.40	\$27.60		\$43.94	\$1.20	\$8.03	\$0.00		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.47	\$88.52	\$0.00	\$32.46	\$27.60		\$30.83	\$1.20	8.86 (FRV)	\$0.00		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.47	\$88.52	\$0.00	\$32.46	\$27.60	\$0.00	\$30.83	\$1.20	\$8.86	\$0.00		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2928</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.44										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.39	\$114.44	\$0.00	\$32.46	\$27.60	\$0.00	\$30.83	\$1.20	\$8.86	\$0.00		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.01	\$0.00	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.43	\$3.43										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.68	\$4.57	\$0.00	\$0.00	\$0.01	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$237.07</b>	<b>\$119.01</b>	<b>\$0.00</b>	<b>\$32.46</b>	<b>\$27.61</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.20</b>	<b>\$8.86</b>	<b>\$0.00</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$164.98</b>											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,080,565	\$4,419,679	\$0	\$677,055	\$898,601	\$0	\$1,819,048		\$266,182	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$792,028)	(\$347,479)	\$0	\$0	(\$97,987)	\$4,392	(\$350,954)		\$0	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$334,948		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$7,475
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,630,960	\$4,072,200	\$0	\$677,055	\$800,614	\$4,392	\$1,468,094	\$334,948	\$266,182	\$7,475
8	Total Nursing Facility Days	As Filed Days = 33,351 FY20 Audited C/R Days	33,351									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,351 FY20 GL-PL Ins Rpt Days								33,351		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$228.80	\$122.10	\$0.00	\$20.30	\$24.14	(with L&H)	\$44.02	\$10.04	\$7.98	\$0.22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3734</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.90								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$88.90	\$0.00	\$20.30	\$24.14		\$44.02	\$10.04	\$7.98	\$0.22
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.42	\$88.52	\$0.00	\$20.30	\$24.14		\$30.83	\$10.04	9.37 (FRV)	\$0.22
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.42	\$88.52	\$0.00	\$20.30	\$24.14	\$0.00	\$30.83	\$10.04	\$9.37	\$0.22
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.1218</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.20	\$99.30	\$0.00	\$20.30	\$24.14	\$0.00	\$30.83	\$10.04	\$9.37	\$0.22
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.46	\$5.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.99	\$1.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.18	\$7.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$219.38</b>	<b>\$106.75</b>	<b>\$0.00</b>	<b>\$20.52</b>	<b>\$24.55</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$10.04</b>	<b>\$9.37</b>	<b>\$0.22</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$151.71</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:		
Provider: <b>HARBORVIEW SATILLA</b> Prvdr ID: <b>00142755A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide
													N/A	0.00%	N/A	14.29%	2.84	3.0%	1.5859	1.5126		
																			1.7433	1.5192		
																			1.7765	1.5459		
<b>CASE MIX BASED RATE CALCULATIONS</b>													a	b	c	d	e	f	g	g	h	i
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>													
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																					
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
	<b>Base Period Per Diem Allowed Amounts</b>																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,153,712	\$3,009,315	\$0	\$534,698	\$705,298	\$0	\$1,030,273		\$874,128	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$155,385)	\$6,908	\$0	(\$2,027)	(\$16,539)	(\$14,112)	(\$62,382)		(\$67,233)											
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$69,488												
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>																		\$64,549		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,132,364	\$3,016,223	\$0	\$532,671	\$688,759	(\$14,112)	\$967,891	\$69,488	\$806,895	\$64,549										
8	Total Nursing Facility Days	As Filed Days = 33,029																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,029																				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$185.66	\$91.32	\$0.00	\$16.13	\$20.43	(with L&H)	\$29.30	\$2.10	\$24.43	\$1.95										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5859</b>																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.58																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.58	\$0.00	\$16.13	\$20.43		\$29.30	\$2.10	\$24.43	\$1.95										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.79	\$57.58	\$0.00	\$16.13	\$20.43		\$29.30	\$2.10	12.30 (FRV)	\$1.95										
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.79	\$57.58	\$0.00	\$16.13	\$20.43	\$0.00	\$29.30	\$2.10	\$12.30	\$1.95										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7765</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.29																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.50	\$102.29	\$0.00	\$16.13	\$20.43	\$0.00	\$29.30	\$2.10	\$12.30	\$1.95										
	<b>Quarterly Per Diem Add-on Amounts</b>																					
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.70	\$3.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$206.20</b>	<b>\$105.89</b>	<b>\$0.00</b>	<b>\$16.35</b>	<b>\$20.84</b>	<b>\$0.00</b>	<b>\$46.77</b>	<b>\$2.10</b>	<b>\$12.30</b>	<b>\$1.95</b>										
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$141.83</b>																			

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide										
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide
Provider: <b>ETOWAH LANDING</b> Prvdr ID: <b>00142766A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.5049	1.5126	Qtrly BIMS score	28.13%	1.0%	Quarterly Medicaid CMI:	1.7571	1.5192	Nurse Hours per On-Site Day/Quality Incentive:	3.40	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.7911	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>																					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																														
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																					
<b>Base Period Per Diem Allowed Amounts</b>																														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,200,529	\$2,697,401	\$0	\$504,326	\$489,945	\$0	\$893,496		\$615,361	\$0																		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$146,659)	\$0	\$0	\$0	(\$4,534)	(\$5,669)	(\$91,692)		(\$44,764)																			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$93,131																				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$43,832																		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,190,833	\$2,697,401	\$0	\$504,326	\$485,411	(\$5,669)	\$801,804	\$93,131	\$570,597	\$43,832																		
8	Total Nursing Facility Days	As Filed Days = 31,164 FY20 Audited C/R Days	31,164																											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,164 FY20 GL-PL Ins Rpt Days								31,164																				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$166.57	\$86.56	\$0.00	\$16.18	\$15.39	(with L&H)	\$25.73	\$2.99	\$18.31	\$1.41																		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5049</b>																										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.52																										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.52	\$0.00	\$16.18	\$15.39		\$25.73	\$2.99	\$18.31	\$1.41																		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.14	\$57.52	\$0.00	\$16.18	\$15.39		\$25.73	\$2.99	8.92 (FRV)	\$1.41																		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A																		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.14	\$57.52	\$0.00	\$16.18	\$15.39	\$0.00	\$25.73	\$2.99	\$8.92	\$1.41																		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7911</b>																										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.02																										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.64	\$103.02	\$0.00	\$16.18	\$15.39	\$0.00	\$25.73	\$2.99	\$8.92	\$1.41																		
<b>Quarterly Per Diem Add-on Amounts</b>																														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00																			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03																										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.09	\$3.09																										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.75	\$4.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00																		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$196.39</b>	<b>\$107.67</b>	<b>\$0.00</b>	<b>\$16.40</b>	<b>\$15.80</b>	<b>\$0.00</b>	<b>\$43.20</b>	<b>\$2.99</b>	<b>\$8.92</b>	<b>\$1.41</b>																		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$134.47</b>																											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide
<b>Provider: ROBERTA HEALTH AND REHAB</b> <b>Prvdr ID: 00142777A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	1.6138	1.5126	30.00%	2.5%	1.7795	1.5192	2.95	3.0%	1.8126	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>															
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
<b>Base Period Per Diem Allowed Amounts</b>																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,758,967	\$2,218,979	\$0	\$413,796	\$392,791	\$0	\$1,013,577		\$719,824	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$69,214)	(\$1,611)	\$0	\$0	(\$1,023)	(\$844)	(\$20,963)		(\$44,773)													
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$20,622														
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$44,560												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,754,935	\$2,217,368	\$0	\$413,796	\$391,768	(\$844)	\$992,614	\$20,622	\$675,051	\$44,560												
8	Total Nursing Facility Days	As Filed Days = 31,259 FY20 Audited C/R Days	31,259																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,259 FY20 GL-PL Ins Rpt Days								31,259														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$152.13	\$70.94	\$0.00	\$13.24	\$12.51	(with L&H)	\$31.75	\$0.66	\$21.60	\$1.43												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6138</b>																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.96																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$43.96	\$0.00	\$13.24	\$12.51		\$31.75	\$0.66	\$21.60	\$1.43												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.43	\$43.96	\$0.00	\$13.24	\$12.51		\$30.83	\$0.66	7.80 <i>(FRV)</i>	\$1.43												
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$110.43	\$43.96	\$0.00	\$13.24	\$12.51	\$0.00	\$30.83	\$0.66	\$7.80	\$1.43												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.8126</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.68																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.15	\$79.68	\$0.00	\$13.24	\$12.51	\$0.00	\$30.83	\$0.66	\$7.80	\$1.43												
<b>Quarterly Per Diem Add-on Amounts</b>																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00													
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.99	\$1.99																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.39	\$2.39																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.64	\$4.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00												
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$168.79</b>	<b>\$84.59</b>	<b>\$0.00</b>	<b>\$13.46</b>	<b>\$12.92</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$0.66</b>	<b>\$7.80</b>	<b>\$1.43</b>												
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$113.77</b>																					

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>TWIN FOUNTAINS HOME</b> Prvdr ID: <b>00142843A</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Growth Allowance: N/A		Qtrly BIMS score: 36.23%	3.49	0.00%	2.5%	3.0%	Base Period Overall CMI: 1.0400				1.0400	1.5126
		Nurse Hours per On-Site Day/Quality Incentive:		3.49					Quarterly Medicaid CMI: 1.0879				1.0879	1.5192
									Qtrly Mcaid CMI w RUG Wght Options: 1.1004				1.1004	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$11,553,696	\$3,521,256	\$0	\$890,896	\$810,305	\$621,025	\$4,673,755		\$1,036,459	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$81,917)	\$1,094,058	\$0	\$0	\$0	\$0	(\$1,175,975)		\$0			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$81,917				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$0		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$11,553,696	\$4,615,314	\$0	\$890,896	\$810,305	\$621,025	\$3,497,780	\$81,917	\$1,036,459	\$0		
8	Total Nursing Facility Days	As Filed Days = 34,739 FY20 Audited C/R Days	34,739											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,739 FY20 GL-PL Ins Rpt Days								34,739				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$332.60	\$132.86	\$0.00	\$25.65	\$41.20	(with L&H)	\$100.69	\$2.36	\$29.84	\$0.00		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.0400</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$127.75										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$127.75	\$0.00	\$25.65	\$41.20		\$100.69	\$2.36	\$29.84	\$0.00		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.53	\$88.52	\$0.00	\$25.65	\$27.62		\$30.83	\$2.36	11.55 (FRV)	\$0.00		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.53	\$88.52	\$0.00	\$25.65	\$27.62	\$0.00	\$30.83	\$2.36	\$11.55	\$0.00		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.1004</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.41										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.42	\$97.41	\$0.00	\$25.65	\$27.62	\$0.00	\$30.83	\$2.36	\$11.55	\$0.00		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.44	\$2.44										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.92	\$2.92										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.68	\$5.36	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$218.10</b>	<b>\$102.77</b>	<b>\$0.00</b>	<b>\$25.87</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$2.36</b>	<b>\$11.55</b>	<b>\$0.00</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$150.75</b>											



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>WINDER HEALTH CARE &amp; REHAB CTR</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00142854A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5330	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	25.97%	1.0%	Quarterly Medicaid CMI:			1.3778	1.5192
							3.33	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4022	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,307,885	\$3,838,453	\$0	\$1,198,774	\$738,042	\$0	\$1,127,335		\$405,281	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$209,017)	\$29,239	\$0	(\$18,208)	\$18,208	\$0	(\$184,609)		(\$53,647)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$153,742			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$53,647	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,306,257	\$3,867,692	\$0	\$1,180,566	\$756,250	\$0	\$942,726	\$153,742	\$351,634	\$53,647	
8	Total Nursing Facility Days	As Filed Days = 45,025 FY20 Audited C/R Days	45,025										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 45,025 FY20 GL-PL Ins Rpt Days								45,025			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$162.27	\$85.90	\$0.00	\$26.22	\$16.80	(with L&H)	\$20.94	\$3.41	\$7.81	\$1.19	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5330</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.03									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.03	\$0.00	\$26.22	\$16.80		\$20.94	\$3.41	\$7.81	\$1.19	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.69	\$56.03	\$0.00	\$24.48	\$16.80		\$20.94	\$3.41	12.84 (FRV)	\$1.19	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.69	\$56.03	\$0.00	\$24.48	\$16.80	\$0.00	\$20.94	\$3.41	\$12.84	\$1.19	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4022</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.57									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.23	\$78.57	\$0.00	\$24.48	\$16.80	\$0.00	\$20.94	\$3.41	\$12.84	\$1.19	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.79	\$0.79									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.36	\$2.36									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.56	\$3.68	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$179.79</b>	<b>\$82.25</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$17.21</b>	<b>\$0.00</b>	<b>\$38.41</b>	<b>\$3.41</b>	<b>\$12.84</b>	<b>\$1.19</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$122.02</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent
													Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
Provider: <b>DADE HEALTH AND REHAB</b>													N/A	0.00%	Base Period Overall CMI:			1.6277	1.5126		
Prvdr ID: <b>00142865A</b>													39.39%	2.5%	Quarterly Medicaid CMI:			1.7446	1.5192		
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>													3.60	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7789	1.5459		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>																					
			a	b	c	d	e	f	g	g	h	i									
<b>CASE MIX BASED RATE CALCULATIONS</b>																					
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes												
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																					
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%												
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%												
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37												
<b>Base Period Per Diem Allowed Amounts</b>																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,532,907	\$1,960,486	\$0	\$358,195	\$373,497	\$0	\$527,159		\$313,570	\$0									
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$91,262)	\$0	\$0	\$0	\$0	\$0	(\$79,573)		(\$11,689)										
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$102,570											
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>																	\$11,689		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,555,904	\$1,960,486	\$0	\$358,195	\$373,497	\$0	\$447,586	\$102,570	\$301,881	\$11,689									
8	Total Nursing Facility Days	As Filed Days = 19,652 FY20 Audited C/R Days	19,652																		
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,652 FY20 GL-PL Ins Rpt Days								19,652											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$180.95	\$99.76	\$0.00	\$18.23	\$19.01	(with L&H)	\$22.78	\$5.22	\$15.36	\$0.59									
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6277</b>																	
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.29																	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.29	\$0.00	\$18.23	\$19.01		\$22.78	\$5.22	\$15.36	\$0.59									
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A										
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.04	\$61.29	\$0.00	\$18.23	\$19.01		\$22.78	\$5.22	9.92 (FRV)	\$0.59									
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A									
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.04	\$61.29	\$0.00	\$18.23	\$19.01	\$0.00	\$22.78	\$5.22	\$9.92	\$0.59									
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7789</b>																	
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.03																	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.78	\$109.03	\$0.00	\$18.23	\$19.01	\$0.00	\$22.78	\$5.22	\$9.92	\$0.59									
<b>Quarterly Per Diem Add-on Amounts</b>																					
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00										
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.73	\$2.73																	
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.27	\$3.27																	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10												
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.63	\$6.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00									
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$209.41</b>	<b>\$115.56</b>	<b>\$0.00</b>	<b>\$18.45</b>	<b>\$19.42</b>	<b>\$0.00</b>	<b>\$40.25</b>	<b>\$5.22</b>	<b>\$9.92</b>	<b>\$0.59</b>									
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$144.23</b>																		

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>SAVANNAH BEACH HEALTH AND REHAB</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00142876A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3444	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	45.71%	5.5%	Quarterly Medicaid CMI:			1.5994	1.5192
							3.14	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6305	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$2,884,621	\$1,559,327	\$0	\$252,291	\$268,574	\$0	\$471,602		\$332,827	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$80,499)	\$0	\$0	\$0	\$0	\$0	(\$26,808)		(\$53,691)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$26,808			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$53,691	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$2,884,621	\$1,559,327	\$0	\$252,291	\$268,574	\$0	\$444,794	\$26,808	\$279,136	\$53,691	
8	Total Nursing Facility Days	As Filed Days = 15,668 FY20 Audited C/R Days		15,668									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,668 FY20 GL-PL Ins Rpt Days								15,668			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.11	\$99.52	\$0.00	\$16.10	\$17.14	(with L&H)	\$28.39	\$1.71	\$17.82	\$3.43	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3444</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.02									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.02	\$0.00	\$16.10	\$17.14		\$28.39	\$1.71	\$17.82	\$3.43	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.23	\$74.02	\$0.00	\$16.10	\$17.14		\$28.39	\$1.71	11.44 (FRV)	\$3.43	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.23	\$74.02	\$0.00	\$16.10	\$17.14	\$0.00	\$28.39	\$1.71	\$11.44	\$3.43	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6305</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.69									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.90	\$120.69	\$0.00	\$16.10	\$17.14	\$0.00	\$28.39	\$1.71	\$11.44	\$3.43	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.64	\$6.64									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.62	\$3.62									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.89	\$10.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$227.79</b>	<b>\$131.48</b>	<b>\$0.00</b>	<b>\$16.32</b>	<b>\$17.55</b>	<b>\$0.00</b>	<b>\$45.86</b>	<b>\$1.71</b>	<b>\$11.44</b>	<b>\$3.43</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$158.02</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<b>Provider: SEARS MANOR NURSING HOME</b> <b>Prvdr ID: 00142898A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>															
			Growth Allowance: N/A Qtrly BIMS score: 30.43% Nurse Hours per On-Site Day/Quality Incentive: 4.23				Add-on Percent: 0.00% 2.5% 3.0%				Base Period Overall CMI: 1.5115 Quarterly Medicaid CMI: 1.5749 Qtrly Mcaid CMI w RUG Wght Options: 1.6035		1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>															
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>						
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,924,194	\$3,383,943	\$0	\$621,447	\$793,892	\$0	\$775,963		\$348,949	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$145,365)	(\$3,439)	\$0	\$0	\$1,253	\$1,858	(\$95,366)		(\$49,671)				
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$91,370					
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$49,865			
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,920,064	\$3,380,504	\$0	\$621,447	\$795,145	\$1,858	\$680,597	\$91,370	\$299,278	\$49,865			
8	Total Nursing Facility Days	As Filed Days = 25,447 FY20 Audited C/R Days	25,447												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,447 FY20 GL-PL Ins Rpt Days								25,447					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$232.64	\$132.84	\$0.00	\$24.42	\$31.32	(with L&H)	\$26.75	\$3.59	\$11.76	\$1.96			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5115</b>											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.89											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.89	\$0.00	\$24.42	\$31.32		\$26.75	\$3.59	\$11.76	\$1.96			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.15	\$87.89	\$0.00	\$24.42	\$27.62		\$26.75	\$3.59	10.92 (FRV)	\$1.96			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.15	\$87.89	\$0.00	\$24.42	\$27.62	\$0.00	\$26.75	\$3.59	\$10.92	\$1.96			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6035</b>											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.93											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.19	\$140.93	\$0.00	\$24.42	\$27.62	\$0.00	\$26.75	\$3.59	\$10.92	\$1.96			
<b>Quarterly Per Diem Add-on Amounts</b>															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.88	\$0.47	\$0.00	\$0.04	\$0.00	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.52	\$3.52											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.23	\$4.23											
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	\$25.73	\$8.22	\$0.00	\$0.04	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$261.92</b>	<b>\$149.15</b>	<b>\$0.00</b>	<b>\$24.46</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$44.22</b>	<b>\$3.59</b>	<b>\$10.92</b>	<b>\$1.96</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$183.62</b>												



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>SEMINOLE MANOR NURSING HOME</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00142909A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.1469	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	15.79%	0.0%	Quarterly Medicaid CMI:			1.0510	1.5192
							4.05	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.0651	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,260,724	\$2,495,427	\$0	\$778,821	\$552,625	\$433,104	\$609,403		\$391,344	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$36,665)	(\$121,994)	\$0	\$0	(\$10,190)	(\$7,987)	\$112,722		(\$9,216)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$9,272			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$9,046	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,242,377	\$2,373,433	\$0	\$778,821	\$542,435	\$425,117	\$722,125	\$9,272	\$382,128	\$9,046	
8	Total Nursing Facility Days As Filed Days = 22,859	FY20 Audited C/R Days	22,859										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,859	FY20 GL-PL Ins Rpt Days								22,859			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$229.35	\$103.83	\$0.00	\$34.07	\$42.33	(with L&H)	\$31.59	\$0.41	\$16.72	\$0.40	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.1469</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.53									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$90.53	\$0.00	\$34.07	\$42.33		\$31.59	\$0.41	\$16.72	\$0.40	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.28	\$88.52	\$0.00	\$32.46	\$27.62		\$30.83	\$0.41	10.04 (FRV)	\$0.40	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.28	\$88.52	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$0.41	\$10.04	\$0.40	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.0651</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.28									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.04	\$94.28	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$0.41	\$10.04	\$0.40	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$19.93	\$2.83	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$215.97</b>	<b>\$97.11</b>	<b>\$0.00</b>	<b>\$32.46</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$0.41</b>	<b>\$10.04</b>	<b>\$0.40</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$149.15</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide
Provider: <b>VISTA PARK HEALTH AND REHABILITATION</b> Prvdr ID: <b>00142931A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	1.6276	1.5126	43.75%	2.5%	1.4429	1.5192	3.31	5.0%	1.4684	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>															
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
<b>Base Period Per Diem Allowed Amounts</b>																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,099,985	\$4,679,740	\$0	\$980,185	\$923,153	\$0	\$1,374,657		\$1,142,250	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$144,693)	(\$4,168)	\$0	\$0	\$0	\$5,124	(\$85,238)		(\$60,411)													
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$88,790														
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$60,411												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,104,493	\$4,675,572	\$0	\$980,185	\$923,153	\$5,124	\$1,289,419	\$88,790	\$1,081,839	\$60,411												
8	Total Nursing Facility Days	As Filed Days = 45,888 FY20 Audited C/R Days	45,888																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 45,888 FY20 GL-PL Ins Rpt Days								45,686														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$199.27	\$102.34	\$0.00	\$21.45	\$20.32	(with L&H)	\$28.22	\$1.94	\$23.68	\$1.32												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6276</b>																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.88																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.88	\$0.00	\$21.45	\$20.32		\$28.22	\$1.94	\$23.68	\$1.32												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.11	\$62.88	\$0.00	\$21.45	\$20.32		\$28.22	\$1.94	21.98 <i>(FRV)</i>	\$1.32												
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.11	\$62.88	\$0.00	\$21.45	\$20.32	\$0.00	\$28.22	\$1.94	\$21.98	\$1.32												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4684</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.33																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.56	\$92.33	\$0.00	\$21.45	\$20.32	\$0.00	\$28.22	\$1.94	\$21.98	\$1.32												
<b>Quarterly Per Diem Add-on Amounts</b>																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00													
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.62	\$4.62																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.56	\$7.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00												
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$213.12</b>	<b>\$99.79</b>	<b>\$0.00</b>	<b>\$21.67</b>	<b>\$20.73</b>	<b>\$0.00</b>	<b>\$45.69</b>	<b>\$1.94</b>	<b>\$21.98</b>	<b>\$1.32</b>												
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$147.02</b>																					

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>ROSS MEMORIAL HEALTH CARE CTR</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00142942A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.4429		1.4429	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 39.22%		Nurse Hours per On-Site Day/Quality Incentive: 4.01		39.22%	2.5%	Quarterly Medicaid CMI: 1.3815		1.3815	1.5192		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4033		1.4033	1.5459		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,305,613	\$3,728,590	\$0	\$689,283	\$825,355	\$0	\$756,659		\$305,726	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$196,061)	\$648	\$0	\$0	(\$9,210)	(\$7,020)	(\$96,272)		(\$84,207)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$72,048			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$80,915	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,262,515	\$3,729,238	\$0	\$689,283	\$816,145	(\$7,020)	\$660,387	\$72,048	\$221,519	\$80,915	
8	Total Nursing Facility Days	As Filed Days = 28,773 FY20 Audited C/R Days	28,773										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,773 FY20 GL-PL Ins Rpt Days								28,773			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$217.65	\$129.61	\$0.00	\$23.96	\$28.12	(with L&H)	\$22.95	\$2.50	\$7.70	\$2.81	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4429</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.83									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$89.83	\$0.00	\$23.96	\$28.12		\$22.95	\$2.50	\$7.70	\$2.81	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.72	\$88.52	\$0.00	\$23.96	\$27.62		\$22.95	\$2.50	13.36 (FRV)	\$2.81	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.72	\$88.52	\$0.00	\$23.96	\$27.62	\$0.00	\$22.95	\$2.50	\$13.36	\$2.81	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4033</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.22									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.42	\$124.22	\$0.00	\$23.96	\$27.62	\$0.00	\$22.95	\$2.50	\$13.36	\$2.81	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.11	\$3.11									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.73	\$3.73									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.53	\$6.84	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$241.95</b>	<b>\$131.06</b>	<b>\$0.00</b>	<b>\$24.18</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$40.42</b>	<b>\$2.50</b>	<b>\$13.36</b>	<b>\$2.81</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$168.64</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - SHEPHERD HILLS</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00142964A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3692	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	21.65%	1.0%	Quarterly Medicaid CMI:			1.5126	1.5192
							2.94	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5400	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,329,537	\$3,789,120	\$0	\$515,344	\$735,658	\$0	\$1,020,195		\$269,220	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$303,242)	(\$69,629)	\$0	\$0	\$0	\$0	(\$179,252)		(\$54,361)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$228,056			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$57,313	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,311,664	\$3,719,491	\$0	\$515,344	\$735,658	\$0	\$840,943	\$228,056	\$214,859	\$57,313	
8	Total Nursing Facility Days	As Filed Days = 38,406 FY20 Audited C/R Days	38,406										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,406 FY20 GL-PL Ins Rpt Days								38,406			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$164.34	\$96.85	\$0.00	\$13.42	\$19.15	(with L&H)	\$21.90	\$5.94	\$5.59	\$1.49	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3692</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.73									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.73	\$0.00	\$13.42	\$19.15		\$21.90	\$5.94	\$5.59	\$1.49	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.36	\$70.73	\$0.00	\$13.42	\$19.15		\$21.90	\$5.94	7.73 (FRV)	\$1.49	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.36	\$70.73	\$0.00	\$13.42	\$19.15	\$0.00	\$21.90	\$5.94	\$7.73	\$1.49	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5400</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.92									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.55	\$108.92	\$0.00	\$13.42	\$19.15	\$0.00	\$21.90	\$5.94	\$7.73	\$1.49	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.45	\$5.45									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.17	\$7.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$203.72</b>	<b>\$115.99</b>	<b>\$0.00</b>	<b>\$13.64</b>	<b>\$19.56</b>	<b>\$0.00</b>	<b>\$39.37</b>	<b>\$5.94</b>	<b>\$7.73</b>	<b>\$1.49</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$139.97</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
				a	b	c	d	e	f	g	g	h	i	
<b>Provider: GOLD CITY HEALTH AND REHAB</b> <b>Prvdr ID: 00142975A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>														
				<b>Add-on Data and Percentages</b> Growth Allowance: N/A Qtrly BIMS score: 29.82% Nurse Hours per On-Site Day/Quality Incentive: 2.92			<b>Facility Score</b> Add-on Percent: 0.00% 1.0% 3.0%			<b>Case Mix Index (CMI) Data</b> Base Period Overall CMI: 1.6453 Quarterly Medicaid CMI: 1.4378 Qtrly Mcaid CMI w RUG Wght Options: 1.4596			<b>Facility Specific</b> 1.6453 1.4378 1.4596	<b>State-wide</b> 1.5126 1.5192 1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,493,685	\$2,655,563	\$0	\$397,703	\$420,266	\$0	\$804,063		\$216,090	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$87,498)	(\$3,931)	\$0	\$0	\$0	\$0	(\$56,062)		(\$27,505)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$56,062				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$27,505		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,489,754	\$2,651,632	\$0	\$397,703	\$420,266	\$0	\$748,001	\$56,062	\$188,585	\$27,505		
8	Total Nursing Facility Days	As Filed Days = 34,076 FY20 Audited C/R Days	34,076											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,076 FY20 GL-PL Ins Rpt Days								34,076				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$131.76	\$77.82	\$0.00	\$11.67	\$12.33	(with L&H)	\$21.95	\$1.65	\$5.53	\$0.81		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6453</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.30										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$47.30	\$0.00	\$11.67	\$12.33		\$21.95	\$1.65	\$5.53	\$0.81		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$104.41	\$47.30	\$0.00	\$11.67	\$12.33		\$21.95	\$1.65	8.70 (FRV)	\$0.81		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$104.41	\$47.30	\$0.00	\$11.67	\$12.33	\$0.00	\$21.95	\$1.65	\$8.70	\$0.81		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4596</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$69.04										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$126.15	\$69.04	\$0.00	\$11.67	\$12.33	\$0.00	\$21.95	\$1.65	\$8.70	\$0.81		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.69	\$0.69										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.07	\$2.07										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.39	\$3.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$147.54</b>	<b>\$72.33</b>	<b>\$0.00</b>	<b>\$11.89</b>	<b>\$12.74</b>	<b>\$0.00</b>	<b>\$39.42</b>	<b>\$1.65</b>	<b>\$8.70</b>	<b>\$0.81</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$97.83</b>											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>Provider: SIGNATURE HEALTHCARE OF MARIETTA</b> <b>Prvdr ID: 00142986A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.8200	1.5126
							24.69%	1.0%					1.7296	1.5192
							4.16	2.0%					1.7619	1.5459
<b>BASE PERIOD PER DIEM ALLOWED AMOUNTS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$12,198,848	\$5,657,230	\$0	\$855,071	\$820,102	\$0	\$2,557,376		\$2,309,069	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$427,452)	\$0	\$0	\$0	(\$1,985)	(\$2,185)	(\$307,921)		(\$115,361)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$301,919				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$114,775		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$12,188,090	\$5,657,230	\$0	\$855,071	\$818,117	(\$2,185)	\$2,249,455	\$301,919	\$2,193,708	\$114,775		
8	Total Nursing Facility Days As Filed Days = 45,479	FY20 Audited C/R Days	45,479											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,479	FY20 GL-PL Ins Rpt Days								45,479				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$267.99	\$124.39	\$0.00	\$18.80	\$17.94	(with L&H)	\$49.46	\$6.64	\$48.24	\$2.52		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.8200</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.34										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.34	\$0.00	\$18.80	\$17.94		\$49.46	\$6.64	\$48.24	\$2.52		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.66	\$68.34	\$0.00	\$18.80	\$17.94		\$30.83	\$6.64	14.59 (FRV)	\$2.52		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.66	\$68.34	\$0.00	\$18.80	\$17.94	\$0.00	\$30.83	\$6.64	\$14.59	\$2.52		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7619</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.41										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.73	\$120.41	\$0.00	\$18.80	\$17.94	\$0.00	\$30.83	\$6.64	\$14.59	\$2.52		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.41	\$2.41										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.87	\$4.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$233.60</b>	<b>\$124.55</b>	<b>\$0.00</b>	<b>\$19.02</b>	<b>\$18.35</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$6.64</b>	<b>\$14.59</b>	<b>\$2.52</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$162.38</b>											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance			
			a	b	c	d	e	f	g	g	h	i	
<b>Provider: PRUITTHEALTH - FAIRBURN</b> <b>Prvdr ID: 00142997A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													
			Growth Allowance: N/A Qtrly BIMS score: 17.02% Nurse Hours per On-Site Day/Quality Incentive: 3.48				Add-on Percent: 0.00% 0.0% 5.0%				Facility Specific: 1.5591 1.4884 1.5157		State-wide: 1.5126 1.5192 1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,695,299	\$3,248,292	\$0	\$465,086	\$596,859	\$0	\$931,422		\$453,640	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$238,814)	(\$48,745)	\$0	\$0	\$0	\$0	(\$132,473)		(\$57,596)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$167,209			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$59,270	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,682,964	\$3,199,547	\$0	\$465,086	\$596,859	\$0	\$798,949	\$167,209	\$396,044	\$59,270	
8	Total Nursing Facility Days	As Filed Days = 26,980 FY20 Audited C/R Days	26,980										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,980 FY20 GL-PL Ins Rpt Days								26,980			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.64	\$118.59	\$0.00	\$17.24	\$22.12	(with L&H)	\$29.61	\$6.20	\$14.68	\$2.20	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5591</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.06									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.06	\$0.00	\$17.24	\$22.12		\$29.61	\$6.20	\$14.68	\$2.20	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.76	\$76.06	\$0.00	\$17.24	\$22.12		\$29.61	\$6.20	13.33 (FRV)	\$2.20	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.76	\$76.06	\$0.00	\$17.24	\$22.12	\$0.00	\$29.61	\$6.20	\$13.33	\$2.20	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5157</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.28									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.98	\$115.28	\$0.00	\$17.24	\$22.12	\$0.00	\$29.61	\$6.20	\$13.33	\$2.20	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.76	\$5.76									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.39	\$6.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$230.37</b>	<b>\$121.57</b>	<b>\$0.00</b>	<b>\$17.46</b>	<b>\$22.53</b>	<b>\$0.00</b>	<b>\$47.08</b>	<b>\$6.20</b>	<b>\$13.33</b>	<b>\$2.20</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$159.95</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$1,746,486	\$801,896	\$0	\$221,181	\$214,158	\$0	\$485,127		\$24,124	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$94,144)	\$0	\$0	\$0	\$0	\$0	(\$75,586)		(\$18,558)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$55,077		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$18,558
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$1,725,977	\$801,896	\$0	\$221,181	\$214,158	\$0	\$409,541	\$55,077	\$5,566	\$18,558
8	Total Nursing Facility Days	As Filed Days = 18,013 FY20 Audited C/R Days	18,013									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,013 FY20 GL-PL Ins Rpt Days								18,013		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$95.83	\$44.52	\$0.00	\$12.28	\$11.89	(with L&H)	\$22.74	\$3.06	\$0.31	\$1.03
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>0.9803</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$45.42	\$0.00	\$12.28	\$11.89		\$22.74	\$3.06	\$0.31	\$1.03
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.27	\$45.42	\$0.00	\$12.28	\$11.89		\$22.74	\$3.06	10.85 (FRV)	\$1.03
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$107.27	\$45.42	\$0.00	\$12.28	\$11.89	\$0.00	\$22.74	\$3.06	\$10.85	\$1.03
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>0.9360</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$42.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$104.36	\$42.51	\$0.00	\$12.28	\$11.89	\$0.00	\$22.74	\$3.06	\$10.85	\$1.03
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.34	\$2.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.97	\$2.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$125.33</b>	<b>\$45.38</b>	<b>\$0.00</b>	<b>\$12.50</b>	<b>\$12.30</b>	<b>\$0.00</b>	<b>\$40.21</b>	<b>\$3.06</b>	<b>\$10.85</b>	<b>\$1.03</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$81.17</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,424,993	\$2,406,618	\$0	\$386,731	\$461,997	\$0	\$682,634		\$487,013	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$27,927)	\$0	\$0	\$0	\$0	(\$2,574)	(\$5,854)		(\$19,499)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$5,854		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$19,499
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,422,419	\$2,406,618	\$0	\$386,731	\$461,997	(\$2,574)	\$676,780	\$5,854	\$467,514	\$19,499
8	Total Nursing Facility Days	As Filed Days = 20,975 FY20 Audited C/R Days	20,975									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,975 FY20 GL-PL Ins Rpt Days								20,975		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.85	\$114.74	\$0.00	\$18.44	\$21.90	(with L&H)	\$32.27	\$0.28	\$22.29	\$0.93
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6425</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.86	\$0.00	\$18.44	\$21.90		\$32.27	\$0.28	\$22.29	\$0.93
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.30	\$69.86	\$0.00	\$18.44	\$21.90		\$30.83	\$0.28	10.06 (FRV)	\$0.93
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.30	\$69.86	\$0.00	\$18.44	\$21.90	\$0.00	\$30.83	\$0.28	\$10.06	\$0.93
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5372</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.83	\$107.39	\$0.00	\$18.44	\$21.90	\$0.00	\$30.83	\$0.28	\$10.06	\$0.93
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.22	\$3.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.48	\$3.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$211.31</b>	<b>\$111.14</b>	<b>\$0.00</b>	<b>\$18.66</b>	<b>\$22.31</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$0.28</b>	<b>\$10.06</b>	<b>\$0.93</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$145.66</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>Provider: PRUITTHEALTH - GRIFFIN</b> <b>Prvdr ID: 00143052A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.4376	1.5126
							28.26%	1.0%					1.4481	1.5192
							2.80	6.0%					1.4743	1.5459
<b>Case Mix Based Rate Calculations</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,194,612	\$2,271,975	\$0	\$358,540	\$453,162	\$0	\$762,306		\$348,629	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$176,628)	(\$51,445)	\$0	\$0	\$0	\$0	(\$94,243)		(\$30,940)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$140,763				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$32,272		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,191,019	\$2,220,530	\$0	\$358,540	\$453,162	\$0	\$668,063	\$140,763	\$317,689	\$32,272		
8	Total Nursing Facility Days	As Filed Days = 22,145 FY20 Audited C/R Days	22,145											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,145 FY20 GL-PL Ins Rpt Days								22,145				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$189.26	\$100.27	\$0.00	\$16.19	\$20.46	(with L&H)	\$30.17	\$6.36	\$14.35	\$1.46		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4376</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.75										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.75	\$0.00	\$16.19	\$20.46		\$30.17	\$6.36	\$14.35	\$1.46		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.46	\$69.75	\$0.00	\$16.19	\$20.46		\$30.17	\$6.36	9.07 (FRV)	\$1.46		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.46	\$69.75	\$0.00	\$16.19	\$20.46	\$0.00	\$30.17	\$6.36	\$9.07	\$1.46		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4743</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.83										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.54	\$102.83	\$0.00	\$16.19	\$20.46	\$0.00	\$30.17	\$6.36	\$9.07	\$1.46		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.17	\$6.17										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.83	\$7.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$212.37</b>	<b>\$110.56</b>	<b>\$0.00</b>	<b>\$16.41</b>	<b>\$20.87</b>	<b>\$0.00</b>	<b>\$47.64</b>	<b>\$6.36</b>	<b>\$9.07</b>	<b>\$1.46</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$146.45</b>											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>SPARTA HEALTH AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00143063A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.1991	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	27.91%	1.0%	Quarterly Medicaid CMI:			1.1721	1.5192
							3.23	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1878	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,362,182	\$2,196,909	\$0	\$474,305	\$425,128	\$0	\$868,627		\$397,213	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$75,201)	\$0	\$0	\$0	\$0	(\$4,815)	(\$49,873)		(\$20,513)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$43,225			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$20,513	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,350,719	\$2,196,909	\$0	\$474,305	\$425,128	(\$4,815)	\$818,754	\$43,225	\$376,700	\$20,513	
8	Total Nursing Facility Days	As Filed Days = 23,612 FY20 Audited C/R Days	23,612										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,612 FY20 GL-PL Ins Rpt Days								23,612			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.26	\$93.04	\$0.00	\$20.09	\$17.80	(with L&H)	\$34.68	\$1.83	\$15.95	\$0.87	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.1991</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.59									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.59	\$0.00	\$20.09	\$17.80		\$34.68	\$1.83	\$15.95	\$0.87	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.32	\$77.59	\$0.00	\$20.09	\$17.80		\$30.83	\$1.83	9.31 (FRV)	\$0.87	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.32	\$77.59	\$0.00	\$20.09	\$17.80	\$0.00	\$30.83	\$1.83	\$9.31	\$0.87	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.1878</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.16									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.89	\$92.16	\$0.00	\$20.09	\$17.80	\$0.00	\$30.83	\$1.83	\$9.31	\$0.87	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.61	\$4.61									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.79	\$6.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$196.68</b>	<b>\$98.22</b>	<b>\$0.00</b>	<b>\$20.31</b>	<b>\$18.21</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.83</b>	<b>\$9.31</b>	<b>\$0.87</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$134.69</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,447,897	\$2,986,683	\$0	\$570,460	\$708,092	\$0	\$1,283,746		\$898,916	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$305,222)	\$0	\$0	\$0	(\$687)	(\$1,239)	(\$226,447)		(\$76,849)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$197,780		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$76,640
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,417,095	\$2,986,683	\$0	\$570,460	\$707,405	(\$1,239)	\$1,057,299	\$197,780	\$822,067	\$76,640
8	Total Nursing Facility Days	As Filed Days = 36,789 FY20 Audited C/R Days	36,789									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,789 FY20 GL-PL Ins Rpt Days								36,789		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$174.44	\$81.18	\$0.00	\$15.51	\$19.20	(with L&H)	\$28.74	\$5.38	\$22.35	\$2.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6327</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$49.72	\$0.00	\$15.51	\$19.20		\$28.74	\$5.38	\$22.35	\$2.08
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.98	\$49.72	\$0.00	\$15.51	\$19.20		\$28.74	\$5.38	8.35 (FRV)	\$2.08
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.98	\$49.72	\$0.00	\$15.51	\$19.20	\$0.00	\$28.74	\$5.38	\$8.35	\$2.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7978</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.65	\$89.39	\$0.00	\$15.51	\$19.20	\$0.00	\$28.74	\$5.38	\$8.35	\$2.08
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.89	\$0.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.47	\$4.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.99	\$5.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$192.64</b>	<b>\$95.28</b>	<b>\$0.00</b>	<b>\$15.73</b>	<b>\$19.61</b>	<b>\$0.00</b>	<b>\$46.21</b>	<b>\$5.38</b>	<b>\$8.35</b>	<b>\$2.08</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$131.66</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>CARTERSVILLE CENTER FOR NURSING AND HEALING</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00143085A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5460	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	10.59%	0.0%	Quarterly Medicaid CMI:			1.7212	1.5192
							3.88	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7538	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,035,126	\$3,080,968	\$0	\$572,913	\$432,971	\$0	\$1,013,787		\$934,487	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$194,458)	\$0	\$0	\$0	\$0	\$0	(\$144,174)		(\$50,284)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$89,600			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$50,284	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,980,552	\$3,080,968	\$0	\$572,913	\$432,971	\$0	\$869,613	\$89,600	\$884,203	\$50,284	
8	Total Nursing Facility Days As Filed Days = 34,746	FY20 Audited C/R Days	34,746										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,746	FY20 GL-PL Ins Rpt Days								34,746			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$172.13	\$88.67	\$0.00	\$16.49	\$12.46	(with L&H)	\$25.03	\$2.58	\$25.45	\$1.45	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5460</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.35									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.35	\$0.00	\$16.49	\$12.46		\$25.03	\$2.58	\$25.45	\$1.45	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.76	\$57.35	\$0.00	\$16.49	\$12.46		\$25.03	\$2.58	14.40 (FRV)	\$1.45	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.76	\$57.35	\$0.00	\$16.49	\$12.46	\$0.00	\$25.03	\$2.58	\$14.40	\$1.45	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7538</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.58									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.99	\$100.58	\$0.00	\$16.49	\$12.46	\$0.00	\$25.03	\$2.58	\$14.40	\$1.45	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.65	\$3.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$194.64</b>	<b>\$104.13</b>	<b>\$0.00</b>	<b>\$16.71</b>	<b>\$12.87</b>	<b>\$0.00</b>	<b>\$42.50</b>	<b>\$2.58</b>	<b>\$14.40</b>	<b>\$1.45</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$133.16</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - SPRING VALLEY</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00143096A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.4677		1.4677	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 37.14%		Nurse Hours per On-Site Day/Quality Incentive: 3.05		37.14%	2.5%	Quarterly Medicaid CMI: 1.2845		1.2845	1.5192		
							4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3023		1.3023	1.5459		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,324,945	\$1,766,013	\$0	\$316,578	\$416,341	\$0	\$606,127		\$219,886	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$136,555)	\$0	\$0	\$0	(\$3,746)	(\$4,731)	(\$112,673)		(\$15,405)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$121,905			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$16,397	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,326,692	\$1,766,013	\$0	\$316,578	\$412,595	(\$4,731)	\$493,454	\$121,905	\$204,481	\$16,397	
8	Total Nursing Facility Days As Filed Days = 17,844	FY20 Audited C/R Days	17,844										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,844	FY20 GL-PL Ins Rpt Days								17,844			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$186.43	\$98.97	\$0.00	\$17.74	\$22.86	(with L&H)	\$27.65	\$6.83	\$11.46	\$0.92	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4677</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.43									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.43	\$0.00	\$17.74	\$22.86		\$27.65	\$6.83	\$11.46	\$0.92	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.71	\$67.43	\$0.00	\$17.74	\$22.86		\$27.65	\$6.83	10.28 (FRV)	\$0.92	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.71	\$67.43	\$0.00	\$17.74	\$22.86	\$0.00	\$27.65	\$6.83	\$10.28	\$0.92	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3023</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.81									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.09	\$87.81	\$0.00	\$17.74	\$22.86	\$0.00	\$27.65	\$6.83	\$10.28	\$0.92	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.20	\$2.20									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$24.34	\$6.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$198.43</b>	<b>\$94.05</b>	<b>\$0.00</b>	<b>\$17.96</b>	<b>\$23.27</b>	<b>\$0.00</b>	<b>\$45.12</b>	<b>\$6.83</b>	<b>\$10.28</b>	<b>\$0.92</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$136.00</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>WINTHROP HEALTH AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00143118A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4936	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	11.11%	0.0%	Quarterly Medicaid CMI:			1.4081	1.5192
							3.72	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4308	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,684,039	\$3,070,909	\$0	\$601,913	\$693,176	\$0	\$1,167,217		\$150,824	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$112,605)	\$0	\$0	\$0	\$0	(\$4,558)	(\$96,106)		(\$11,941)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$52,650			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$11,941	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,636,025	\$3,070,909	\$0	\$601,913	\$693,176	(\$4,558)	\$1,071,111	\$52,650	\$138,883	\$11,941	
8	Total Nursing Facility Days	As Filed Days = 32,841 FY20 Audited C/R Days	32,841										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,841 FY20 GL-PL Ins Rpt Days								32,841			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$171.62	\$93.51	\$0.00	\$18.33	\$20.97	(with L&H)	\$32.62	\$1.60	\$4.23	\$0.36	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4936</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.61									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.61	\$0.00	\$18.33	\$20.97		\$32.62	\$1.60	\$4.23	\$0.36	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.30	\$62.61	\$0.00	\$18.33	\$20.97		\$30.83	\$1.60	14.60 (FRV)	\$0.36	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.30	\$62.61	\$0.00	\$18.33	\$20.97	\$0.00	\$30.83	\$1.60	\$14.60	\$0.36	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4308</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.58									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.27	\$89.58	\$0.00	\$18.33	\$20.97	\$0.00	\$30.83	\$1.60	\$14.60	\$0.36	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.58	\$3.58									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.84	\$4.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$198.11</b>	<b>\$93.69</b>	<b>\$0.00</b>	<b>\$18.55</b>	<b>\$21.38</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.60</b>	<b>\$14.60</b>	<b>\$0.36</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$135.76</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide
<b>Provider: SENIOR CARE CENTER - ST MARYS</b> <b>Prvdr ID: 00143129A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	1.3055	1.5126	36.59%	2.5%	1.2236	1.5192	3.94	3.0%	1.2380	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>													a	b	c	d	e	f	g	g	h	i		
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>															
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
<b>Base Period Per Diem Allowed Amounts</b>																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,714,352	\$2,633,401	\$0	\$710,679	\$732,785	\$0	\$1,394,147		\$243,340	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$107,177)	(\$25,139)	\$0	\$0	(\$9,653)	(\$5,020)	(\$60,426)		(\$6,939)													
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$57,757														
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$6,800												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,671,732	\$2,608,262	\$0	\$710,679	\$723,132	(\$5,020)	\$1,333,721	\$57,757	\$236,401	\$6,800												
8	Total Nursing Facility Days	FY20 Audited C/R Days	23,384																					
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								23,384														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$242.55	\$111.54	\$0.00	\$30.39	\$30.71	(with L&H)	\$57.04	\$2.47	\$10.11	\$0.29												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3055</b>																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.44																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.44	\$0.00	\$30.39	\$30.71		\$57.04	\$2.47	\$10.11	\$0.29												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.64	\$85.44	\$0.00	\$24.48	\$27.62		\$30.83	\$2.47	11.51 <i>(FRV)</i>	\$0.29												
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.64	\$85.44	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$2.47	\$11.51	\$0.29												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2380</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.77																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.97	\$105.77	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$2.47	\$11.51	\$0.29												
<b>Quarterly Per Diem Add-on Amounts</b>																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00													
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.17	\$3.17																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.44	\$6.34	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00												
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$226.41</b>	<b>\$112.11</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$2.47</b>	<b>\$11.51</b>	<b>\$0.29</b>												
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$156.98</b>																					



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:				
Provider: <b>EAGLE HEALTH &amp; REHABILITATION</b> Prvdr ID: <b>00143151A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	37.14%	2.5%	3.75	5.0%	1.5685	1.2663	1.2843	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>															
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
<b>Base Period Per Diem Allowed Amounts</b>																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,516,192	\$2,433,909	\$0	\$450,343	\$504,016	\$0	\$842,817		\$285,107	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$97,054)	\$0	\$0	\$0	\$0	\$3,824	(\$57,844)		(\$43,034)													
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$51,525														
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$43,034												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,513,697	\$2,433,909	\$0	\$450,343	\$504,016	\$3,824	\$784,973	\$51,525	\$242,073	\$43,034												
8	Total Nursing Facility Days	As Filed Days = 22,788 FY20 Audited C/R Days	22,788																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,788 FY20 GL-PL Ins Rpt Days								22,788														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$198.08	\$106.81	\$0.00	\$19.76	\$22.29	<i>(with L&amp;H)</i>	\$34.45	\$2.26	\$10.62	\$1.89												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5685</b>																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.10																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.10	\$0.00	\$19.76	\$22.29		\$34.45	\$2.26	\$10.62	\$1.89												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.93	\$68.10	\$0.00	\$19.76	\$22.29		\$30.83	\$2.26	10.80 <i>(FRV)</i>	\$1.89												
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.93	\$68.10	\$0.00	\$19.76	\$22.29	\$0.00	\$30.83	\$2.26	\$10.80	\$1.89												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2843</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.46																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.29	\$87.46	\$0.00	\$19.76	\$22.29	\$0.00	\$30.83	\$2.26	\$10.80	\$1.89												
<b>Quarterly Per Diem Add-on Amounts</b>																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00													
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.19	\$2.19																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.37	\$4.37																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.82	\$7.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00												
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$200.11</b>	<b>\$94.55</b>	<b>\$0.00</b>	<b>\$19.98</b>	<b>\$22.70</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$2.26</b>	<b>\$10.80</b>	<b>\$1.89</b>												
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$137.26</b>																					

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: <b>ARROWHEAD HEALTH AND REHAB</b> Prvdr ID: <b>00143162A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.8985	1.5126
							62.69%	5.5%					2.1261	1.5192
							3.29	3.0%					2.1682	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,755,231	\$2,842,739	\$0	\$592,582	\$753,516	\$0	\$1,608,654		\$957,740	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$125,572)	(\$8,667)	\$0	\$0	\$0	\$0	(\$67,340)		(\$49,565)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$68,441				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$49,565		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,747,665	\$2,834,072	\$0	\$592,582	\$753,516	\$0	\$1,541,314	\$68,441	\$908,175	\$49,565		
8	Total Nursing Facility Days As Filed Days = 37,090	FY20 Audited C/R Days	37,090											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,090	FY20 GL-PL Ins Rpt Days								37,090				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$181.95	\$76.41	\$0.00	\$15.98	\$20.32	(with L&H)	\$41.56	\$1.85	\$24.49	\$1.34		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.8985</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.25										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$40.25	\$0.00	\$15.98	\$20.32		\$41.56	\$1.85	\$24.49	\$1.34		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.58	\$40.25	\$0.00	\$15.98	\$20.32		\$30.83	\$1.85	10.01 (FRV)	\$1.34		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.58	\$40.25	\$0.00	\$15.98	\$20.32	\$0.00	\$30.83	\$1.85	\$10.01	\$1.34		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>2.1682</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.27										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.60	\$87.27	\$0.00	\$15.98	\$20.32	\$0.00	\$30.83	\$1.85	\$10.01	\$1.34		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.80	\$4.80										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.62	\$2.62										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.68	\$7.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$193.28</b>	<b>\$95.22</b>	<b>\$0.00</b>	<b>\$16.20</b>	<b>\$20.73</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.85</b>	<b>\$10.01</b>	<b>\$1.34</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$132.14</b>											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - SUNRISE</b> Prvdr ID: <b>00143173A</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Growth Allowance: N/A Qtrly BIMS score: 15.00% Nurse Hours per On-Site Day/Quality Incentive: 3.36				N/A	0.00% 0.0% 5.0%	Base Period Overall CMI: 1.5395 Quarterly Medicaid CMI: 1.7471 Qtrly Mcaid CMI w RUG Wght Options: 1.7806			1.5395 1.7471 1.7806	1.5126 1.5192 1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,556,579	\$2,024,600	\$0	\$317,815	\$420,758	\$0	\$588,533		\$204,873	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$149,702)	(\$3,439)	\$0	\$0	\$0	\$0	(\$122,516)		(\$23,747)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$122,516		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$25,263
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,554,656	\$2,021,161	\$0	\$317,815	\$420,758	\$0	\$466,017	\$122,516	\$181,126	\$25,263
8	Total Nursing Facility Days	As Filed Days = 19,464 FY20 Audited C/R Days		19,464								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,464 FY20 GL-PL Ins Rpt Days								19,464		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$182.63	\$103.84	\$0.00	\$16.33	\$21.62	(with L&H)	\$23.94	\$6.29	\$9.31	\$1.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5395</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.45	\$0.00	\$16.33	\$21.62		\$23.94	\$6.29	\$9.31	\$1.30
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.23	\$67.45	\$0.00	\$16.33	\$21.62		\$23.94	\$6.29	11.30 (FRV)	\$1.30
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.23	\$67.45	\$0.00	\$16.33	\$21.62	\$0.00	\$23.94	\$6.29	\$11.30	\$1.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7806</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.88	\$120.10	\$0.00	\$16.33	\$21.62	\$0.00	\$23.94	\$6.29	\$11.30	\$1.30
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.01	\$6.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.64	\$6.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$225.52</b>	<b>\$126.64</b>	<b>\$0.00</b>	<b>\$16.55</b>	<b>\$22.03</b>	<b>\$0.00</b>	<b>\$41.41</b>	<b>\$6.29</b>	<b>\$11.30</b>	<b>\$1.30</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$156.32</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>MOUNTAIN VIEW HEALTH CARE</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00143184A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3942	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	43.14%	2.5%	Quarterly Medicaid CMI:			1.4769	1.5192
							4.01	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5047	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,150,952	\$2,853,255	\$0	\$521,013	\$664,730	\$0	\$817,623		\$294,331	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$89,206)	(\$5,100)	\$0	\$0	\$0	\$0	(\$56,617)		(\$27,489)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$56,617			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$27,489	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,145,852	\$2,848,155	\$0	\$521,013	\$664,730	\$0	\$761,006	\$56,617	\$266,842	\$27,489	
8	Total Nursing Facility Days	As Filed Days = 34,416 FY20 Audited C/R Days	34,416										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,416 FY20 GL-PL Ins Rpt Days								34,416			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$149.52	\$82.76	\$0.00	\$15.14	\$19.31	(with L&H)	\$22.11	\$1.65	\$7.75	\$0.80	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3942</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.36									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.36	\$0.00	\$15.14	\$19.31		\$22.11	\$1.65	\$7.75	\$0.80	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.42	\$59.36	\$0.00	\$15.14	\$19.31		\$22.11	\$1.65	8.05 (FRV)	\$0.80	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.42	\$59.36	\$0.00	\$15.14	\$19.31	\$0.00	\$22.11	\$1.65	\$8.05	\$0.80	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5047</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.32									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.38	\$89.32	\$0.00	\$15.14	\$19.31	\$0.00	\$22.11	\$1.65	\$8.05	\$0.80	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.68	\$2.68									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.54	\$5.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$179.92</b>	<b>\$94.76</b>	<b>\$0.00</b>	<b>\$15.36</b>	<b>\$19.72</b>	<b>\$0.00</b>	<b>\$39.58</b>	<b>\$1.65</b>	<b>\$8.05</b>	<b>\$0.80</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$122.12</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - SWAINSBORO</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00143195A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5309	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	18.52%	0.0%	Quarterly Medicaid CMI:			1.4987	1.5192
							2.92	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5249	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,055,949	\$2,783,054	\$0	\$494,977	\$601,237	\$0	\$856,847		\$319,834	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$243,620)	(\$25,984)	\$0	\$0	\$1,636	\$1,571	(\$196,091)		(\$24,752)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$209,896			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$25,445	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,047,670	\$2,757,070	\$0	\$494,977	\$602,873	\$1,571	\$660,756	\$209,896	\$295,082	\$25,445	
8	Total Nursing Facility Days As Filed Days = 26,779	FY20 Audited C/R Days	26,779										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,779	FY20 GL-PL Ins Rpt Days								26,779			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$188.49	\$102.96	\$0.00	\$18.48	\$22.57	(with L&H)	\$24.67	\$7.84	\$11.02	\$0.95	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5309</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.26									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.26	\$0.00	\$18.48	\$22.57		\$24.67	\$7.84	\$11.02	\$0.95	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.55	\$67.26	\$0.00	\$18.48	\$22.57		\$24.67	\$7.84	10.78 (FRV)	\$0.95	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.55	\$67.26	\$0.00	\$18.48	\$22.57	\$0.00	\$24.67	\$7.84	\$10.78	\$0.95	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5249</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.56									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.85	\$102.56	\$0.00	\$18.48	\$22.57	\$0.00	\$24.67	\$7.84	\$10.78	\$0.95	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.10	\$4.10									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.73	\$4.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$210.58</b>	<b>\$107.19</b>	<b>\$0.00</b>	<b>\$18.70</b>	<b>\$22.98</b>	<b>\$0.00</b>	<b>\$42.14</b>	<b>\$7.84</b>	<b>\$10.78</b>	<b>\$0.95</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$145.11</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - SYLVESTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00143206A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3726	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	18.52%	0.0%	Quarterly Medicaid CMI:			1.2797	1.5192
							3.30	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2989	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,990,497	\$3,712,689	\$0	\$619,458	\$971,913	\$0	\$1,227,713		\$458,724	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$297,694)	(\$19,922)	\$0	\$0	\$0	\$0	(\$244,546)		(\$33,226)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$240,877			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$35,260	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,968,940	\$3,692,767	\$0	\$619,458	\$971,913	\$0	\$983,167	\$240,877	\$425,498	\$35,260	
8	Total Nursing Facility Days	As Filed Days = 35,802 FY20 Audited C/R Days	35,802										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,802 FY20 GL-PL Ins Rpt Days								35,802			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$194.64	\$103.14	\$0.00	\$17.30	\$27.15	(with L&H)	\$27.46	\$6.73	\$11.88	\$0.98	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3726</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.14									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.14	\$0.00	\$17.30	\$27.15		\$27.46	\$6.73	\$11.88	\$0.98	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.44	\$75.14	\$0.00	\$17.30	\$27.15		\$27.46	\$6.73	10.68 (FRV)	\$0.98	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.44	\$75.14	\$0.00	\$17.30	\$27.15	\$0.00	\$27.46	\$6.73	\$10.68	\$0.98	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2989</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.60									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.90	\$97.60	\$0.00	\$17.30	\$27.15	\$0.00	\$27.46	\$6.73	\$10.68	\$0.98	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.47	\$0.53	\$0.00	\$0.22	\$0.35	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.88	\$4.88									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.45	\$5.41	\$0.00	\$0.22	\$0.35	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$211.35</b>	<b>\$103.01</b>	<b>\$0.00</b>	<b>\$17.52</b>	<b>\$27.50</b>	<b>\$0.00</b>	<b>\$44.93</b>	<b>\$6.73</b>	<b>\$10.68</b>	<b>\$0.98</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$145.69</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.3240	1.5126
Provider: <b>TATTNALL HEALTHCARE CENTER</b> Prvdr ID: <b>00143228A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	26.09%	2.78	3.0%	1.4493	1.4748	1.5192	1.5459	
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>													
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
<b>Base Period Per Diem Allowed Amounts</b>																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,679,712	\$1,934,455	\$0	\$362,379	\$370,173	\$0	\$715,558		\$297,147	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$86,501)	\$0	\$0	\$0	\$0	\$0	(\$65,068)		(\$21,433)											
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$48,558												
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$21,433										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,663,202	\$1,934,455	\$0	\$362,379	\$370,173	\$0	\$650,490	\$48,558	\$275,714	\$21,433										
8	Total Nursing Facility Days	As Filed Days = 29,190 FY20 Audited C/R Days	29,190																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,190 FY20 GL-PL Ins Rpt Days								29,190												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$125.48	\$66.27	\$0.00	\$12.41	\$12.68	<i>(with L&amp;H)</i>	\$22.28	\$1.66	\$9.45	\$0.73										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3240</b>																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.05																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$50.05	\$0.00	\$12.41	\$12.68		\$22.28	\$1.66	\$9.45	\$0.73										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.77	\$50.05	\$0.00	\$12.41	\$12.68		\$22.28	\$1.66	7.96 <i>(FRV)</i>	\$0.73										
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$107.77	\$50.05	\$0.00	\$12.41	\$12.68	\$0.00	\$22.28	\$1.66	\$7.96	\$0.73										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4748</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.81																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$131.53	\$73.81	\$0.00	\$12.41	\$12.68	\$0.00	\$22.28	\$1.66	\$7.96	\$0.73										
<b>Quarterly Per Diem Add-on Amounts</b>																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.74	\$0.74																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.21	\$2.21																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.58	\$3.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$153.11</b>	<b>\$77.29</b>	<b>\$0.00</b>	<b>\$12.63</b>	<b>\$13.09</b>	<b>\$0.00</b>	<b>\$39.75</b>	<b>\$1.66</b>	<b>\$7.96</b>	<b>\$0.73</b>										
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$102.01</b>																			

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.3970	1.5126
Provider: <b>THOMSON HEALTH AND REHABILITATION</b> Prvdr ID: <b>00143261A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	2.5%	2.84	4.0%	1.3970	1.5126	1.5192	1.6252	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>													
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
<b>Base Period Per Diem Allowed Amounts</b>																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,098,041	\$4,102,428	\$0	\$719,267	\$852,696	\$0	\$905,763		\$517,887	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$171,366)	(\$2,447)	\$0	\$0	\$0	\$0	(\$127,537)		(\$41,382)											
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$123,194												
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$41,382										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,091,251	\$4,099,981	\$0	\$719,267	\$852,696	\$0	\$778,226	\$123,194	\$476,505	\$41,382										
8	Total Nursing Facility Days	As Filed Days = 38,952 FY20 Audited C/R Days	38,952																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,952 FY20 GL-PL Ins Rpt Days								38,952												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$182.05	\$105.26	\$0.00	\$18.47	\$21.89	<i>(with L&amp;H)</i>	\$19.98	\$3.16	\$12.23	\$1.06										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3970</b>																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.35																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.35	\$0.00	\$18.47	\$21.89		\$19.98	\$3.16	\$12.23	\$1.06										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.24	\$75.35	\$0.00	\$18.47	\$21.89		\$19.98	\$3.16	9.33 <i>(FRV)</i>	\$1.06										
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.24	\$75.35	\$0.00	\$18.47	\$21.89	\$0.00	\$19.98	\$3.16	\$9.33	\$1.06										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6252</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.46																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.35	\$122.46	\$0.00	\$18.47	\$21.89	\$0.00	\$19.98	\$3.16	\$9.33	\$1.06										
<b>Quarterly Per Diem Add-on Amounts</b>																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.06	\$3.06																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.90	\$4.90																		
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	\$26.59	\$8.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$222.94</b>	<b>\$130.95</b>	<b>\$0.00</b>	<b>\$18.69</b>	<b>\$22.30</b>	<b>\$0.00</b>	<b>\$37.45</b>	<b>\$3.16</b>	<b>\$9.33</b>	<b>\$1.06</b>										
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$154.38</b>																			



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide
<b>Provider: REHABILITATION CENTER OF SOUTH GEORGIA</b> <b>Prvdr ID: 00143283A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	1.5717	1.5126	26.73%	1.0%	1.5419	1.5192	3.38	2.0%	1.5682	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>															
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
<b>Base Period Per Diem Allowed Amounts</b>																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,992,931	\$5,126,506	\$0	\$983,456	\$1,115,405	\$0	\$1,145,265		\$622,299	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$209,970)	\$0	\$0	\$0	(\$10,498)	(\$6,495)	(\$125,169)		(\$67,808)													
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$131,110														
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$66,774												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,980,845	\$5,126,506	\$0	\$983,456	\$1,104,907	(\$6,495)	\$1,020,096	\$131,110	\$554,491	\$66,774												
8	Total Nursing Facility Days	As Filed Days = 48,144 FY20 Audited C/R Days	48,144																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 48,144 FY20 GL-PL Ins Rpt Days								48,144														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$186.55	\$106.48	\$0.00	\$20.43	\$22.82	(with L&H)	\$21.19	\$2.72	\$11.52	\$1.39												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5717</b>																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.75																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.75	\$0.00	\$20.43	\$22.82		\$21.19	\$2.72	\$11.52	\$1.39												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.96	\$67.75	\$0.00	\$20.43	\$22.82		\$21.19	\$2.72	9.66 <i>(FRV)</i>	\$1.39												
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.96	\$67.75	\$0.00	\$20.43	\$22.82	\$0.00	\$21.19	\$2.72	\$9.66	\$1.39												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5682</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.25																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.46	\$106.25	\$0.00	\$20.43	\$22.82	\$0.00	\$21.19	\$2.72	\$9.66	\$1.39												
<b>Quarterly Per Diem Add-on Amounts</b>																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00													
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.13	\$2.13																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.82	\$3.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00												
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$206.28</b>	<b>\$109.97</b>	<b>\$0.00</b>	<b>\$20.65</b>	<b>\$23.23</b>	<b>\$0.00</b>	<b>\$38.66</b>	<b>\$2.72</b>	<b>\$9.66</b>	<b>\$1.39</b>												
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$141.89</b>																					

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>TIFTON HEALTH AND REHABILITATION CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00143294A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.6814	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	22.03%	1.0%	Quarterly Medicaid CMI:				1.7722	1.5192
							3.35	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.8045	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,051,426	\$3,104,472	\$0	\$482,881	\$468,924	\$0	\$786,312		\$1,208,837	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$251,318	(\$15,439)	\$0	\$0	\$1,451	\$1,854	\$300,923		(\$37,471)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$37,696				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$37,733		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,378,173	\$3,089,033	\$0	\$482,881	\$470,375	\$1,854	\$1,087,235	\$37,696	\$1,171,366	\$37,733		
8	Total Nursing Facility Days	As Filed Days = 33,255 FY20 Audited C/R Days	33,255											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,255 FY20 GL-PL Ins Rpt Days								33,255				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$191.78	\$92.89	\$0.00	\$14.52	\$14.20	(with L&H)	\$32.69	\$1.13	\$35.22	\$1.13		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6814</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.25										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$55.25	\$0.00	\$14.52	\$14.20		\$32.69	\$1.13	\$35.22	\$1.13		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.26	\$55.25	\$0.00	\$14.52	\$14.20		\$30.83	\$1.13	10.20 (FRV)	\$1.13		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.26	\$55.25	\$0.00	\$14.52	\$14.20	\$0.00	\$30.83	\$1.13	\$10.20	\$1.13		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.8045</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.70										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.71	\$99.70	\$0.00	\$14.52	\$14.20	\$0.00	\$30.83	\$1.13	\$10.20	\$1.13		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.99	\$2.99										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.25	\$4.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$193.96</b>	<b>\$104.22</b>	<b>\$0.00</b>	<b>\$14.74</b>	<b>\$14.61</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.13</b>	<b>\$10.20</b>	<b>\$1.13</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$132.65</b>											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - TOCCOA</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00143305A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance:	N/A	Base Period Overall CMI:				1.4304	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	21.59%	Quarterly Medicaid CMI:				1.4187	1.5192	
					3.15	Qtrly Mcaid CMI w RUG Wght Options:				1.4418	1.5459	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,518,380	\$5,525,714	\$0	\$891,351	\$1,061,822	\$0	\$1,581,896		\$457,597	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$426,693)	(\$74,172)	\$0	\$0	\$0	\$0	(\$313,605)		(\$38,916)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$368,441		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$40,905
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,501,033	\$5,451,542	\$0	\$891,351	\$1,061,822	\$0	\$1,268,291	\$368,441	\$418,681	\$40,905
8	Total Nursing Facility Days As Filed Days = 54,466	FY20 Audited C/R Days	54,466									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 54,466	FY20 GL-PL Ins Rpt Days								54,466		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$174.45	\$100.09	\$0.00	\$16.37	\$19.50	(with L&H)	\$23.29	\$6.76	\$7.69	\$0.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4304</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.97	\$0.00	\$16.37	\$19.50		\$23.29	\$6.76	\$7.69	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.63	\$69.97	\$0.00	\$16.37	\$19.50		\$23.29	\$6.76	6.99 (FRV)	\$0.75
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.63	\$69.97	\$0.00	\$16.37	\$19.50	\$0.00	\$23.29	\$6.76	\$6.99	\$0.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4418</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.54	\$100.88	\$0.00	\$16.37	\$19.50	\$0.00	\$23.29	\$6.76	\$6.99	\$0.75
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.04	\$5.04								
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	\$24.68	\$6.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$199.22</b>	<b>\$107.46</b>	<b>\$0.00</b>	<b>\$16.59</b>	<b>\$19.91</b>	<b>\$0.00</b>	<b>\$40.76</b>	<b>\$6.76</b>	<b>\$6.99</b>	<b>\$0.75</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$136.59</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>OXLEY PARK HEALTH AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00143316A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3753	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	33.33%	2.5%	Quarterly Medicaid CMI:			1.4517	1.5192
							3.24	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4795	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,048,653	\$3,242,376	\$0	\$616,983	\$630,625	\$0	\$949,424		\$609,245	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$108,414)	\$0	\$0	\$0	\$0	(\$1,007)	(\$65,667)		(\$41,740)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$56,162			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$41,740	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,038,141	\$3,242,376	\$0	\$616,983	\$630,625	(\$1,007)	\$883,757	\$56,162	\$567,505	\$41,740	
8	Total Nursing Facility Days	As Filed Days = 33,761 FY20 Audited C/R Days	33,761										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,761 FY20 GL-PL Ins Rpt Days								33,761			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$178.86	\$96.04	\$0.00	\$18.28	\$18.65	(with L&H)	\$26.18	\$1.66	\$16.81	\$1.24	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3753</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.83									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.83	\$0.00	\$18.28	\$18.65		\$26.18	\$1.66	\$16.81	\$1.24	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.87	\$69.83	\$0.00	\$18.28	\$18.65		\$26.18	\$1.66	15.03 (FRV)	\$1.24	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.87	\$69.83	\$0.00	\$18.28	\$18.65	\$0.00	\$26.18	\$1.66	\$15.03	\$1.24	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4795</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.31									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.35	\$103.31	\$0.00	\$18.28	\$18.65	\$0.00	\$26.18	\$1.66	\$15.03	\$1.24	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.58	\$2.58									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.20	\$6.20									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.41	\$9.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$211.76</b>	<b>\$112.62</b>	<b>\$0.00</b>	<b>\$18.50</b>	<b>\$19.06</b>	<b>\$0.00</b>	<b>\$43.65</b>	<b>\$1.66</b>	<b>\$15.03</b>	<b>\$1.24</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$146.00</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:		
Provider: <b>PRUITTHEALTH - PEAKE</b> Prvdr ID: <b>00143327A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide
													N/A	0.00%	N/A	27.27%	2.66	5.0%	1.5683	1.5126		
																			1.5163	1.5192		
																			1.5446	1.5459		
<b>CASE MIX BASED RATE CALCULATIONS</b>													a	b	c	d	e	f	g	g	h	i
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>													
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																					
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
	<b>Base Period Per Diem Allowed Amounts</b>																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,426,274	\$4,758,898	\$0	\$662,296	\$991,506	\$0	\$1,393,007		\$620,567	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$396,773)	(\$80,169)	\$0	\$4,644	\$12,854	(\$32,092)	(\$172,154)		(\$129,856)											
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$249,390												
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$134,528										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,413,419	\$4,678,729	\$0	\$666,940	\$1,004,360	(\$32,092)	\$1,220,853	\$249,390	\$490,711	\$134,528										
8	Total Nursing Facility Days	As Filed Days = 39,601																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,601																				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$214.25	\$119.14	\$0.00	\$16.98	\$24.76	(with L&H)	\$31.09	\$6.35	\$12.50	\$3.43										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5683</b>																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.97																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.97	\$0.00	\$16.98	\$24.76		\$31.09	\$6.35	\$12.50	\$3.43										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.88	\$75.97	\$0.00	\$16.98	\$24.76		\$30.83	\$6.35	15.56 (FRV)	\$3.43										
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.88	\$75.97	\$0.00	\$16.98	\$24.76	\$0.00	\$30.83	\$6.35	\$15.56	\$3.43										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5446</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.34																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.25	\$117.34	\$0.00	\$16.98	\$24.76	\$0.00	\$30.83	\$6.35	\$15.56	\$3.43										
	<b>Quarterly Per Diem Add-on Amounts</b>																					
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00											
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.17	\$1.17																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.87	\$5.87																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.30	\$7.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$240.55</b>	<b>\$124.91</b>	<b>\$0.00</b>	<b>\$17.20</b>	<b>\$25.17</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$6.35</b>	<b>\$15.56</b>	<b>\$3.43</b>										
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$167.59</b>																			

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.5434	1.5126
Provider: <b>CHATUGE REGIONAL NURSING HOME</b> Prvdr ID: <b>00143338A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	30.88%	2.5%	3.33	3.0%	1.5434	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>													
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
<b>Base Period Per Diem Allowed Amounts</b>																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,486,793	\$4,881,335	\$0	\$1,368,198	\$547,901	\$1,017,763	\$1,165,744		\$505,852	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$74,069)	\$4,873	\$0	\$0	\$0	\$0	(\$78,942)		\$0											
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$69,013												
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$0										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,481,737	\$4,886,208	\$0	\$1,368,198	\$547,901	\$1,017,763	\$1,086,802	\$69,013	\$505,852	\$0										
8	Total Nursing Facility Days	As Filed Days = 40,197 FY20 Audited C/R Days	40,197																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,197 FY20 GL-PL Ins Rpt Days								40,197												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$235.89	\$121.56	\$0.00	\$34.04	\$38.95	(with L&H)	\$27.04	\$1.72	\$12.58	\$0.00										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5434</b>																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.76																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.76	\$0.00	\$34.04	\$38.95		\$27.04	\$1.72	\$12.58	\$0.00										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.79	\$78.76	\$0.00	\$32.46	\$27.62		\$27.04	\$1.72	10.19 <i>(FRV)</i>	\$0.00										
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.79	\$78.76	\$0.00	\$32.46	\$27.62	\$0.00	\$27.04	\$1.72	\$10.19	\$0.00										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6442</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.50																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.53	\$129.50	\$0.00	\$32.46	\$27.62	\$0.00	\$27.04	\$1.72	\$10.19	\$0.00										
<b>Quarterly Per Diem Add-on Amounts</b>																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.24	\$3.24																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.89	\$3.89																		
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	\$25.13	\$7.66	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$253.66</b>	<b>\$137.16</b>	<b>\$0.00</b>	<b>\$32.46</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$44.51</b>	<b>\$1.72</b>	<b>\$10.19</b>	<b>\$0.00</b>										
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$177.42</b>																			

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>TREUTLEN COUNTY HEALTH AND REHABILITATION</b> Prvdr ID: <b>00143349A</b>			Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>			Growth Allowance: N/A Qtrly BIMS score: 45.24% Nurse Hours per On-Site Day/Quality Incentive: 3.19				N/A	0.00%	Base Period Overall CMI: 1.5515 Quarterly Medicaid CMI: 1.5343 Qtrly Mcaid CMI w RUG Wght Options: 1.5636			1.5515	1.5126
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,260,479	\$1,740,080	\$0	\$383,241	\$347,685	\$0	\$552,163		\$237,310	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$59,848)	\$0	\$0	\$0	\$0	(\$474)	(\$53,237)		(\$6,137)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$26,650			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$6,137	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,233,418	\$1,740,080	\$0	\$383,241	\$347,685	(\$474)	\$498,926	\$26,650	\$231,173	\$6,137	
8	Total Nursing Facility Days As Filed Days = 17,301	FY20 Audited C/R Days	17,301										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,301	FY20 GL-PL Ins Rpt Days								17,301			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$186.89	\$100.58	\$0.00	\$22.15	\$20.07	(with L&H)	\$28.84	\$1.54	\$13.36	\$0.35	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5515</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.83									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.83	\$0.00	\$22.15	\$20.07		\$28.84	\$1.54	\$13.36	\$0.35	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.43	\$64.83	\$0.00	\$22.15	\$20.07		\$28.84	\$1.54	14.65 (FRV)	\$0.35	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.43	\$64.83	\$0.00	\$22.15	\$20.07	\$0.00	\$28.84	\$1.54	\$14.65	\$0.35	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5636</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.37									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.97	\$101.37	\$0.00	\$22.15	\$20.07	\$0.00	\$28.84	\$1.54	\$14.65	\$0.35	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.58	\$5.58									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>7.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.10	\$7.10									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.31	\$13.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$220.28</b>	<b>\$114.58</b>	<b>\$0.00</b>	<b>\$22.37</b>	<b>\$20.48</b>	<b>\$0.00</b>	<b>\$46.31</b>	<b>\$1.54</b>	<b>\$14.65</b>	<b>\$0.35</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$152.39</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
<b>Provider: BERRIEN NURSING CENTER</b> <b>Prvdr ID: 00143382A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 38.81% Nurse Hours per On-Site Day/Quality Incentive: 3.44				Base Period Overall CMI: 1.5416 Quarterly Medicaid CMI: 1.5411 Qtrly Mcaid CMI w RUG Wght Options: 1.5678				Facility Specific: 1.5416 State-wide: 1.5126 1.5411 1.5192 1.5678 1.5459	
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,467,929	\$3,162,111	\$0	\$777,777	\$673,135	\$0	\$1,084,101		\$770,805	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$227,680)	(\$14,582)	\$0	\$0	\$0	\$0	(\$168,673)		(\$44,425)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$168,673		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$44,425
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,453,347	\$3,147,529	\$0	\$777,777	\$673,135	\$0	\$915,428	\$168,673	\$726,380	\$44,425
8	Total Nursing Facility Days	As Filed Days = 35,012 FY20 Audited C/R Days	35,012									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,012 FY20 GL-PL Ins Rpt Days								35,012		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.33	\$89.90	\$0.00	\$22.21	\$19.23	(with L&H)	\$26.15	\$4.82	\$20.75	\$1.27
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5416</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.32	\$0.00	\$22.21	\$19.23		\$26.15	\$4.82	\$20.75	\$1.27
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.37	\$58.32	\$0.00	\$22.21	\$19.23		\$26.15	\$4.82	13.37 (FRV)	\$1.27
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.37	\$58.32	\$0.00	\$22.21	\$19.23	\$0.00	\$26.15	\$4.82	\$13.37	\$1.27
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5678</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.48	\$91.43	\$0.00	\$22.21	\$19.23	\$0.00	\$26.15	\$4.82	\$13.37	\$1.27
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.29	\$2.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.66	\$5.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$202.14</b>	<b>\$96.99</b>	<b>\$0.00</b>	<b>\$22.43</b>	<b>\$19.64</b>	<b>\$0.00</b>	<b>\$43.62</b>	<b>\$4.82</b>	<b>\$13.37</b>	<b>\$1.27</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.78</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide
<b>Provider: TWIN OAKS CONVALESCENT CENTER</b> <b>Prvdr ID: 00143393A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	25.00%	4.44	N/A	1.4509	1.5938	1.6228	1.5126	1.5192	1.5459		
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>															
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
<b>Base Period Per Diem Allowed Amounts</b>																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,155,135	\$2,920,403	\$0	\$968,597	\$431,329	\$426,482	\$1,836,647		\$571,677	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$141,541)	\$0	\$0	\$0	\$0	\$0	(\$110,345)		(\$31,196)													
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$110,345														
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$31,196												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,155,135	\$2,920,403	\$0	\$968,597	\$431,329	\$426,482	\$1,726,302	\$110,345	\$540,481	\$31,196												
8	Total Nursing Facility Days	As Filed Days = 30,132 FY20 Audited C/R Days	30,132																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,132 FY20 GL-PL Ins Rpt Days								30,132														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$237.47	\$96.92	\$0.00	\$32.15	\$28.47	(with L&H)	\$57.29	\$3.66	\$17.94	\$1.04												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4509</b>																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.80																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.80	\$0.00	\$32.15	\$28.47		\$57.29	\$3.66	\$17.94	\$1.04												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.75	\$66.80	\$0.00	\$32.15	\$27.62		\$30.83	\$3.66	17.65 <i>(FRV)</i>	\$1.04												
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.75	\$66.80	\$0.00	\$32.15	\$27.62	\$0.00	\$30.83	\$3.66	\$17.65	\$1.04												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6228</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.40																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.35	\$108.40	\$0.00	\$32.15	\$27.62	\$0.00	\$30.83	\$3.66	\$17.65	\$1.04												
<b>Quarterly Per Diem Add-on Amounts</b>																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00													
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.25	\$3.25																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.18	\$4.86	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00												
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$243.53</b>	<b>\$113.26</b>	<b>\$0.00</b>	<b>\$32.37</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$3.66</b>	<b>\$17.65</b>	<b>\$1.04</b>												
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$169.82</b>																					

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>Provider: UNION COUNTY NURSING HOME</b> <b>Prvdr ID: 00143415A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>												
			Growth Allowance: N/A				Base Period Overall CMI: 1.2038				1.2038	1.5126
			Qtrly BIMS score: 40.74%				Quarterly Medicaid CMI: 1.5097				1.5097	1.5192
			Nurse Hours per On-Site Day/Quality Incentive: 3.12				Qtrly Mcaid CMI w RUG Wght Options: 1.5371				1.5371	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$11,825,532	\$6,279,630	\$0	\$1,772,793	\$671,891	\$848,487	\$1,631,356		\$621,375	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$395,743)	\$7,326	\$0	\$0	(\$10,706)	(\$13,519)	(\$125,400)		(\$253,444)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$75,723		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$249,406
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$11,754,918	\$6,286,956	\$0	\$1,772,793	\$661,185	\$834,968	\$1,505,956	\$75,723	\$367,931	\$249,406
8	Total Nursing Facility Days	As Filed Days = 52,630 FY20 Audited C/R Days	52,630									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 52,630 FY20 GL-PL Ins Rpt Days								52,630		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.35	\$119.46	\$0.00	\$33.68	\$28.43	(with L&H)	\$28.61	\$1.44	\$6.99	\$4.74
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.2038</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$99.24	\$0.00	\$33.68	\$28.43		\$28.61	\$1.44	\$6.99	\$4.74
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.69	\$88.52	\$0.00	\$32.46	\$27.62		\$28.61	\$1.44	10.30 <i>(FRV)</i>	\$4.74
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.69	\$88.52	\$0.00	\$32.46	\$27.62	\$0.00	\$28.61	\$1.44	\$10.30	\$4.74
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5371</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.23	\$136.06	\$0.00	\$32.46	\$27.62	\$0.00	\$28.61	\$1.44	\$10.30	\$4.74
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.40	\$3.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.08	\$4.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.95	\$7.48	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$266.18</b>	<b>\$143.54</b>	<b>\$0.00</b>	<b>\$32.46</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$46.08</b>	<b>\$1.44</b>	<b>\$10.30</b>	<b>\$4.74</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$186.81</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>KENTWOOD NURSING FACILITY</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00143426A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5414	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	15.00%	0.0%	Quarterly Medicaid CMI:			1.4837	1.5192
							3.87	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5087	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,392,293	\$3,559,256	\$0	\$631,951	\$694,399	\$0	\$1,134,423		\$372,264	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$557,872)	\$0	\$0	\$0	\$0	\$12,450	(\$564,575)		(\$5,747)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$122,457			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$5,747	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,962,625	\$3,559,256	\$0	\$631,951	\$694,399	\$12,450	\$569,848	\$122,457	\$366,517	\$5,747	
8	Total Nursing Facility Days	As Filed Days = 31,266 FY20 Audited C/R Days	31,266										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,266 FY20 GL-PL Ins Rpt Days								31,266			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$190.71	\$113.84	\$0.00	\$20.21	\$22.61	(with L&H)	\$18.23	\$3.92	\$11.72	\$0.18	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5414</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.86									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.86	\$0.00	\$20.21	\$22.61		\$18.23	\$3.92	\$11.72	\$0.18	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.11	\$73.86	\$0.00	\$20.21	\$22.61		\$18.23	\$3.92	15.10 (FRV)	\$0.18	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.11	\$73.86	\$0.00	\$20.21	\$22.61	\$0.00	\$18.23	\$3.92	\$15.10	\$0.18	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5087</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.43									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.68	\$111.43	\$0.00	\$20.21	\$22.61	\$0.00	\$18.23	\$3.92	\$15.10	\$0.18	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$20.86	\$2.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$212.54</b>	<b>\$114.19</b>	<b>\$0.00</b>	<b>\$20.43</b>	<b>\$23.02</b>	<b>\$0.00</b>	<b>\$35.70</b>	<b>\$3.92</b>	<b>\$15.10</b>	<b>\$0.18</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$146.58</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data			Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: <b>CHULIO HILLS HEALTH AND REHAB</b>														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.8239	1.5126	
Prvdr ID: <b>00143437A</b>														Qtrly BIMS score	26.32%	1.0%	Quarterly Medicaid CMI:	1.8383	1.5192	
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>														Nurse Hours per On-Site Day/Quality Incentive:	4.47	2.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.8736	1.5459	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>																				
			a	b	c	d	e	f	g	g	h	i								
<b>CASE MIX BASED RATE CALCULATIONS</b>																				
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes											
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
<b>Base Period Per Diem Allowed Amounts</b>																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,137,739	\$5,082,711	\$0	\$604,891	\$706,005	\$0	\$1,036,717		\$707,415	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$317,327)	(\$58,151)	\$0	\$0	(\$33,047)	\$309	(\$198,879)		(\$27,559)									
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$147,206										
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>																		\$27,582
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,995,200	\$5,024,560	\$0	\$604,891	\$672,958	\$309	\$837,838	\$147,206	\$679,856	\$27,582								
8	Total Nursing Facility Days	As Filed Days = 31,428																		
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,428																		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$254.40	\$159.88	\$0.00	\$19.25	\$21.42	(with L&H)	\$26.66	\$4.68	\$21.63	\$0.88								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.8239</b>																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.66																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.66	\$0.00	\$19.25	\$21.42		\$26.66	\$4.68	\$21.63	\$0.88								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.63	\$87.66	\$0.00	\$19.25	\$21.42		\$26.66	\$4.68	11.08 (FRV)	\$0.88								
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.63	\$87.66	\$0.00	\$19.25	\$21.42	\$0.00	\$26.66	\$4.68	\$11.08	\$0.88								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.8736</b>																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$164.24																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.21	\$164.24	\$0.00	\$19.25	\$21.42	\$0.00	\$26.66	\$4.68	\$11.08	\$0.88								
<b>Quarterly Per Diem Add-on Amounts</b>																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00									
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.64	\$1.64																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$23.55	\$5.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00								
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$271.76</b>	<b>\$169.69</b>	<b>\$0.00</b>	<b>\$19.47</b>	<b>\$21.83</b>	<b>\$0.00</b>	<b>\$44.13</b>	<b>\$4.68</b>	<b>\$11.08</b>	<b>\$0.88</b>								
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$191.00</b>																	



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,228,907	\$2,227,026	\$0	\$434,163	\$489,165	\$0	\$725,179		\$353,374	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$106,229)	(\$18,104)	\$0	\$0	(\$3,572)	(\$7,345)	(\$40,731)		(\$36,477)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$49,530		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$35,933
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,208,141	\$2,208,922	\$0	\$434,163	\$485,593	(\$7,345)	\$684,448	\$49,530	\$316,897	\$35,933
8	Total Nursing Facility Days As Filed Days = 22,080	FY20 Audited C/R Days	22,194									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,080	FY20 GL-PL Ins Rpt Days								22,194		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$189.61	\$99.53	\$0.00	\$19.56	\$21.55	(with L&H)	\$30.84	\$2.23	\$14.28	\$1.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4332</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.45	\$0.00	\$19.56	\$21.55		\$30.84	\$2.23	\$14.28	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.45	\$69.45	\$0.00	\$19.56	\$21.55		\$30.83	\$2.23	8.21 (FRV)	\$1.62
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.45	\$69.45	\$0.00	\$19.56	\$21.55	\$0.00	\$30.83	\$2.23	\$8.21	\$1.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4913</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.57	\$103.57	\$0.00	\$19.56	\$21.55	\$0.00	\$30.83	\$2.23	\$8.21	\$1.62
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.21	\$6.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.51	\$7.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$213.08</b>	<b>\$111.35</b>	<b>\$0.00</b>	<b>\$19.78</b>	<b>\$21.96</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$2.23</b>	<b>\$8.21</b>	<b>\$1.62</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$146.99</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide					
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide					
Provider: <b>WASHINGTON CO EXTENDED CARE FACILITY</b> Prvdr ID: <b>00143481A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.1503	1.5126					
													Qtrly BIMS score	31.58%	2.5%	Quarterly Medicaid CMI:	1.1824	1.5192					
													Nurse Hours per On-Site Day/Quality Incentive:	0.00	2.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.2013	1.5459					
			a	b	c	d	e	f	g	g	h	i											
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>														
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																							
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
<b>Base Period Per Diem Allowed Amounts</b>																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,073,023	\$2,254,640	\$0	\$688,331	\$143,999	\$172,466	\$841,228														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$55,430)	(\$20,037)	\$0	(\$70,342)	(\$6,778)	(\$704)	(\$82,456)														
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$25,270													
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>																	\$6,589				
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,049,452	\$2,234,603	\$0	\$617,989	\$137,221	\$171,762	\$758,772	\$25,270	\$97,246	\$6,589											
8	Total Nursing Facility Days	As Filed Days = 20,837		20,837																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,837								20,837													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$194.34	\$107.24	\$0.00	\$29.66	\$14.83	(with L&H)	\$36.41	\$1.21	\$4.67	\$0.32											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.1503</b>																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$93.23																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$93.23	\$0.00	\$29.66	\$14.83		\$36.41	\$1.21	\$4.67	\$0.32											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.54	\$88.52	\$0.00	\$29.66	\$14.83		\$30.83	\$1.21	11.17 (FRV)	\$0.32											
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.54	\$88.52	\$0.00	\$29.66	\$14.83	\$0.00	\$30.83	\$1.21	\$11.17	\$0.32											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2013</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.34																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.36	\$106.34	\$0.00	\$29.66	\$14.83	\$0.00	\$30.83	\$1.21	\$11.17	\$0.32											
<b>Quarterly Per Diem Add-on Amounts</b>																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00												
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.66	\$2.66																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.13	\$2.13																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10														
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.52	\$4.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00											
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$216.88</b>	<b>\$111.13</b>	<b>\$0.00</b>	<b>\$29.88</b>	<b>\$15.24</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.21</b>	<b>\$11.17</b>	<b>\$0.32</b>											
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$149.84</b>																				

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$10,841,792	\$6,456,939	\$0	\$1,208,699	\$1,506,049	\$0	\$1,567,137		\$102,968	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$440,399)	\$0	\$0	\$0	(\$3,040)	(\$2,506)	(\$369,031)		(\$65,822)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$295,809		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$65,580
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,762,782	\$6,456,939	\$0	\$1,208,699	\$1,503,009	(\$2,506)	\$1,198,106	\$295,809	\$37,146	\$65,580
8	Total Nursing Facility Days As Filed Days = 54,898	FY20 Audited C/R Days	54,898									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 54,898	FY20 GL-PL Ins Rpt Days								54,898		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$196.05	\$117.62	\$0.00	\$22.02	\$27.33	(with L&H)	\$21.82	\$5.39	\$0.68	\$1.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4627</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.41	\$0.00	\$22.02	\$27.33		\$21.82	\$5.39	\$0.68	\$1.19
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.76	\$80.41	\$0.00	\$22.02	\$27.33		\$21.82	\$5.39	10.60 (FRV)	\$1.19
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.76	\$80.41	\$0.00	\$22.02	\$27.33	\$0.00	\$21.82	\$5.39	\$10.60	\$1.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.8669</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$150.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.47	\$150.12	\$0.00	\$22.02	\$27.33	\$0.00	\$21.82	\$5.39	\$10.60	\$1.19
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.34	\$0.53	\$0.00	\$0.22	\$0.22	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.75	\$3.75								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.00	\$6.00								
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	\$28.19	\$10.28	\$0.00	\$0.22	\$0.22	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$266.66</b>	<b>\$160.40</b>	<b>\$0.00</b>	<b>\$22.24</b>	<b>\$27.55</b>	<b>\$0.00</b>	<b>\$39.29</b>	<b>\$5.39</b>	<b>\$10.60</b>	<b>\$1.19</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$187.17</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>WESTBURY CENTER OF JACKSON FOR NURSING AND HEALING</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00143514A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5249			1.5249	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 23.94%		23.94%	1.0%	Quarterly Medicaid CMI: 1.8270			1.8270	1.5192
				Qtrly Mcaid CMI w RUG Wght Options: 1.8617		3.35	3.0%				1.8617	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$12,432,207	\$7,504,677	\$0	\$1,435,644	\$1,665,991	\$0	\$1,617,729		\$208,166	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$428,305)	(\$67,201)	\$0	(\$6,032)	(\$6,436)	(\$1,940)	(\$273,903)		(\$72,793)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$197,364		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$72,793
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$12,274,059	\$7,437,476	\$0	\$1,429,612	\$1,659,555	(\$1,940)	\$1,343,826	\$197,364	\$135,373	\$72,793
8	Total Nursing Facility Days As Filed Days = 60,869	FY20 Audited C/R Days	60,869									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 60,869	FY20 GL-PL Ins Rpt Days								60,869		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$201.65	\$122.19	\$0.00	\$23.49	\$27.23	(with L&H)	\$22.08	\$3.24	\$2.22	\$1.20
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5249</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.13								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.13	\$0.00	\$23.49	\$27.23		\$22.08	\$3.24	\$2.22	\$1.20
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.48	\$80.13	\$0.00	\$23.49	\$27.23		\$22.08	\$3.24	12.11 (FRV)	\$1.20
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.48	\$80.13	\$0.00	\$23.49	\$27.23	\$0.00	\$22.08	\$3.24	\$12.11	\$1.20
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.8617</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$149.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.53	\$149.18	\$0.00	\$23.49	\$27.23	\$0.00	\$22.08	\$3.24	\$12.11	\$1.20
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.41	\$0.53	\$0.00	\$0.22	\$0.29	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.49	\$1.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.48	\$4.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.48	\$6.50	\$0.00	\$0.22	\$0.29	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$263.01</b>	<b>\$155.68</b>	<b>\$0.00</b>	<b>\$23.71</b>	<b>\$27.52</b>	<b>\$0.00</b>	<b>\$39.55</b>	<b>\$3.24</b>	<b>\$12.11</b>	<b>\$1.20</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$184.43</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$10,479,132	\$6,404,449	\$0	\$1,106,359	\$1,422,091	\$0	\$1,462,127		\$84,106	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$354,614)	(\$10,732)	\$0	\$0	(\$1,976)	(\$1,757)	(\$275,495)		(\$64,654)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$203,152		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$64,484
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,392,154	\$6,393,717	\$0	\$1,106,359	\$1,420,115	(\$1,757)	\$1,186,632	\$203,152	\$19,452	\$64,484
8	Total Nursing Facility Days As Filed Days = 51,014	FY20 Audited C/R Days	51,014									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 51,014	FY20 GL-PL Ins Rpt Days								51,014		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$203.70	\$125.33	\$0.00	\$21.69	\$27.80	(with L&H)	\$23.26	\$3.98	\$0.38	\$1.26
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4089</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.95								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$88.95	\$0.00	\$21.69	\$27.80		\$23.26	\$3.98	\$0.38	\$1.26
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.28	\$88.52	\$0.00	\$21.69	\$27.62		\$23.26	\$3.98	9.95 (FRV)	\$1.26
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.28	\$88.52	\$0.00	\$21.69	\$27.62	\$0.00	\$23.26	\$3.98	\$9.95	\$1.26
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7683</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$156.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.29	\$156.53	\$0.00	\$21.69	\$27.62	\$0.00	\$23.26	\$3.98	\$9.95	\$1.26
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.91	\$3.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.13	\$3.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.73	\$7.04	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$269.02</b>	<b>\$163.57</b>	<b>\$0.00</b>	<b>\$21.91</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$40.73</b>	<b>\$3.98</b>	<b>\$9.95</b>	<b>\$1.26</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$188.94</b>									

Quarterly Case Mix Per Diem Calculation

Interim

Provider: <b>PruittHealth - Seaside, LLC</b>		<b>Add-on Data and Percentages</b>	Facility Score	Add-on Percent	<b>Case Mix Index (CMI) Data</b>	Facility Specific	State-wide
Prvdr ID: <b>00143536A</b>		Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.6972	1.5126
H/B ?: No	Case Mix Per Diem Rate Effective Date: <b>04/01/23</b>	BIMS:	31.5%	2.5%	Quarterly Medicaid CMI:	1.7333	1.5192
	MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>	Nurse Hours per On-Site Day/Quality Incentive:	3.24	5.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.7663	1.5459

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>												
	<b>Cost Center Peer Groups per Selected Options</b>			<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Per Diem Costs and Add-ons</b>											
	GL-PL- Insurance Costs	FY2020 GL-PL Ins. Rpt								\$ 205,470		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2020 GL-PL Ins. Rpt								27,066		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2020 Peer Group Limit		\$88.52		\$24.48	\$27.62		\$30.83		\$22.08	\$0.59
	Allowed @ 95% of Std		\$185.55	\$84.09		\$23.26	\$26.24		\$29.29		\$22.08	\$0.59
	Growth Allowance 0.0%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$193.14	\$84.09		\$23.26	\$26.24		\$29.29	\$ 7.59	\$22.08	\$0.59
	Quarterly Facility Case Mix Index for Medicaid Residents			<b>1.7663</b>							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$148.53								
	Quarterly Medicaid CMA Allowed Per Diem		\$252.70	\$148.53		\$23.26	\$26.24		\$29.29	\$ 2.71	\$22.08	\$0.59
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)		\$3.71	\$3.71								
	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%		\$7.43	\$7.43								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$28.24									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$280.94</b>	<b>\$159.67</b>		<b>\$23.26</b>	<b>\$26.24</b>		<b>\$46.39</b>	<b>\$2.71</b>	<b>\$22.08</b>	<b>\$0.59</b>
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		<b>\$197.88</b>									

\* 1002.3B - The allowed Per Diem for GL/PL insurance will be the lower of projected costs or 90% of 105% of the median Net Per Diem.

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>WILDWOOD HEALTH AND REHAB</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00143547A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5838			1.5838	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 46.43%		Nurse Hours per On-Site Day/Quality Incentive: 3.24		46.43%	5.5%	Quarterly Medicaid CMI: 1.5569			1.5569	1.5192
								Qtrly Mcaid CMI w RUG Wght Options: 1.5835			1.5835	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$2,690,428	\$1,343,398	\$0	\$301,431	\$302,953	\$0	\$446,575		\$296,071	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$42,757)	\$0	\$0	\$0	(\$243)	(\$333)	(\$25,116)		(\$17,065)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$25,116		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$17,033
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$2,689,820	\$1,343,398	\$0	\$301,431	\$302,710	(\$333)	\$421,459	\$25,116	\$279,006	\$17,033
8	Total Nursing Facility Days	As Filed Days = 14,095 FY20 Audited C/R Days	14,095									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 14,095 FY20 GL-PL Ins Rpt Days								14,095		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$190.83	\$95.31	\$0.00	\$21.39	\$21.45	(with L&H)	\$29.90	\$1.78	\$19.79	\$1.21
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5838</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.18	\$0.00	\$21.39	\$21.45		\$29.90	\$1.78	\$19.79	\$1.21
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.53	\$60.18	\$0.00	\$21.39	\$21.45		\$29.90	\$1.78	10.62 (FRV)	\$1.21
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.53	\$60.18	\$0.00	\$21.39	\$21.45	\$0.00	\$29.90	\$1.78	\$10.62	\$1.21
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5835</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.65	\$95.30	\$0.00	\$21.39	\$21.45	\$0.00	\$29.90	\$1.78	\$10.62	\$1.21
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.24	\$5.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.86	\$2.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.73	\$8.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$208.38</b>	<b>\$103.93</b>	<b>\$0.00</b>	<b>\$21.61</b>	<b>\$21.86</b>	<b>\$0.00</b>	<b>\$47.37</b>	<b>\$1.78</b>	<b>\$10.62</b>	<b>\$1.21</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$143.46</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
<b>Provider: SOUTHLAND HEALTHCARE AND REHAB CENTER</b> <b>Prvdr ID: 00143558A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													Growth Allowance: N/A Qtrly BIMS score: 10.53% Nurse Hours per On-Site Day/Quality Incentive: 2.60			Facility Score: N/A Add-on Percent: 0.00% Add-on Percent: 0.0% Add-on Percent: 2.0%			Base Period Overall CMI: 1.4736 Quarterly Medicaid CMI: 1.5709 Qtrly Mcaid CMI w RUG Wght Options: 1.5982			1.4736	1.5126	1.5709	1.5192	1.5982	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																											
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
<b>Base Period Per Diem Allowed Amounts</b>																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,278,604	\$2,355,466	\$0	\$427,095	\$517,924	\$0	\$947,718		\$1,030,401	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$76,599)	\$0	\$0	\$0	\$0	\$0	(\$45,995)		(\$30,604)																
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$30,936																	
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$30,604															
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,263,545	\$2,355,466	\$0	\$427,095	\$517,924	\$0	\$901,723	\$30,936	\$999,797	\$30,604															
8	Total Nursing Facility Days	FY20 Audited C/R Days	30,940																								
	As Filed Days = 30,940																										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								30,940																	
	As Filed Days = 30,940																										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$170.11	\$76.13	\$0.00	\$13.80	\$16.74	(with L&H)	\$29.14	\$1.00	\$32.31	\$0.99															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4736</b>																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.66																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$51.66	\$0.00	\$13.80	\$16.74		\$29.14	\$1.00	\$32.31	\$0.99															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.10	\$51.66	\$0.00	\$13.80	\$16.74		\$29.14	\$1.00	8.77 (FRV)	\$0.99															
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.10	\$51.66	\$0.00	\$13.80	\$16.74	\$0.00	\$29.14	\$1.00	\$8.77	\$0.99															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5982</b>																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.56																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.00	\$82.56	\$0.00	\$13.80	\$16.74	\$0.00	\$29.14	\$1.00	\$8.77	\$0.99															
<b>Quarterly Per Diem Add-on Amounts</b>																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00																
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.65	\$1.65																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.28	\$2.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00															
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$173.28</b>	<b>\$84.74</b>	<b>\$0.00</b>	<b>\$14.02</b>	<b>\$17.15</b>	<b>\$0.00</b>	<b>\$46.61</b>	<b>\$1.00</b>	<b>\$8.77</b>	<b>\$0.99</b>															
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$117.14</b>																								



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - WASHINGTON</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00143569A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6214	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	31.82%	2.5%	Quarterly Medicaid CMI:			1.4733	1.5192
							2.61	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5009	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$2,714,385	\$1,418,182	\$0	\$251,871	\$371,481	\$0	\$561,673		\$111,178	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$134,674)	(\$99,333)	\$0	\$729	\$25	(\$16,897)	(\$32,115)		\$12,917		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$95,741			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$22,124	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$2,697,576	\$1,318,849	\$0	\$252,600	\$371,506	(\$16,897)	\$529,558	\$95,741	\$124,095	\$22,124	
8	Total Nursing Facility Days	As Filed Days = 14,157 FY20 Audited C/R Days	14,157										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 14,157 FY20 GL-PL Ins Rpt Days								14,157			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$190.55	\$93.16	\$0.00	\$17.84	\$25.05	(with L&H)	\$37.41	\$6.76	\$8.77	\$1.56	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6214</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.46									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.46	\$0.00	\$17.84	\$25.05		\$37.41	\$6.76	\$8.77	\$1.56	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.07	\$57.46	\$0.00	\$17.84	\$25.05		\$30.83	\$6.76	10.57 (FRV)	\$1.56	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.07	\$57.46	\$0.00	\$17.84	\$25.05	\$0.00	\$30.83	\$6.76	\$10.57	\$1.56	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5009</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.24									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.85	\$86.24	\$0.00	\$17.84	\$25.05	\$0.00	\$30.83	\$6.76	\$10.57	\$1.56	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.16	\$2.16									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.31	\$4.31									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.73	\$7.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$203.58</b>	<b>\$93.24</b>	<b>\$0.00</b>	<b>\$18.06</b>	<b>\$25.46</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$6.76</b>	<b>\$10.57</b>	<b>\$1.56</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$139.86</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide						
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide						
Provider: <b>WOOD DALE HEALTH AND REHABILITATION</b> Prvdr ID: <b>00143591A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.3420	1.5126						
													Qtrly BIMS score	0.00%	0.0%	Quarterly Medicaid CMI:	1.5192	1.5192						
													Nurse Hours per On-Site Day/Quality Incentive:	7.34	2.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.5459	1.5459						
<b>CASE MIX BASED RATE CALCULATIONS</b>													a	b	c	d	e	f	g	g	h	i		
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>															
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																								
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
<b>Base Period Per Diem Allowed Amounts</b>																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,032,530	\$3,196,882	\$0	\$625,088	\$611,048	\$0	\$1,402,833		\$196,679	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$438,150)	(\$178,080)	\$0	\$0	(\$173)	\$8,710	(\$268,607)		\$0													
As Filed Cost Center Costs (GL/PL)																				\$246,757				
As Filed Cost Center Costs (Taxes and Insurance)																								\$4,297
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,845,434	\$3,018,802	\$0	\$625,088	\$610,875	\$8,710	\$1,134,226	\$246,757	\$196,679	\$4,297												
8	Total Nursing Facility Days	As Filed Days = 27,414		FY20 Audited C/R Days	27,414																			
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,414																				27,414				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.22	\$110.12	\$0.00	\$22.80	\$22.60	(with L&H)	\$41.37	\$9.00	\$7.17	\$0.16												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3420</b>																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.06																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$82.06	\$0.00	\$22.80	\$22.60		\$41.37	\$9.00	\$7.17	\$0.16												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.00	\$82.06	\$0.00	\$22.80	\$22.60		\$30.83	\$9.00	11.55	\$0.16												
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.00	\$82.06	\$0.00	\$22.80	\$22.60	\$0.00	\$30.83	\$9.00	\$11.55	\$0.16												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5459</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.86																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.80	\$126.86	\$0.00	\$22.80	\$22.60	\$0.00	\$30.83	\$9.00	\$11.55	\$0.16												
<b>Quarterly Per Diem Add-on Amounts</b>																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00													
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$20.80	\$3.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00												
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$244.60</b>	<b>\$129.93</b>	<b>\$0.00</b>	<b>\$23.02</b>	<b>\$23.01</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$9.00</b>	<b>\$11.55</b>	<b>\$0.16</b>												
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$170.63</b>																					

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,220,261	\$2,852,467	\$0	\$607,029	\$481,432	\$0	\$737,972		\$541,361	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$78,155)	\$0	\$0	\$0	\$0	\$0	(\$51,390)		(\$26,765)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$51,390		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$26,765
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,220,261	\$2,852,467	\$0	\$607,029	\$481,432	\$0	\$686,582	\$51,390	\$514,596	\$26,765
8	Total Nursing Facility Days	As Filed Days = 31,443 FY20 Audited C/R Days	31,443									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,443 FY20 GL-PL Ins Rpt Days								31,443		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$166.03	\$90.72	\$0.00	\$19.31	\$15.31	(with L&H)	\$21.84	\$1.63	\$16.37	\$0.85
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6759</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.13								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.13	\$0.00	\$19.31	\$15.31		\$21.84	\$1.63	\$16.37	\$0.85
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.82	\$54.13	\$0.00	\$19.31	\$15.31		\$21.84	\$1.63	11.75 (FRV)	\$0.85
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.82	\$54.13	\$0.00	\$19.31	\$15.31	\$0.00	\$21.84	\$1.63	\$11.75	\$0.85
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7768</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.87	\$96.18	\$0.00	\$19.31	\$15.31	\$0.00	\$21.84	\$1.63	\$11.75	\$0.85
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.40	\$2.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.89	\$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	\$23.92	\$5.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$190.79</b>	<b>\$102.00</b>	<b>\$0.00</b>	<b>\$19.53</b>	<b>\$15.72</b>	<b>\$0.00</b>	<b>\$39.31</b>	<b>\$1.63</b>	<b>\$11.75</b>	<b>\$0.85</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$130.27</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>HERITAGE INN OF BARNESVILLE HEALTH AND REHAB</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00143613A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance:	N/A	Base Period Overall CMI:				1.5446	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	51.47%	Quarterly Medicaid CMI:				1.6027	1.5192	
					3.49	Qtrly Mcaid CMI w RUG Wght Options:				1.6318	1.5459	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,380,434	\$3,466,550	\$0	\$605,569	\$697,370	\$0	\$1,086,674		\$524,271	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$118,447)	\$0	\$0	\$0	\$3,869	(\$7,335)	(\$78,289)		(\$36,692)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$62,530		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$37,086
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,361,603	\$3,466,550	\$0	\$605,569	\$701,239	(\$7,335)	\$1,008,385	\$62,530	\$487,579	\$37,086
8	Total Nursing Facility Days	As Filed Days = 35,953 FY20 Audited C/R Days	35,953									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,953 FY20 GL-PL Ins Rpt Days								35,953		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$176.94	\$96.42	\$0.00	\$16.84	\$19.30	(with L&H)	\$28.05	\$1.74	\$13.56	\$1.03
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5446</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.42	\$0.00	\$16.84	\$19.30		\$28.05	\$1.74	\$13.56	\$1.03
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.44	\$62.42	\$0.00	\$16.84	\$19.30		\$28.05	\$1.74	8.06 (FRV)	\$1.03
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.44	\$62.42	\$0.00	\$16.84	\$19.30	\$0.00	\$28.05	\$1.74	\$8.06	\$1.03
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6318</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.88	\$101.86	\$0.00	\$16.84	\$19.30	\$0.00	\$28.05	\$1.74	\$8.06	\$1.03
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.60	\$5.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.09	\$5.09								
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	\$29.32	\$11.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$206.20</b>	<b>\$113.08</b>	<b>\$0.00</b>	<b>\$17.06</b>	<b>\$19.71</b>	<b>\$0.00</b>	<b>\$45.52</b>	<b>\$1.74</b>	<b>\$8.06</b>	<b>\$1.03</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$141.83</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>TRADITIONS HEALTH AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00143701A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5566	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	42.42%	2.5%	Quarterly Medicaid CMI:			1.4728	1.5192
							3.03	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4950	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$10,370,669	\$5,791,723	\$0	\$1,079,214	\$1,216,084	\$0	\$1,872,702		\$410,946	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$231,171)	\$0	\$0	\$0	\$11,142	\$2,573	(\$167,729)		(\$77,157)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$96,070			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$78,716	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,314,284	\$5,791,723	\$0	\$1,079,214	\$1,227,226	\$2,573	\$1,704,973	\$96,070	\$333,789	\$78,716	
8	Total Nursing Facility Days	As Filed Days = 58,815 FY20 Audited C/R Days	58,815										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 58,815 FY20 GL-PL Ins Rpt Days								58,815			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$175.37	\$98.47	\$0.00	\$18.35	\$20.91	(with L&H)	\$28.99	\$1.63	\$5.68	\$1.34	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5566</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.26									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.26	\$0.00	\$18.35	\$20.91		\$28.99	\$1.63	\$5.68	\$1.34	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.61	\$63.26	\$0.00	\$18.35	\$20.91		\$28.99	\$1.63	10.13 (FRV)	\$1.34	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.61	\$63.26	\$0.00	\$18.35	\$20.91	\$0.00	\$28.99	\$1.63	\$10.13	\$1.34	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4950</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.57									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.92	\$94.57	\$0.00	\$18.35	\$20.91	\$0.00	\$28.99	\$1.63	\$10.13	\$1.34	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.36	\$2.36									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.73	\$4.73									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.72	\$7.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$201.64</b>	<b>\$102.19</b>	<b>\$0.00</b>	<b>\$18.57</b>	<b>\$21.32</b>	<b>\$0.00</b>	<b>\$46.46</b>	<b>\$1.63</b>	<b>\$10.13</b>	<b>\$1.34</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.41</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>Provider: PRUITTHEALTH - LILBURN</b> <b>Prvdr ID: 00145527A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.5251	1.5126
							34.52%	2.5%					1.6123	1.5192
							2.95	5.0%					1.6409	1.5459
<b>Case Mix Based Rate Calculations</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,649,391	\$4,887,583	\$0	\$779,148	\$1,108,527	\$0	\$1,455,016		\$419,117	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$389,616)	(\$39,656)	\$0	\$0	\$4,415	\$5,333	(\$293,325)		(\$66,383)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$309,511				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$68,798		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,638,084	\$4,847,927	\$0	\$779,148	\$1,112,942	\$5,333	\$1,161,691	\$309,511	\$352,734	\$68,798		
8	Total Nursing Facility Days	As Filed Days = 46,516 FY20 Audited C/R Days	46,516											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 46,516 FY20 GL-PL Ins Rpt Days								46,516				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$185.69	\$104.22	\$0.00	\$16.75	\$24.04	(with L&H)	\$24.97	\$6.65	\$7.58	\$1.48		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5251</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.34										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.34	\$0.00	\$16.75	\$24.04		\$24.97	\$6.65	\$7.58	\$1.48		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.58	\$68.34	\$0.00	\$16.75	\$24.04		\$24.97	\$6.65	8.35 (FRV)	\$1.48		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.58	\$68.34	\$0.00	\$16.75	\$24.04	\$0.00	\$24.97	\$6.65	\$8.35	\$1.48		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6409</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.14										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.38	\$112.14	\$0.00	\$16.75	\$24.04	\$0.00	\$24.97	\$6.65	\$8.35	\$1.48		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.80	\$2.80										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.61	\$5.61										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.04	\$8.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$221.42</b>	<b>\$121.08</b>	<b>\$0.00</b>	<b>\$16.97</b>	<b>\$24.45</b>	<b>\$0.00</b>	<b>\$42.44</b>	<b>\$6.65</b>	<b>\$8.35</b>	<b>\$1.48</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$153.24</b>											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,789,087	\$5,605,102	\$0	\$890,273	\$770,348	\$0	\$2,151,308		\$372,056	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$433,924)	\$0	\$0	\$0	(\$2,775)	(\$2,704)	(\$428,445)		\$0	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$332,562		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$9,589
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,697,314	\$5,605,102	\$0	\$890,273	\$767,573	(\$2,704)	\$1,722,863	\$332,562	\$372,056	\$9,589
8	Total Nursing Facility Days	As Filed Days = 38,366 FY20 Audited C/R Days	38,366									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,366 FY20 GL-PL Ins Rpt Days								38,366		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$252.77	\$146.10	\$0.00	\$23.20	\$19.94	(with L&H)	\$44.91	\$8.67	\$9.70	\$0.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4320</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$102.03	\$0.00	\$23.20	\$19.94		\$44.91	\$8.67	\$9.70	\$0.25
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.00	\$88.52	\$0.00	\$23.20	\$19.94		\$30.83	\$8.67	19.59 (FRV)	\$0.25
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.00	\$88.52	\$0.00	\$23.20	\$19.94	\$0.00	\$30.83	\$8.67	\$19.59	\$0.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2416</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.39	\$109.91	\$0.00	\$23.20	\$19.94	\$0.00	\$30.83	\$8.67	\$19.59	\$0.25
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.30	\$3.30								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.13	\$4.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$234.52</b>	<b>\$114.31</b>	<b>\$0.00</b>	<b>\$23.42</b>	<b>\$20.35</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$8.67</b>	<b>\$19.59</b>	<b>\$0.25</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$163.07</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide					
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:
<b>Provider: CHRISTIAN CITY REHABILITATION CENTER</b> <b>Prvdr ID: 00158034A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	33.33%	3.45	N/A	0.00%	2.5%	5.0%	1.5538	1.4224	1.4453	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																									
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>																
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																
<b>Base Period Per Diem Allowed Amounts</b>																									
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$14,232,214	\$7,910,806	\$0	\$1,369,218	\$1,376,949	\$0	\$3,153,886		\$421,355	\$0													
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$465,704)	(\$59,129)	\$0	\$0	\$0	\$0	(\$354,262)		(\$52,313)														
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$408,033															
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$55,789													
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$14,230,332	\$7,851,677	\$0	\$1,369,218	\$1,376,949	\$0	\$2,799,624	\$408,033	\$369,042	\$55,789													
8	Total Nursing Facility Days	As Filed Days = 67,331 FY20 Audited C/R Days	67,331																						
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 67,331 FY20 GL-PL Ins Rpt Days								67,331															
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$211.35	\$116.61	\$0.00	\$20.34	\$20.45	<i>(with L&amp;H)</i>	\$41.58	\$6.06	\$5.48	\$0.83													
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5538</b>																					
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.05																					
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.05	\$0.00	\$20.34	\$20.45		\$41.58	\$6.06	\$5.48	\$0.83													
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A														
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.51	\$75.05	\$0.00	\$20.34	\$20.45		\$30.83	\$6.06	13.95 <i>(FRV)</i>	\$0.83													
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																									
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A													
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.51	\$75.05	\$0.00	\$20.34	\$20.45	\$0.00	\$30.83	\$6.06	\$13.95	\$0.83													
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4453</b>																					
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.47																					
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.93	\$108.47	\$0.00	\$20.34	\$20.45	\$0.00	\$30.83	\$6.06	\$13.95	\$0.83													
<b>Quarterly Per Diem Add-on Amounts</b>																									
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00														
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.71	\$2.71																					
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.42	\$5.42																					
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00																
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$9.29	\$8.66	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00													
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$210.22</b>	<b>\$117.13</b>	<b>\$0.00</b>	<b>\$20.56</b>	<b>\$20.86</b>	<b>\$0.00</b>	<b>\$30.83</b>	<b>\$6.06</b>	<b>\$13.95</b>	<b>\$0.83</b>													
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$157.67</b>																						



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>MANOR CARE REHABILITATION CENTER - DECATUR</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00159266A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance:	N/A	Base Period Overall CMI:				1.5067	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	18.33%	Quarterly Medicaid CMI:				1.2839	1.5192	
					3.55	Qtrly Mcaid CMI w RUG Wght Options:				1.3014	1.5459	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,981,308	\$4,821,828	\$0	\$754,215	\$801,474	\$0	\$1,416,613		\$187,178	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$177,764)	(\$61,214)	\$0	\$0	(\$5,630)	(\$6,236)	(\$45,271)		(\$59,413)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$63,881		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$58,533
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,925,958	\$4,760,614	\$0	\$754,215	\$795,844	(\$6,236)	\$1,371,342	\$63,881	\$127,765	\$58,533
8	Total Nursing Facility Days	As Filed Days = 39,062 FY20 Audited C/R Days	39,062									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,062 FY20 GL-PL Ins Rpt Days								39,062		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$202.91	\$121.87	\$0.00	\$19.31	\$20.21	(with L&H)	\$35.11	\$1.64	\$3.27	\$1.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5067</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.89	\$0.00	\$19.31	\$20.21		\$35.11	\$1.64	\$3.27	\$1.50
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.04	\$80.89	\$0.00	\$19.31	\$20.21		\$30.83	\$1.64	10.66 (FRV)	\$1.50
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.04	\$80.89	\$0.00	\$19.31	\$20.21	\$0.00	\$30.83	\$1.64	\$10.66	\$1.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3014</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.42	\$105.27	\$0.00	\$19.31	\$20.21	\$0.00	\$30.83	\$1.64	\$10.66	\$1.50
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.16	\$3.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.42	\$3.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$210.84</b>	<b>\$108.96</b>	<b>\$0.00</b>	<b>\$19.53</b>	<b>\$20.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.64</b>	<b>\$10.66</b>	<b>\$1.50</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$145.31</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,684,055	\$3,778,540	\$0	\$674,110	\$549,594	\$0	\$623,236		\$58,575	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$97,840)	\$0	\$0	\$0	\$0	\$3,624	(\$59,929)		(\$41,535)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$56,305		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$41,535
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,684,055	\$3,778,540	\$0	\$674,110	\$549,594	\$3,624	\$563,307	\$56,305	\$17,040	\$41,535
8	Total Nursing Facility Days	As Filed Days = 36,174 FY20 Audited C/R Days	36,174									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,174 FY20 GL-PL Ins Rpt Days								36,174		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$157.13	\$104.45	\$0.00	\$18.64	\$15.29	(with L&H)	\$15.57	\$1.56	\$0.47	\$1.15
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6765</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.30	\$0.00	\$18.64	\$15.29		\$15.57	\$1.56	\$0.47	\$1.15
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.19	\$62.30	\$0.00	\$18.64	\$15.29		\$15.57	\$1.56	7.68 (FRV)	\$1.15
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.19	\$62.30	\$0.00	\$18.64	\$15.29	\$0.00	\$15.57	\$1.56	\$7.68	\$1.15
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6991</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.74	\$105.85	\$0.00	\$18.64	\$15.29	\$0.00	\$15.57	\$1.56	\$7.68	\$1.15
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.18	\$3.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.87	\$4.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$188.61</b>	<b>\$110.62</b>	<b>\$0.00</b>	<b>\$18.86</b>	<b>\$15.70</b>	<b>\$0.00</b>	<b>\$33.04</b>	<b>\$1.56</b>	<b>\$7.68</b>	<b>\$1.15</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$128.63</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>Provider: PARKSIDE POST ACUTE AND REHABILITATION</b> <b>Prvdr ID: 00169199A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													
							Facility Score: N/A	Add-on Percent: 0.00%	Base Period Overall CMI: 1.5385				1.5126
							Qtrly BIMS score: 38.79%	2.5%	Quarterly Medicaid CMI: 1.5657				1.5192
							Nurse Hours per On-Site Day/Quality Incentive: 3.59	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5919				1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$11,552,594	\$5,923,258	\$0	\$1,159,101	\$1,273,218	\$0	\$2,017,670		\$1,179,347	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$266,993)	\$0	\$0	\$0	\$6,449	\$5,660	(\$204,248)		(\$74,854)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$241,311			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$75,566	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$11,602,478	\$5,923,258	\$0	\$1,159,101	\$1,279,667	\$5,660	\$1,813,422	\$241,311	\$1,104,493	\$75,566	
8	Total Nursing Facility Days	As Filed Days = 55,511 FY20 Audited C/R Days	55,511										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 55,511 FY20 GL-PL Ins Rpt Days								55,511			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$209.01	\$106.70	\$0.00	\$20.88	\$23.15	(with L&H)	\$32.67	\$4.35	\$19.90	\$1.36	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5385</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.36									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.36	\$0.00	\$20.88	\$23.15		\$32.67	\$4.35	\$19.90	\$1.36	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.87	\$69.36	\$0.00	\$20.88	\$23.15		\$30.83	\$4.35	10.94 (FRV)	\$1.36	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.87	\$69.36	\$0.00	\$20.88	\$23.15	\$0.00	\$30.83	\$4.35	\$10.94	\$1.36	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5919</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.41									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.92	\$110.41	\$0.00	\$20.88	\$23.15	\$0.00	\$30.83	\$4.35	\$10.94	\$1.36	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.76	\$2.76									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.21	\$2.21									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.23	\$5.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$225.15</b>	<b>\$115.91</b>	<b>\$0.00</b>	<b>\$21.10</b>	<b>\$23.56</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$4.35</b>	<b>\$10.94</b>	<b>\$1.36</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$156.04</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:				
Provider: <b>WOODSTOCK NURSING &amp; REHAB CTR</b> Prvdr ID: <b>00171212A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	36.78%	2.5%	3.55	2.0%	1.8368	1.5524	1.5786	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>															
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
<b>Base Period Per Diem Allowed Amounts</b>																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$11,685,970	\$6,857,261	\$0	\$916,771	\$941,279	\$0	\$1,726,317		\$1,244,342	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$174,550)	\$0	\$0	\$0	\$0	\$0	(\$116,872)		(\$57,678)													
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$116,872														
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$57,678												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$11,685,970	\$6,857,261	\$0	\$916,771	\$941,279	\$0	\$1,609,445	\$116,872	\$1,186,664	\$57,678												
8	Total Nursing Facility Days	FY20 Audited C/R Days	50,157																					
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								50,157														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$233.00	\$136.72	\$0.00	\$18.28	\$18.77	<i>(with L&amp;H)</i>	\$32.09	\$2.33	\$23.66	\$1.15												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.8368</b>																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.43																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.43	\$0.00	\$18.28	\$18.77		\$32.09	\$2.33	\$23.66	\$1.15												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.20	\$74.43	\$0.00	\$18.28	\$18.77		\$30.83	\$2.33	9.41 <i>(FRV)</i>	\$1.15												
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.20	\$74.43	\$0.00	\$18.28	\$18.77	\$0.00	\$30.83	\$2.33	\$9.41	\$1.15												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5786</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.50																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.27	\$117.50	\$0.00	\$18.28	\$18.77	\$0.00	\$30.83	\$2.33	\$9.41	\$1.15												
<b>Quarterly Per Diem Add-on Amounts</b>																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00													
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.94	\$2.94																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.35	\$2.35																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.55	\$5.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00												
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$221.82</b>	<b>\$123.32</b>	<b>\$0.00</b>	<b>\$18.50</b>	<b>\$19.18</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$2.33</b>	<b>\$9.41</b>	<b>\$1.15</b>												
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$153.54</b>																					



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>FAIRBURN HEALTH CARE CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00173071A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5412			1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 23.91%		Nurse Hours per On-Site Day/Quality Incentive: 3.28		23.91%	1.0%	Quarterly Medicaid CMI: 1.7949			1.5192	
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8297			1.5459	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,203,202	\$2,516,951	\$0	\$500,771	\$436,952	\$0	\$1,177,971		\$570,557	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$181,488)	\$0	\$0	\$0	\$16,682	\$13,998	(\$189,160)		(\$23,008)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$183,196		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$24,623
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,229,533	\$2,516,951	\$0	\$500,771	\$453,634	\$13,998	\$988,811	\$183,196	\$547,549	\$24,623
8	Total Nursing Facility Days	As Filed Days = 33,441 FY20 Audited C/R Days	33,441									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,441 FY20 GL-PL Ins Rpt Days								33,441		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$156.38	\$75.27	\$0.00	\$14.97	\$13.98	(with L&H)	\$29.57	\$5.48	\$16.37	\$0.74
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5412</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$48.84	\$0.00	\$14.97	\$13.98		\$29.57	\$5.48	\$16.37	\$0.74
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.75	\$48.84	\$0.00	\$14.97	\$13.98		\$29.57	\$5.48	9.17 (FRV)	\$0.74
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.75	\$48.84	\$0.00	\$14.97	\$13.98	\$0.00	\$29.57	\$5.48	\$9.17	\$0.74
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.8297</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.27	\$89.36	\$0.00	\$14.97	\$13.98	\$0.00	\$29.57	\$5.48	\$9.17	\$0.74
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.89	\$0.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.79	\$1.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.31	\$3.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$184.58</b>	<b>\$92.57</b>	<b>\$0.00</b>	<b>\$15.19</b>	<b>\$14.39</b>	<b>\$0.00</b>	<b>\$47.04</b>	<b>\$5.48</b>	<b>\$9.17</b>	<b>\$0.74</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$125.61</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>THE OAKS - SCENIC VIEW SKILLED NURSING</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00178307A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7203	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	21.21%	1.0%	Quarterly Medicaid CMI:			1.5715	1.5192
							3.33	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6008	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,862,690	\$5,161,743	\$0	\$697,492	\$965,495	\$0	\$1,387,786		\$650,174	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$388,991)	(\$106,622)	\$0	\$0	(\$5,046)	(\$5,006)	(\$208,579)		(\$63,738)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$301,415			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$73,460	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,848,574	\$5,055,121	\$0	\$697,492	\$960,449	(\$5,006)	\$1,179,207	\$301,415	\$586,436	\$73,460	
8	Total Nursing Facility Days	As Filed Days = 43,558 FY20 Audited C/R Days	43,558										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 43,558 FY20 GL-PL Ins Rpt Days								43,558			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$203.13	\$116.05	\$0.00	\$16.01	\$21.93	(with L&H)	\$27.07	\$6.92	\$13.46	\$1.69	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.7203</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.46									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.46	\$0.00	\$16.01	\$21.93		\$27.07	\$6.92	\$13.46	\$1.69	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.28	\$67.46	\$0.00	\$16.01	\$21.93		\$27.07	\$6.92	9.20 (FRV)	\$1.69	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.28	\$67.46	\$0.00	\$16.01	\$21.93	\$0.00	\$27.07	\$6.92	\$9.20	\$1.69	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6008</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.99									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.81	\$107.99	\$0.00	\$16.01	\$21.93	\$0.00	\$27.07	\$6.92	\$9.20	\$1.69	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.40	\$5.40									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.11	\$7.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$215.92</b>	<b>\$115.00</b>	<b>\$0.00</b>	<b>\$16.23</b>	<b>\$22.34</b>	<b>\$0.00</b>	<b>\$44.54</b>	<b>\$6.92</b>	<b>\$9.20</b>	<b>\$1.69</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$149.12</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - MARIETTA</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00202507A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5492		1.5492	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 42.17%		Nurse Hours per On-Site Day/Quality Incentive: 2.78		42.17%	2.5%	Quarterly Medicaid CMI: 1.5813		1.5813	1.5192		
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6101		1.6101	1.5459		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,389,668	\$3,912,063	\$0	\$632,908	\$690,890	\$0	\$1,145,231		\$1,008,576	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$409,239)	(\$140,251)	\$0	\$0	(\$1,265)	(\$1,069)	(\$203,029)		(\$63,625)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$242,452			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$65,422	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,288,303	\$3,771,812	\$0	\$632,908	\$689,625	(\$1,069)	\$942,202	\$242,452	\$944,951	\$65,422	
8	Total Nursing Facility Days As Filed Days = 37,820	FY20 Audited C/R Days	37,820										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,820	FY20 GL-PL Ins Rpt Days								37,820			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$192.71	\$99.73	\$0.00	\$16.73	\$18.21	(with L&H)	\$24.91	\$6.41	\$24.99	\$1.73	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5492</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.37									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.37	\$0.00	\$16.73	\$18.21		\$24.91	\$6.41	\$24.99	\$1.73	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.97	\$64.37	\$0.00	\$16.73	\$18.21		\$24.91	\$6.41	13.61 (FRV)	\$1.73	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.97	\$64.37	\$0.00	\$16.73	\$18.21	\$0.00	\$24.91	\$6.41	\$13.61	\$1.73	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6101</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.64									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.24	\$103.64	\$0.00	\$16.73	\$18.21	\$0.00	\$24.91	\$6.41	\$13.61	\$1.73	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.59	\$2.59									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.18	\$5.18									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.40	\$8.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$211.64</b>	<b>\$111.94</b>	<b>\$0.00</b>	<b>\$16.95</b>	<b>\$18.62</b>	<b>\$0.00</b>	<b>\$42.38</b>	<b>\$6.41</b>	<b>\$13.61</b>	<b>\$1.73</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$145.91</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>GORDON HEALTH AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00202848A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4670	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	20.24%	1.0%	Quarterly Medicaid CMI:			1.5474	1.5192
							3.23	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5752	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,424,608	\$3,700,108	\$0	\$761,351	\$751,334	\$0	\$1,251,162		\$960,653	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$185,982)	\$0	\$0	\$0	\$0	(\$6,081)	(\$134,455)		(\$45,446)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$62,010			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$45,446	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,346,082	\$3,700,108	\$0	\$761,351	\$751,334	(\$6,081)	\$1,116,707	\$62,010	\$915,207	\$45,446	
8	Total Nursing Facility Days	As Filed Days = 39,888 FY20 Audited C/R Days	39,888										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,888 FY20 GL-PL Ins Rpt Days								39,888			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.16	\$92.76	\$0.00	\$19.09	\$18.68	(with L&H)	\$28.00	\$1.55	\$22.94	\$1.14	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4670</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.23									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.23	\$0.00	\$19.09	\$18.68		\$28.00	\$1.55	\$22.94	\$1.14	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.40	\$63.23	\$0.00	\$19.09	\$18.68		\$28.00	\$1.55	10.71 (FRV)	\$1.14	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.40	\$63.23	\$0.00	\$19.09	\$18.68	\$0.00	\$28.00	\$1.55	\$10.71	\$1.14	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5752</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.60									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.77	\$99.60	\$0.00	\$19.09	\$18.68	\$0.00	\$28.00	\$1.55	\$10.71	\$1.14	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.98	\$4.98									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.61	\$6.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$203.38</b>	<b>\$106.11</b>	<b>\$0.00</b>	<b>\$19.31</b>	<b>\$19.09</b>	<b>\$0.00</b>	<b>\$45.47</b>	<b>\$1.55</b>	<b>\$10.71</b>	<b>\$1.14</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$139.71</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:			
Provider: <b>FLORENCE HAND HOME</b> Prvdr ID: <b>00207083A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide	
													N/A	0.00%	N/A	22.35%	4.20	3.0%	1.2277	1.5126			
																			1.1810	1.5192			
																			1.1960	1.5459			
<b>CASE MIX BASED RATE CALCULATIONS</b>													a	b	c	d	e	f	g	g	h	i	
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>														
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																							
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
<b>Base Period Per Diem Allowed Amounts</b>																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$18,750,716	\$5,597,129	\$0	\$1,398,152	\$1,269,611	\$1,156,023	\$7,679,210		\$1,650,591	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$105,910)	\$0	\$0	\$0	\$10,819	\$9,850	(\$126,579)		\$0												
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$126,579													
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>																		\$0			
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$18,771,385	\$5,597,129	\$0	\$1,398,152	\$1,280,430	\$1,165,873	\$7,552,631	\$126,579	\$1,650,591	\$0											
8	Total Nursing Facility Days	As Filed Days = 48,089																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 48,089																					
		FY20 Audited C/R Days	48,089																				
		FY20 GL-PL Ins Rpt Days																					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$390.34	\$116.39	\$0.00	\$29.07	\$50.87	(with L&H)	\$157.06	\$2.63	\$34.32	\$0.00											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.2277</b>																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.80																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$94.80	\$0.00	\$29.07	\$50.87		\$157.06	\$2.63	\$34.32	\$0.00											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.17	\$88.52	\$0.00	\$29.07	\$27.62		\$30.83	\$2.63	15.50 (FRV)	\$0.00											
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.17	\$88.52	\$0.00	\$29.07	\$27.62	\$0.00	\$30.83	\$2.63	\$15.50	\$0.00											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.1960</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.87																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.52	\$105.87	\$0.00	\$29.07	\$27.62	\$0.00	\$30.83	\$2.63	\$15.50	\$0.00											
<b>Quarterly Per Diem Add-on Amounts</b>																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00												
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.18	\$3.18																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10														
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.56	\$4.24	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00											
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$233.08</b>	<b>\$110.11</b>	<b>\$0.00</b>	<b>\$29.29</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$2.63</b>	<b>\$15.50</b>	<b>\$0.00</b>											
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$161.99</b>																				

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide										
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide
Provider: <b>CHATSWORTH HEALTH CARE CENTER</b> Prvdr ID: <b>00209778A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.6841	1.5126	Qtrly BIMS score	37.36%	2.5%	Quarterly Medicaid CMI:	1.9040	1.5192	Nurse Hours per On-Site Day/Quality Incentive:	2.93	2.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.9418	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>													a	b	c	d	e	f	g	g	h	i								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>																					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																														
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																					
<b>Base Period Per Diem Allowed Amounts</b>																														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,799,886	\$2,967,073	\$0	\$647,893	\$588,196	\$0	\$1,111,456		\$1,485,268	\$0																		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$214,642)	\$0	\$0	\$0	\$7,423	\$7,488	(\$192,163)		(\$37,390)																			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$183,196																				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$38,339																		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,806,779	\$2,967,073	\$0	\$647,893	\$595,619	\$7,488	\$919,293	\$183,196	\$1,447,878	\$38,339																		
8	Total Nursing Facility Days	As Filed Days = 40,395 FY20 Audited C/R Days	40,395																											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,395 FY20 GL-PL Ins Rpt Days								40,395																				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$168.51	\$73.45	\$0.00	\$16.04	\$14.93	(with L&H)	\$22.76	\$4.54	\$35.84	\$0.95																		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6841</b>																										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.61																										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$43.61	\$0.00	\$16.04	\$14.93		\$22.76	\$4.54	\$35.84	\$0.95																		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.78	\$43.61	\$0.00	\$16.04	\$14.93		\$22.76	\$4.54	8.95 (FRV)	\$0.95																		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A																		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$111.78	\$43.61	\$0.00	\$16.04	\$14.93	\$0.00	\$22.76	\$4.54	\$8.95	\$0.95																		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.9418</b>																										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.68																										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.85	\$84.68	\$0.00	\$16.04	\$14.93	\$0.00	\$22.76	\$4.54	\$8.95	\$0.95																		
<b>Quarterly Per Diem Add-on Amounts</b>																														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00																		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.12	\$2.12																										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.69	\$1.69																										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.44	\$4.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00																		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$175.29</b>	<b>\$89.02</b>	<b>\$0.00</b>	<b>\$16.26</b>	<b>\$15.34</b>	<b>\$0.00</b>	<b>\$40.23</b>	<b>\$4.54</b>	<b>\$8.95</b>	<b>\$0.95</b>																		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$118.64</b>																											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>HIGH SHOALS HEALTH AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00212814A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.2780	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	41.82%	2.5%	Quarterly Medicaid CMI:				1.2293	1.5192
							3.03	6.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.2482	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,781,551	\$3,126,510	\$0	\$559,356	\$679,022	\$0	\$1,073,236		\$343,427	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$99,917)	\$0	\$0	\$0	\$0	\$5,734	(\$84,552)		(\$21,099)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$56,637				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$21,099		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,759,370	\$3,126,510	\$0	\$559,356	\$679,022	\$5,734	\$988,684	\$56,637	\$322,328	\$21,099		
8	Total Nursing Facility Days As Filed Days = 31,868	FY20 Audited C/R Days	31,868											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,868	FY20 GL-PL Ins Rpt Days								31,868				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$180.72	\$98.11	\$0.00	\$17.55	\$21.49	(with L&H)	\$31.02	\$1.78	\$10.11	\$0.66		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.2780</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.77										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.77	\$0.00	\$17.55	\$21.49		\$31.02	\$1.78	\$10.11	\$0.66		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.41	\$76.77	\$0.00	\$17.55	\$21.49		\$30.83	\$1.78	16.33 (FRV)	\$0.66		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.41	\$76.77	\$0.00	\$17.55	\$21.49	\$0.00	\$30.83	\$1.78	\$16.33	\$0.66		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2482</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.82										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.46	\$95.82	\$0.00	\$17.55	\$21.49	\$0.00	\$30.83	\$1.78	\$16.33	\$0.66		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.40	\$2.40										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.75	\$5.75										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.41	\$8.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$210.87</b>	<b>\$104.50</b>	<b>\$0.00</b>	<b>\$17.77</b>	<b>\$21.90</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.78</b>	<b>\$16.33</b>	<b>\$0.66</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$145.33</b>											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - FORT OGLETHORPE</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00214695A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3478	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	35.11%	2.5%	Quarterly Medicaid CMI:			1.4396	1.5192
							2.93	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4633	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,304,193	\$3,646,109	\$0	\$576,420	\$712,710	\$0	\$1,070,160		\$298,794	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$296,235)	(\$31,657)	\$0	\$0	\$0	\$0	(\$227,660)		(\$36,918)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$244,355			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$38,727	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,291,040	\$3,614,452	\$0	\$576,420	\$712,710	\$0	\$842,500	\$244,355	\$261,876	\$38,727	
8	Total Nursing Facility Days	As Filed Days = 36,809 FY20 Audited C/R Days	36,809										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,809 FY20 GL-PL Ins Rpt Days								36,809			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$170.90	\$98.19	\$0.00	\$15.66	\$19.36	(with L&H)	\$22.89	\$6.64	\$7.11	\$1.05	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3478</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.85									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.85	\$0.00	\$15.66	\$19.36		\$22.89	\$6.64	\$7.11	\$1.05	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.76	\$72.85	\$0.00	\$15.66	\$19.36		\$22.89	\$6.64	9.31 (FRV)	\$1.05	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.76	\$72.85	\$0.00	\$15.66	\$19.36	\$0.00	\$22.89	\$6.64	\$9.31	\$1.05	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4633</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.60									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.51	\$106.60	\$0.00	\$15.66	\$19.36	\$0.00	\$22.89	\$6.64	\$9.31	\$1.05	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.67	\$2.67									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.33	\$5.33									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.63	\$8.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$208.14</b>	<b>\$115.13</b>	<b>\$0.00</b>	<b>\$15.88</b>	<b>\$19.77</b>	<b>\$0.00</b>	<b>\$40.36</b>	<b>\$6.64</b>	<b>\$9.31</b>	<b>\$1.05</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$143.28</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
<b>Provider: UNIVERSITY EXTENDED CARE-WESTWOOD</b> <b>Prvdr ID: 00219359A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													Growth Allowance: N/A Qtrly BIMS score: 33.70% Nurse Hours per On-Site Day/Quality Incentive: 4.75			Facility Score: N/A Add-on Percent: 0.00% 2.5% 3.0%			Base Period Overall CMI: 1.4488 Quarterly Medicaid CMI: 1.5312 Qtrly Mcaid CMI w RUG Wght Options: 1.5584			1.4488	1.5126	1.5312	1.5192	1.5584	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																											
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
<b>Base Period Per Diem Allowed Amounts</b>																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,292,062	\$5,522,627	\$0	\$1,108,391	\$943,015	\$0	\$1,269,367		\$448,662	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$805,241)	\$0	\$0	\$0	\$0	\$0	(\$796,656)		(\$8,585)																
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$194,244																	
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$8,585															
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,689,650	\$5,522,627	\$0	\$1,108,391	\$943,015	\$0	\$472,711	\$194,244	\$440,077	\$8,585															
8	Total Nursing Facility Days	As Filed Days = 49,752 FY20 Audited C/R Days	49,752																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 49,752 FY20 GL-PL Ins Rpt Days								49,752																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$174.65	\$111.00	\$0.00	\$22.28	\$18.95	(with L&H)	\$9.50	\$3.90	\$8.85	\$0.17															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4488</b>																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.62																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.62	\$0.00	\$22.28	\$18.95		\$9.50	\$3.90	\$8.85	\$0.17															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.74	\$76.62	\$0.00	\$22.28	\$18.95		\$9.50	\$3.90	15.32 (FRV)	\$0.17															
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.74	\$76.62	\$0.00	\$22.28	\$18.95	\$0.00	\$9.50	\$3.90	\$15.32	\$0.17															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5584</b>																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.40																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.52	\$119.40	\$0.00	\$22.28	\$18.95	\$0.00	\$9.50	\$3.90	\$15.32	\$0.17															
<b>Quarterly Per Diem Add-on Amounts</b>																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00																
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.99	\$2.99																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.58	\$3.58																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.20	\$7.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00															
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$214.72</b>	<b>\$126.50</b>	<b>\$0.00</b>	<b>\$22.50</b>	<b>\$19.36</b>	<b>\$0.00</b>	<b>\$26.97</b>	<b>\$3.90</b>	<b>\$15.32</b>	<b>\$0.17</b>															
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$148.22</b>																								

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance			Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i		
Provider: <b>COMER HEALTH AND REHABILITATION</b> Prvdr ID: <b>00220448A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>														
			Growth Allowance: N/A Qtrly BIMS score: 50.82% Nurse Hours per On-Site Day/Quality Incentive: 2.98				Add-on Percent: 0.00% 5.5% 7.0%				Base Period Overall CMI: 1.4328 Quarterly Medicaid CMI: 1.3089 Qtrly Mcaid CMI w RUG Wght Options: 1.3308			
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,846,252	\$3,379,927	\$0	\$756,099	\$727,832	\$0	\$1,713,134		\$269,260	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$163,238)	\$0	\$0	\$0	\$0	(\$8,080)	(\$140,665)		(\$14,493)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$61,789				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$14,493		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,759,296	\$3,379,927	\$0	\$756,099	\$727,832	(\$8,080)	\$1,572,469	\$61,789	\$254,767	\$14,493		
8	Total Nursing Facility Days	As Filed Days = 36,545 FY20 Audited C/R Days	36,545											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,545 FY20 GL-PL Ins Rpt Days								36,545				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.96	\$92.49	\$0.00	\$20.69	\$19.69	(with L&H)	\$43.03	\$1.69	\$6.97	\$0.40		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4328</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.55										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.55	\$0.00	\$20.69	\$19.69		\$43.03	\$1.69	\$6.97	\$0.40		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.13	\$64.55	\$0.00	\$20.69	\$19.69		\$30.83	\$1.69	9.28 (FRV)	\$0.40		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.13	\$64.55	\$0.00	\$20.69	\$19.69	\$0.00	\$30.83	\$1.69	\$9.28	\$0.40		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3308</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.90										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.48	\$85.90	\$0.00	\$20.69	\$19.69	\$0.00	\$30.83	\$1.69	\$9.28	\$0.40		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.72	\$4.72										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>7.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.01	\$6.01										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.99	\$11.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$197.47</b>	<b>\$97.16</b>	<b>\$0.00</b>	<b>\$20.91</b>	<b>\$20.10</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.69</b>	<b>\$9.28</b>	<b>\$0.40</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$135.28</b>											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: <b>GLENWOOD HEALTH AND REHABILITATION CENTER</b>														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.4825	1.5126	
Prvdr ID: <b>00220514A</b>														Qtrly BIMS score	32.06%	2.5%	Quarterly Medicaid CMI:	1.6223	1.5192	
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>														Nurse Hours per On-Site Day/Quality Incentive:	3.78	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.6519	1.5459	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>																				
			a	b	c	d	e	f	g	g	h	i								
<b>CASE MIX BASED RATE CALCULATIONS</b>																				
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>											
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
<b>Base Period Per Diem Allowed Amounts</b>																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$12,095,656	\$7,227,958	\$0	\$1,161,775	\$976,646	\$0	\$1,553,748		\$1,175,529	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$827,034	\$0	\$0	\$0	\$0	\$0	\$633,766		\$193,268									
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$113,179										
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>																		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$13,035,869	\$7,227,958	\$0	\$1,161,775	\$976,646	\$0	\$2,187,514	\$113,179	\$1,368,797	\$0								
8	Total Nursing Facility Days As Filed Days = 77,678	FY20 Audited C/R Days	77,678																	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 77,678	FY20 GL-PL Ins Rpt Days								77,678										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$167.82	\$93.05	\$0.00	\$14.96	\$12.57	(with L&H)	\$28.16	\$1.46	\$17.62	\$0.00								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4825</b>																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.76																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.76	\$0.00	\$14.96	\$12.57		\$28.16	\$1.46	\$17.62	\$0.00								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.51	\$62.76	\$0.00	\$14.96	\$12.57		\$28.16	\$1.46	6.60 (FRV)	\$0.00								
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.51	\$62.76	\$0.00	\$14.96	\$12.57	\$0.00	\$28.16	\$1.46	\$6.60	\$0.00								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6519</b>																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.67																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.42	\$103.67	\$0.00	\$14.96	\$12.57	\$0.00	\$28.16	\$1.46	\$6.60	\$0.00								
<b>Quarterly Per Diem Add-on Amounts</b>																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00									
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.59	\$2.59																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.11	\$3.11																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.33	\$6.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00								
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$191.75</b>	<b>\$109.90</b>	<b>\$0.00</b>	<b>\$15.18</b>	<b>\$12.98</b>	<b>\$0.00</b>	<b>\$45.63</b>	<b>\$1.46</b>	<b>\$6.60</b>	<b>\$0.00</b>								
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$130.99</b>																	

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>FOUNTAIN BLUE REHAB AND NURSING</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00222582A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6003	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	41.94%	2.5%	Quarterly Medicaid CMI:			1.7146	1.5192
							3.00	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7482	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,644,089	\$2,331,390	\$0	\$483,496	\$437,867	\$0	\$840,932		\$550,404	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$172,382)	(\$17,904)	\$0	\$0	\$1,116	\$1,154	(\$92,494)		(\$64,254)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$92,494			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$64,588	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,628,789	\$2,313,486	\$0	\$483,496	\$438,983	\$1,154	\$748,438	\$92,494	\$486,150	\$64,588	
8	Total Nursing Facility Days As Filed Days = 28,814	FY20 Audited C/R Days	28,814										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,814	FY20 GL-PL Ins Rpt Days								28,814			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$160.64	\$80.29	\$0.00	\$16.78	\$15.28	(with L&H)	\$25.97	\$3.21	\$16.87	\$2.24	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6003</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.17									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$50.17	\$0.00	\$16.78	\$15.28		\$25.97	\$3.21	\$16.87	\$2.24	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.70	\$50.17	\$0.00	\$16.78	\$15.28		\$25.97	\$3.21	9.05 (FRV)	\$2.24	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.70	\$50.17	\$0.00	\$16.78	\$15.28	\$0.00	\$25.97	\$3.21	\$9.05	\$2.24	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7482</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.71									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.24	\$87.71	\$0.00	\$16.78	\$15.28	\$0.00	\$25.97	\$3.21	\$9.05	\$2.24	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.19	\$2.19									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.75	\$1.75									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.57	\$4.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$182.81</b>	<b>\$92.18</b>	<b>\$0.00</b>	<b>\$17.00</b>	<b>\$15.69</b>	<b>\$0.00</b>	<b>\$43.44</b>	<b>\$3.21</b>	<b>\$9.05</b>	<b>\$2.24</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$124.28</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>EATONTON HEALTH AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00223473A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4584	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	26.67%	1.0%	Quarterly Medicaid CMI:			1.2427	1.5192
							3.29	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2626	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,839,852	\$2,574,984	\$0	\$474,854	\$577,367	\$0	\$805,735		\$406,912	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$91,178)	\$0	\$0	\$0	\$1,100	(\$2,006)	(\$62,777)		(\$27,495)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$55,120			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$27,606	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,831,400	\$2,574,984	\$0	\$474,854	\$578,467	(\$2,006)	\$742,958	\$55,120	\$379,417	\$27,606	
8	Total Nursing Facility Days	As Filed Days = 27,198 FY20 Audited C/R Days	27,198										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,198 FY20 GL-PL Ins Rpt Days								27,198			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$177.65	\$94.68	\$0.00	\$17.46	\$21.19	(with L&H)	\$27.32	\$2.03	\$13.95	\$1.02	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4584</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.92									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.92	\$0.00	\$17.46	\$21.19		\$27.32	\$2.03	\$13.95	\$1.02	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.60	\$64.92	\$0.00	\$17.46	\$21.19		\$27.32	\$2.03	9.66 (FRV)	\$1.02	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.60	\$64.92	\$0.00	\$17.46	\$21.19	\$0.00	\$27.32	\$2.03	\$9.66	\$1.02	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2626</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.97									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.65	\$81.97	\$0.00	\$17.46	\$21.19	\$0.00	\$27.32	\$2.03	\$9.66	\$1.02	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.10	\$4.10									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.55	\$5.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$184.20</b>	<b>\$87.42</b>	<b>\$0.00</b>	<b>\$17.68</b>	<b>\$21.60</b>	<b>\$0.00</b>	<b>\$44.79</b>	<b>\$2.03</b>	<b>\$9.66</b>	<b>\$1.02</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$125.33</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>CHESTNUT RIDGE NSG &amp; REHAB CTR</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00228049A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance:	N/A	Base Period Overall CMI:				1.6452	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	15.48%	Quarterly Medicaid CMI:				1.5519	1.5192	
					3.04	Qtrly Mcaid CMI w RUG Wght Options:				1.5795	1.5459	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,527,747	\$5,245,024	\$0	\$891,365	\$800,558	\$0	\$1,512,970		\$1,077,830	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$119,947)	\$150	\$0	(\$5,518)	\$2,639	\$2,229	(\$90,508)		(\$28,939)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$91,008		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$28,939
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,527,747	\$5,245,174	\$0	\$885,847	\$803,197	\$2,229	\$1,422,462	\$91,008	\$1,048,891	\$28,939
8	Total Nursing Facility Days	As Filed Days = 48,328 FY20 Audited C/R Days	48,328									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 48,328 FY20 GL-PL Ins Rpt Days								48,328		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$197.14	\$108.53	\$0.00	\$18.33	\$16.67	(with L&H)	\$29.43	\$1.88	\$21.70	\$0.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6452</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.97	\$0.00	\$18.33	\$16.67		\$29.43	\$1.88	\$21.70	\$0.60
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.15	\$65.97	\$0.00	\$18.33	\$16.67		\$29.43	\$1.88	8.27 (FRV)	\$0.60
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.15	\$65.97	\$0.00	\$18.33	\$16.67	\$0.00	\$29.43	\$1.88	\$8.27	\$0.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5795</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.38	\$104.20	\$0.00	\$18.33	\$16.67	\$0.00	\$29.43	\$1.88	\$8.27	\$0.60
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.13	\$3.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.76	\$3.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$201.14</b>	<b>\$107.86</b>	<b>\$0.00</b>	<b>\$18.55</b>	<b>\$17.08</b>	<b>\$0.00</b>	<b>\$46.90</b>	<b>\$1.88</b>	<b>\$8.27</b>	<b>\$0.60</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.03</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide								
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent	Qtrly Mcaid CMI w RUG Wght Options:
													N/A	3.76	0.00%	1.6045	1.6045	1.5126	12.77%	3.76	0.0%	1.1427	1.1427	1.5192	2.0%	1.1554	1.1554	1.5459
													0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<b>CASE MIX BASED RATE CALCULATIONS</b>																												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>																			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																			
<b>Base Period Per Diem Allowed Amounts</b>																												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,608,396	\$5,197,768	\$0	\$861,759	\$722,670	\$0	\$1,492,065		\$334,134	\$0																
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$152,104)	(\$114,615)	\$0	\$0	\$8,062	(\$10,301)	\$26,641		(\$61,891)																	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$104,075																		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>																				\$63,341						
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,623,708	\$5,083,153	\$0	\$861,759	\$730,732	(\$10,301)	\$1,518,706	\$104,075	\$272,243	\$63,341																
8	Total Nursing Facility Days	As Filed Days = 37,056 FY20 Audited C/R Days	37,056																									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 37,056 FY20 GL-PL Ins Rpt Days								37,056																		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$232.72	\$137.17	\$0.00	\$23.26	\$19.44	(with L&H)	\$40.98	\$2.81	\$7.35	\$1.71																
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6045</b>																								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.49																								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.49	\$0.00	\$23.26	\$19.44		\$40.98	\$2.81	\$7.35	\$1.71																
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.39	\$85.49	\$0.00	\$23.26	\$19.44		\$30.83	\$2.81	10.85 <i>(FRV)</i>	\$1.71																
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A																
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.39	\$85.49	\$0.00	\$23.26	\$19.44	\$0.00	\$30.83	\$2.81	\$10.85	\$1.71																
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.1554</b>																								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.78																								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.68	\$98.78	\$0.00	\$23.26	\$19.44	\$0.00	\$30.83	\$2.81	\$10.85	\$1.71																
<b>Quarterly Per Diem Add-on Amounts</b>																												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00																	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$20.24	\$2.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00																
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$207.92</b>	<b>\$101.29</b>	<b>\$0.00</b>	<b>\$23.48</b>	<b>\$19.85</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$2.81</b>	<b>\$10.85</b>	<b>\$1.71</b>																
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$143.12</b>																									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - SAVANNAH</b> Prvdr ID: <b>00238323A</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Growth Allowance: N/A Qtrly BIMS score: 50.00% Nurse Hours per On-Site Day/Quality Incentive: 3.47				N/A	0.00%	Base Period Overall CMI: 1.6824 Quarterly Medicaid CMI: 1.4730 Qtrly Mcaid CMI w RUG Wght Options: 1.4976			1.6824	1.5126
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,509,461	\$4,943,765	\$0	\$679,811	\$962,928	\$0	\$1,550,780		\$1,372,177	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$451,586)	(\$60,983)	\$0	\$0	\$10,878	\$11,662	(\$235,136)		(\$178,007)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$246,360		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$184,463
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,488,698	\$4,882,782	\$0	\$679,811	\$973,806	\$11,662	\$1,315,644	\$246,360	\$1,194,170	\$184,463
8	Total Nursing Facility Days	As Filed Days = 41,162 FY20 Audited C/R Days	41,162									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,162 FY20 GL-PL Ins Rpt Days								41,162		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$230.52	\$118.62	\$0.00	\$16.52	\$23.94	(with L&H)	\$31.96	\$5.99	\$29.01	\$4.48
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6824</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.51	\$0.00	\$16.52	\$23.94		\$31.96	\$5.99	\$29.01	\$4.48
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.82	\$70.51	\$0.00	\$16.52	\$23.94		\$30.83	\$5.99	27.55 (FRV)	\$4.48
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.82	\$70.51	\$0.00	\$16.52	\$23.94	\$0.00	\$30.83	\$5.99	\$27.55	\$4.48
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4976</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.91	\$105.60	\$0.00	\$16.52	\$23.94	\$0.00	\$30.83	\$5.99	\$27.55	\$4.48
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.81	\$5.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.28	\$5.28								
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	\$29.35	\$11.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$244.26</b>	<b>\$117.22</b>	<b>\$0.00</b>	<b>\$16.74</b>	<b>\$24.35</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$5.99</b>	<b>\$27.55</b>	<b>\$4.48</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$170.37</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>Provider: RESORTS AT POOLER INC</b> <b>Prvdr ID: 00238741A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>												
			Growth Allowance: N/A				Base Period Overall CMI: 1.3716				1.3716	1.5126
			Qtrly BIMS score: 24.24%				Quarterly Medicaid CMI: 1.7576				1.7576	1.5192
			Nurse Hours per On-Site Day/Quality Incentive: 3.03				Qtrly Mcaid CMI w RUG Wght Options: 1.7923				1.7923	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,121,897	\$1,532,528	\$0	\$357,955	\$389,859	\$0	\$756,767		\$84,788	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$329,350)	(\$89,741)	\$0	\$0	(\$3,113)	(\$3,586)	(\$150,724)		(\$82,186)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$150,724		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$77,980
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,021,251	\$1,442,787	\$0	\$357,955	\$386,746	(\$3,586)	\$606,043	\$150,724	\$2,602	\$77,980
8	Total Nursing Facility Days	As Filed Days = 20,971 FY20 Audited C/R Days	20,971									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,971 FY20 GL-PL Ins Rpt Days								20,971		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$144.07	\$68.80	\$0.00	\$17.07	\$18.27	<i>(with L&amp;H)</i>	\$28.90	\$7.19	\$0.12	\$3.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3716</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$50.16	\$0.00	\$17.07	\$18.27		\$28.90	\$7.19	\$0.12	\$3.72
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.25	\$50.16	\$0.00	\$17.07	\$18.27		\$28.90	\$7.19	7.94 <i>(FRV)</i>	\$3.72
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.25	\$50.16	\$0.00	\$17.07	\$18.27	\$0.00	\$28.90	\$7.19	\$7.94	\$3.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7923</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.99	\$89.90	\$0.00	\$17.07	\$18.27	\$0.00	\$28.90	\$7.19	\$7.94	\$3.72
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.80	\$1.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.33	\$3.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$194.32</b>	<b>\$93.13</b>	<b>\$0.00</b>	<b>\$17.29</b>	<b>\$18.68</b>	<b>\$0.00</b>	<b>\$46.37</b>	<b>\$7.19</b>	<b>\$7.94</b>	<b>\$3.72</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$132.92</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>WINDERMERE HEALTH AND REHABILITATION CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00241678A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7182	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	31.15%	2.5%	Quarterly Medicaid CMI:			1.4970	1.5192
							3.51	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5232	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,080,534	\$3,993,840	\$0	\$630,479	\$568,919	\$0	\$885,621		\$2,001,675	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$329,227	(\$3,300)	\$0	(\$2,475)	(\$4,944)	(\$282)	\$406,209		(\$65,981)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$4,593			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$64,730	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,479,084	\$3,990,540	\$0	\$628,004	\$563,975	(\$282)	\$1,291,830	\$4,593	\$1,935,694	\$64,730	
8	Total Nursing Facility Days	As Filed Days = 33,917 FY20 Audited C/R Days	33,917										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,917 FY20 GL-PL Ins Rpt Days								33,917			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$250.01	\$117.66	\$0.00	\$18.52	\$16.62	(with L&H)	\$38.09	\$0.14	\$57.07	\$1.91	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.7182</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.48									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.48	\$0.00	\$18.52	\$16.62		\$38.09	\$0.14	\$57.07	\$1.91	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.06	\$68.48	\$0.00	\$18.52	\$16.62		\$30.83	\$0.14	10.56 (FRV)	\$1.91	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.06	\$68.48	\$0.00	\$18.52	\$16.62	\$0.00	\$30.83	\$0.14	\$10.56	\$1.91	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5232</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.31									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.89	\$104.31	\$0.00	\$18.52	\$16.62	\$0.00	\$30.83	\$0.14	\$10.56	\$1.91	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.61	\$2.61									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.09	\$2.09									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.96	\$5.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$205.85</b>	<b>\$109.54</b>	<b>\$0.00</b>	<b>\$18.74</b>	<b>\$17.03</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$0.14</b>	<b>\$10.56</b>	<b>\$1.91</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$141.56</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - AUGUSTA HILLS</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00245055A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5193	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	19.18%	0.0%	Quarterly Medicaid CMI:			1.4555	1.5192
							3.31	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4799	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,821,978	\$3,171,321	\$0	\$547,028	\$714,466	\$0	\$1,030,927		\$358,236	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$375,686)	(\$123,277)	\$0	\$8,418	\$7,683	(\$47,894)	(\$190,914)		(\$29,702)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$256,366			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$55,028	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,757,686	\$3,048,044	\$0	\$555,446	\$722,149	(\$47,894)	\$840,013	\$256,366	\$328,534	\$55,028	
8	Total Nursing Facility Days	As Filed Days = 28,319 FY20 Audited C/R Days	28,319										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,319 FY20 GL-PL Ins Rpt Days								28,319			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$203.30	\$107.63	\$0.00	\$19.61	\$23.81	(with L&H)	\$29.66	\$9.05	\$11.60	\$1.94	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5193</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.84									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.84	\$0.00	\$19.61	\$23.81		\$29.66	\$9.05	\$11.60	\$1.94	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.29	\$70.84	\$0.00	\$19.61	\$23.81		\$29.66	\$9.05	8.38 (FRV)	\$1.94	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.29	\$70.84	\$0.00	\$19.61	\$23.81	\$0.00	\$29.66	\$9.05	\$8.38	\$1.94	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4799</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.84									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.29	\$104.84	\$0.00	\$19.61	\$23.81	\$0.00	\$29.66	\$9.05	\$8.38	\$1.94	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.24	\$5.24									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.87	\$5.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$221.16</b>	<b>\$110.61</b>	<b>\$0.00</b>	<b>\$19.83</b>	<b>\$24.22</b>	<b>\$0.00</b>	<b>\$47.13</b>	<b>\$9.05</b>	<b>\$8.38</b>	<b>\$1.94</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$153.05</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - MAGNOLIA MANOR</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00252007A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6788	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	13.33%	0.0%	Quarterly Medicaid CMI:			1.5588	1.5192
							3.33	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5875	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,601,241	\$3,280,910	\$0	\$492,425	\$798,043	\$0	\$1,187,443		\$842,420	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$395,060)	(\$178,492)	\$0	\$4,855	\$7,919	(\$254)	(\$121,518)		(\$107,570)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$203,610			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$110,188	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,519,979	\$3,102,418	\$0	\$497,280	\$805,962	(\$254)	\$1,065,925	\$203,610	\$734,850	\$110,188	
8	Total Nursing Facility Days	As Filed Days = 32,089 FY20 Audited C/R Days	32,089										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,089 FY20 GL-PL Ins Rpt Days								32,089			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$203.19	\$96.68	\$0.00	\$15.50	\$25.11	(with L&H)	\$33.22	\$6.35	\$22.90	\$3.43	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6788</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.59									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.59	\$0.00	\$15.50	\$25.11		\$33.22	\$6.35	\$22.90	\$3.43	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.68	\$57.59	\$0.00	\$15.50	\$25.11		\$30.83	\$6.35	26.87 (FRV)	\$3.43	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.68	\$57.59	\$0.00	\$15.50	\$25.11	\$0.00	\$30.83	\$6.35	\$26.87	\$3.43	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5875</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.42									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.51	\$91.42	\$0.00	\$15.50	\$25.11	\$0.00	\$30.83	\$6.35	\$26.87	\$3.43	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.57	\$4.57									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.83	\$5.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$222.34</b>	<b>\$96.52</b>	<b>\$0.00</b>	<b>\$15.72</b>	<b>\$25.52</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$6.35</b>	<b>\$26.87</b>	<b>\$3.43</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$153.93</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - DECATUR</b> Prvdr ID: <b>00252942A</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Growth Allowance: N/A Qtrly BIMS score: 30.59% Nurse Hours per On-Site Day/Quality Incentive: 3.18				N/A	0.00% 2.5% 4.0%	Base Period Overall CMI: 1.5439 Quarterly Medicaid CMI: 1.5002 Qtrly Mcaid CMI w RUG Wght Options: 1.5250			1.5439 1.5002 1.5250	1.5126 1.5192 1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,963,780	\$5,333,110	\$0	\$744,365	\$1,225,491	\$0	\$1,612,462		\$1,048,352	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$396,979)	(\$55,681)	\$0	\$0	(\$5,353)	(\$6,388)	(\$269,620)		(\$59,937)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$298,050		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$62,754
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,927,605	\$5,277,429	\$0	\$744,365	\$1,220,138	(\$6,388)	\$1,342,842	\$298,050	\$988,415	\$62,754
8	Total Nursing Facility Days As Filed Days = 46,915	FY20 Audited C/R Days	46,915									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,915	FY20 GL-PL Ins Rpt Days								46,915		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$211.61	\$112.49	\$0.00	\$15.87	\$25.87	(with L&H)	\$28.62	\$6.35	\$21.07	\$1.34
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5439</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.86	\$0.00	\$15.87	\$25.87		\$28.62	\$6.35	\$21.07	\$1.34
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.54	\$72.86	\$0.00	\$15.87	\$25.87		\$28.62	\$6.35	14.63 (FRV)	\$1.34
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.54	\$72.86	\$0.00	\$15.87	\$25.87	\$0.00	\$28.62	\$6.35	\$14.63	\$1.34
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5250</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.79	\$111.11	\$0.00	\$15.87	\$25.87	\$0.00	\$28.62	\$6.35	\$14.63	\$1.34
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.78	\$2.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.44	\$4.44								
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	\$25.85	\$7.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$229.64</b>	<b>\$118.86</b>	<b>\$0.00</b>	<b>\$16.09</b>	<b>\$26.28</b>	<b>\$0.00</b>	<b>\$46.09</b>	<b>\$6.35</b>	<b>\$14.63</b>	<b>\$1.34</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$159.41</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - LAFAYETTE</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00254394A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.4138			1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 32.39%		Nurse Hours per On-Site Day/Quality Incentive: 2.94		2.94	2.5%	Quarterly Medicaid CMI: 1.4163			1.5192	
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4404			1.5459	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,051,454	\$2,765,930	\$0	\$493,634	\$610,029	\$0	\$841,557		\$340,304	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$260,228)	(\$73,620)	\$0	\$0	(\$3,316)	(\$4,629)	(\$153,473)		(\$25,190)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$203,659		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$27,124
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,022,009	\$2,692,310	\$0	\$493,634	\$606,713	(\$4,629)	\$688,084	\$203,659	\$315,114	\$27,124
8	Total Nursing Facility Days	As Filed Days = 30,685 FY20 Audited C/R Days	30,685									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,685 FY20 GL-PL Ins Rpt Days								30,685		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$163.66	\$87.74	\$0.00	\$16.09	\$19.62	(with L&H)	\$22.42	\$6.64	\$10.27	\$0.88
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4138</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.06	\$0.00	\$16.09	\$19.62		\$22.42	\$6.64	\$10.27	\$0.88
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.80	\$62.06	\$0.00	\$16.09	\$19.62		\$22.42	\$6.64	9.09 (FRV)	\$0.88
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.80	\$62.06	\$0.00	\$16.09	\$19.62	\$0.00	\$22.42	\$6.64	\$9.09	\$0.88
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4404</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.13	\$89.39	\$0.00	\$16.09	\$19.62	\$0.00	\$22.42	\$6.64	\$9.09	\$0.88
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.47	\$4.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.33	\$7.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$189.46</b>	<b>\$96.62</b>	<b>\$0.00</b>	<b>\$16.31</b>	<b>\$20.03</b>	<b>\$0.00</b>	<b>\$39.89</b>	<b>\$6.64</b>	<b>\$9.09</b>	<b>\$0.88</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$129.27</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:			
Provider: <b>PRUITTHEALTH - WEST ATLANTA</b> Prvdr ID: <b>00256088A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	20.00%	2.77	5.0%	1.3403	1.4915	1.5166	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>														
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
<b>Base Period Per Diem Allowed Amounts</b>																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,782,861	\$3,908,648	\$0	\$486,164	\$944,693	\$0	\$1,189,594		\$253,762	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$356,149)	(\$66,592)	\$0	\$0	(\$1,324)	(\$1,941)	(\$233,386)		(\$52,906)												
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$244,652													
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$54,983											
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,726,347	\$3,842,056	\$0	\$486,164	\$943,369	(\$1,941)	\$956,208	\$244,652	\$200,856	\$54,983											
8	Total Nursing Facility Days	As Filed Days = 35,461 FY20 Audited C/R Days	35,461																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,461 FY20 GL-PL Ins Rpt Days								35,461													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$189.69	\$108.35	\$0.00	\$13.71	\$26.55	(with L&H)	\$26.97	\$6.90	\$5.66	\$1.55											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3403</b>																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.84																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.84	\$0.00	\$13.71	\$26.55		\$26.97	\$6.90	\$5.66	\$1.55											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.84	\$80.84	\$0.00	\$13.71	\$26.55		\$26.97	\$6.90	11.32 <i>(FRV)</i>	\$1.55											
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.84	\$80.84	\$0.00	\$13.71	\$26.55	\$0.00	\$26.97	\$6.90	\$11.32	\$1.55											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5166</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.60																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.60	\$122.60	\$0.00	\$13.71	\$26.55	\$0.00	\$26.97	\$6.90	\$11.32	\$1.55											
<b>Quarterly Per Diem Add-on Amounts</b>																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00												
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.13	\$6.13																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10														
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.99	\$7.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00											
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$235.59</b>	<b>\$130.49</b>	<b>\$0.00</b>	<b>\$13.93</b>	<b>\$26.96</b>	<b>\$0.00</b>	<b>\$44.44</b>	<b>\$6.90</b>	<b>\$11.32</b>	<b>\$1.55</b>											
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$163.87</b>																				

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>BAINBRIDGE HEALTH AND REHAB</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00258915A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.7887	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	20.83%	1.0%	Quarterly Medicaid CMI:				2.0670	1.5192
							3.21	4.0%	Qtrly Mcaid CMI w RUG Wght Options:				2.1075	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,044,335	\$2,191,599	\$0	\$437,362	\$451,291	\$0	\$1,033,304		\$930,779	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$36,278)	\$0	\$0	\$0	\$0	\$0	(\$17,445)		(\$18,833)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$17,445				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$18,833		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,044,335	\$2,191,599	\$0	\$437,362	\$451,291	\$0	\$1,015,859	\$17,445	\$911,946	\$18,833		
8	Total Nursing Facility Days	As Filed Days = 32,772 FY20 Audited C/R Days	32,772											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,772 FY20 GL-PL Ins Rpt Days								32,772				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$153.92	\$66.87	\$0.00	\$13.35	\$13.77	(with L&H)	\$31.00	\$0.53	\$27.83	\$0.57		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.7887</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$37.38										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$37.38	\$0.00	\$13.35	\$13.77		\$31.00	\$0.53	\$27.83	\$0.57		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$104.76	\$37.38	\$0.00	\$13.35	\$13.77		\$30.83	\$0.53	8.33 (FRV)	\$0.57		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$104.76	\$37.38	\$0.00	\$13.35	\$13.77	\$0.00	\$30.83	\$0.53	\$8.33	\$0.57		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>2.1075</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.78										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.16	\$78.78	\$0.00	\$13.35	\$13.77	\$0.00	\$30.83	\$0.53	\$8.33	\$0.57		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.79	\$0.79										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.15	\$3.15										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.20	\$4.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$168.36</b>	<b>\$83.25</b>	<b>\$0.00</b>	<b>\$13.57</b>	<b>\$14.18</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$0.53</b>	<b>\$8.33</b>	<b>\$0.57</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$113.45</b>											



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - COVINGTON</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00265196A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5993	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	20.00%	1.0%	Quarterly Medicaid CMI:			1.5869	1.5192
							3.61	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6150	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,792,844	\$2,572,277	\$0	\$376,105	\$504,086	\$0	\$858,298		\$482,078	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$191,243)	(\$37,156)	\$0	\$0	\$0	\$0	(\$127,192)		(\$26,895)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$144,651			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$28,407	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,774,659	\$2,535,121	\$0	\$376,105	\$504,086	\$0	\$731,106	\$144,651	\$455,183	\$28,407	
8	Total Nursing Facility Days	As Filed Days = 23,896		23,896									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,896								23,896			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$199.81	\$106.09	\$0.00	\$15.74	\$21.09	(with L&H)	\$30.60	\$6.05	\$19.05	\$1.19	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5993</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.34									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.34	\$0.00	\$15.74	\$21.09		\$30.60	\$6.05	\$19.05	\$1.19	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.03	\$66.34	\$0.00	\$15.74	\$21.09		\$30.60	\$6.05	10.02 (FRV)	\$1.19	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.03	\$66.34	\$0.00	\$15.74	\$21.09	\$0.00	\$30.60	\$6.05	\$10.02	\$1.19	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6150</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.14									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.83	\$107.14	\$0.00	\$15.74	\$21.09	\$0.00	\$30.60	\$6.05	\$10.02	\$1.19	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.33	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.17		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.36	\$5.36									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.86	\$6.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.27	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$216.69</b>	<b>\$114.10</b>	<b>\$0.00</b>	<b>\$15.96</b>	<b>\$21.50</b>	<b>\$0.00</b>	<b>\$47.87</b>	<b>\$6.05</b>	<b>\$10.02</b>	<b>\$1.19</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$149.69</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:
<b>Provider: LAGRANGE HEALTH AND REHAB</b> <b>Prvdr ID: 00270245A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	26.87%	2.50	1.5438	1.3209	1.5126	1.5192	1.5436	1.5459	
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>													
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
<b>Base Period Per Diem Allowed Amounts</b>																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,561,932	\$3,104,744	\$0	\$569,606	\$701,842	\$0	\$1,002,426		\$1,183,314	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$110,210)	(\$4,800)	\$0	\$0	\$0	\$0	(\$62,345)		(\$43,065)											
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$62,345												
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$43,065										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,557,132	\$3,099,944	\$0	\$569,606	\$701,842	\$0	\$940,081	\$62,345	\$1,140,249	\$43,065										
8	Total Nursing Facility Days	FY20 Audited C/R Days	32,985																			
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								32,985												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$198.80	\$93.98	\$0.00	\$17.27	\$21.28	<i>(with L&amp;H)</i>	\$28.50	\$1.89	\$34.57	\$1.31										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5438</b>																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.87																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.87	\$0.00	\$17.27	\$21.28		\$28.50	\$1.89	\$34.57	\$1.31										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.47	\$60.87	\$0.00	\$17.27	\$21.28		\$28.50	\$1.89	10.35 <i>(FRV)</i>	\$1.31										
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.47	\$60.87	\$0.00	\$17.27	\$21.28	\$0.00	\$28.50	\$1.89	\$10.35	\$1.31										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3436</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.78																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.38	\$81.78	\$0.00	\$17.27	\$21.28	\$0.00	\$28.50	\$1.89	\$10.35	\$1.31										
<b>Quarterly Per Diem Add-on Amounts</b>																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.45	\$2.45																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.90	\$3.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$184.28</b>	<b>\$85.58</b>	<b>\$0.00</b>	<b>\$17.49</b>	<b>\$21.69</b>	<b>\$0.00</b>	<b>\$45.97</b>	<b>\$1.89</b>	<b>\$10.35</b>	<b>\$1.31</b>										
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$125.39</b>																			

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>LUMBER CITY NURSING &amp; REHABILITATION CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00270256A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5516	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	28.00%	1.0%	Quarterly Medicaid CMI:			1.5972	1.5192
							3.21	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6269	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,438,482	\$1,948,317	\$0	\$370,545	\$418,264	\$0	\$720,658		\$980,698	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$121,545)	\$0	\$0	\$0	\$0	\$0	(\$96,829)		(\$24,716)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$45,042			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$25,659	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,387,638	\$1,948,317	\$0	\$370,545	\$418,264	\$0	\$623,829	\$45,042	\$955,982	\$25,659	
8	Total Nursing Facility Days	As Filed Days = 26,152 FY20 Audited C/R Days	26,152										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,152 FY20 GL-PL Ins Rpt Days								26,152			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$167.76	\$74.50	\$0.00	\$14.17	\$15.99	(with L&H)	\$23.85	\$1.72	\$36.55	\$0.98	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5516</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.02									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$48.02	\$0.00	\$14.17	\$15.99		\$23.85	\$1.72	\$36.55	\$0.98	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.72	\$48.02	\$0.00	\$14.17	\$15.99		\$23.85	\$1.72	9.99 (FRV)	\$0.98	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$114.72	\$48.02	\$0.00	\$14.17	\$15.99	\$0.00	\$23.85	\$1.72	\$9.99	\$0.98	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6269</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.12									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$144.82	\$78.12	\$0.00	\$14.17	\$15.99	\$0.00	\$23.85	\$1.72	\$9.99	\$0.98	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.78	\$0.78									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.56	\$1.56									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.97	\$2.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$165.79</b>	<b>\$80.99</b>	<b>\$0.00</b>	<b>\$14.39</b>	<b>\$16.40</b>	<b>\$0.00</b>	<b>\$41.32</b>	<b>\$1.72</b>	<b>\$9.99</b>	<b>\$0.98</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$111.52</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>WILLOWOOD HEALTHCARE AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00271829A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6442	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	30.12%	2.5%	Quarterly Medicaid CMI:			1.9041	1.5192
							2.40	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9418	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,158,042	\$1,536,813	\$0	\$318,211	\$198,583	\$0	\$598,600		\$505,835	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$83,513)	\$0	\$0	\$0	\$628	\$614	(\$61,750)		(\$23,005)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$61,750			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$23,149	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,159,428	\$1,536,813	\$0	\$318,211	\$199,211	\$614	\$536,850	\$61,750	\$482,830	\$23,149	
8	Total Nursing Facility Days	As Filed Days = 18,134 FY20 Audited C/R Days	18,134										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,134 FY20 GL-PL Ins Rpt Days								18,134			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$174.24	\$84.75	\$0.00	\$17.55	\$11.02	(with L&H)	\$29.60	\$3.41	\$26.63	\$1.28	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6442</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.54									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$51.54	\$0.00	\$17.55	\$11.02		\$29.60	\$3.41	\$26.63	\$1.28	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.96	\$51.54	\$0.00	\$17.55	\$11.02		\$29.60	\$3.41	8.56 (FRV)	\$1.28	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.96	\$51.54	\$0.00	\$17.55	\$11.02	\$0.00	\$29.60	\$3.41	\$8.56	\$1.28	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.9418</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.08									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.50	\$100.08	\$0.00	\$17.55	\$11.02	\$0.00	\$29.60	\$3.41	\$8.56	\$1.28	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.00	\$2.00									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.13	\$5.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$194.63</b>	<b>\$105.11</b>	<b>\$0.00</b>	<b>\$17.77</b>	<b>\$11.43</b>	<b>\$0.00</b>	<b>\$47.07</b>	<b>\$3.41</b>	<b>\$8.56</b>	<b>\$1.28</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$133.15</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>Provider: CRESTVIEW HEALTH &amp; REHAB CTR</b> <b>Prvdr ID: 00273567A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>												
			Growth Allowance: N/A				Base Period Overall CMI: 1.1622				1.1622	1.5126
			Qtrly BIMS score: 25.88%				Quarterly Medicaid CMI: 1.4203				1.4203	1.5192
			Nurse Hours per On-Site Day/Quality Incentive: 2.17				Qtrly Mcaid CMI w RUG Wght Options: 1.4436				1.4436	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$23,559,846	\$12,694,962	\$0	\$2,588,360	\$1,766,214	\$1,367,038	\$3,783,917		\$1,359,355	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$260,583)	\$0	\$0	\$0	\$10,479	\$8,110	(\$111,103)		(\$168,069)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$111,103		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$39,544
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$23,449,910	\$12,694,962	\$0	\$2,588,360	\$1,776,693	\$1,375,148	\$3,672,814	\$111,103	\$1,191,286	\$39,544
8	Total Nursing Facility Days	As Filed Days = 106,259 FY20 Audited C/R Days	106,259									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 106,259 FY20 GL-PL Ins Rpt Days								106,259		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$220.68	\$119.47	\$0.00	\$24.36	\$29.66	(with L&H)	\$34.56	\$1.05	\$11.21	\$0.37
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.1622</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$102.80	\$0.00	\$24.36	\$29.66		\$34.56	\$1.05	\$11.21	\$0.37
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.14	\$88.52	\$0.00	\$24.36	\$27.62		\$30.83	\$1.05	10.39 <i>(FRV)</i>	\$0.37
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.14	\$88.52	\$0.00	\$24.36	\$27.62	\$0.00	\$30.83	\$1.05	\$10.39	\$0.37
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4436</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.41	\$127.79	\$0.00	\$24.36	\$27.62	\$0.00	\$30.83	\$1.05	\$10.39	\$0.37
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.56	\$2.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$4.06	\$3.84	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$226.47</b>	<b>\$131.63</b>	<b>\$0.00</b>	<b>\$24.58</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$30.83</b>	<b>\$1.05</b>	<b>\$10.39</b>	<b>\$0.37</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$169.85</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: <b>CRISP REGIONAL NSG &amp; REHAB CTR</b> Prvdr ID: <b>00274128A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.7817	1.5126
							25.53%	1.0%					1.7012	1.5192
							4.07	3.0%					1.7331	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,464,770	\$3,613,492	\$0	\$532,982	\$258,538	\$385,658	\$1,217,459		\$456,641	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$107,728)	\$0	\$0	\$0	\$0	\$0	(\$95,905)		(\$11,823)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$95,905				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$11,823		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,464,770	\$3,613,492	\$0	\$532,982	\$258,538	\$385,658	\$1,121,554	\$95,905	\$444,818	\$11,823		
8	Total Nursing Facility Days	As Filed Days = 22,914 FY20 Audited C/R Days		22,914										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,914 FY20 GL-PL Ins Rpt Days								22,914				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$282.14	\$157.70	\$0.00	\$23.26	\$28.11	(with L&H)	\$48.95	\$4.19	\$19.41	\$0.52		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.7817</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.51										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$88.51	\$0.00	\$23.26	\$28.11		\$48.95	\$4.19	\$19.41	\$0.52		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.55	\$88.51	\$0.00	\$23.26	\$27.62		\$30.83	\$4.19	10.62 (FRV)	\$0.52		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.55	\$88.51	\$0.00	\$23.26	\$27.62	\$0.00	\$30.83	\$4.19	\$10.62	\$0.52		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7331</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$153.40										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$250.44	\$153.40	\$0.00	\$23.26	\$27.62	\$0.00	\$30.83	\$4.19	\$10.62	\$0.52		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.23	\$0.01	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.53	\$1.53										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.60	\$4.60										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.46	\$6.14	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$273.90</b>	<b>\$159.54</b>	<b>\$0.00</b>	<b>\$23.48</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$4.19</b>	<b>\$10.62</b>	<b>\$0.52</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$192.60</b>											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>THOMASVILLE HEALTH &amp; REHAB, LLC</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00277604A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5549	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	32.26%	2.5%	Quarterly Medicaid CMI:			1.5609	1.5192
							3.66	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5917	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$2,718,140	\$1,205,144	\$0	\$344,742	\$285,189	\$0	\$493,543		\$389,522	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$43,060)	\$0	\$0	\$0	\$0	\$0	(\$26,585)		(\$16,475)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$26,585			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$16,475	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$2,718,140	\$1,205,144	\$0	\$344,742	\$285,189	\$0	\$466,958	\$26,585	\$373,047	\$16,475	
8	Total Nursing Facility Days	As Filed Days = 15,702 FY20 Audited C/R Days	15,702										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,702 FY20 GL-PL Ins Rpt Days								15,702			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$173.11	\$76.75	\$0.00	\$21.96	\$18.16	(with L&H)	\$29.74	\$1.69	\$23.76	\$1.05	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5549</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.36									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$49.36	\$0.00	\$21.96	\$18.16		\$29.74	\$1.69	\$23.76	\$1.05	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.37	\$49.36	\$0.00	\$21.96	\$18.16		\$29.74	\$1.69	10.41 (FRV)	\$1.05	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.37	\$49.36	\$0.00	\$21.96	\$18.16	\$0.00	\$29.74	\$1.69	\$10.41	\$1.05	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5917</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.57									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.58	\$78.57	\$0.00	\$21.96	\$18.16	\$0.00	\$29.74	\$1.69	\$10.41	\$1.05	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.96	\$1.96									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.36	\$2.36									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.95	\$4.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$184.53</b>	<b>\$83.42</b>	<b>\$0.00</b>	<b>\$22.18</b>	<b>\$18.57</b>	<b>\$0.00</b>	<b>\$47.21</b>	<b>\$1.69</b>	<b>\$10.41</b>	<b>\$1.05</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$125.57</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific
Provider: <b>DELMAR GARDENS OF SMYRNA</b> Prvdr ID: <b>00296271A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	20.00%	3.88	N/A	0.00%	1.3619	1.3068	1.3247	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>														
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
<b>Base Period Per Diem Allowed Amounts</b>																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,484,730	\$4,029,222	\$0	\$928,401	\$936,619	\$0	\$1,108,213		\$482,275	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$163,370)	(\$78,785)	\$0	\$0	\$1,608	\$1,654	(\$16,315)		(\$71,532)												
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$95,100													
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$71,782											
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,488,242	\$3,950,437	\$0	\$928,401	\$938,227	\$1,654	\$1,091,898	\$95,100	\$410,743	\$71,782											
8	Total Nursing Facility Days	FY20 Audited C/R Days	37,074																				
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								37,074													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$201.99	\$106.56	\$0.00	\$25.04	\$25.35	(with L&H)	\$29.45	\$2.57	\$11.08	\$1.94											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3619</b>																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.24																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.24	\$0.00	\$25.04	\$25.35		\$29.45	\$2.57	\$11.08	\$1.94											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.11	\$78.24	\$0.00	\$24.48	\$25.35		\$29.45	\$2.57	12.08 <i>(FRV)</i>	\$1.94											
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.11	\$78.24	\$0.00	\$24.48	\$25.35	\$0.00	\$29.45	\$2.57	\$12.08	\$1.94											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3247</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.64																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.51	\$103.64	\$0.00	\$24.48	\$25.35	\$0.00	\$29.45	\$2.57	\$12.08	\$1.94											
<b>Quarterly Per Diem Add-on Amounts</b>																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00												
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.11	\$3.11																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10														
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.56	\$4.68	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00											
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$222.07</b>	<b>\$108.32</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$25.76</b>	<b>\$0.00</b>	<b>\$46.92</b>	<b>\$2.57</b>	<b>\$12.08</b>	<b>\$1.94</b>											
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$153.73</b>																				



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
<b>Provider: NHC HEALTHCARE FT OGLETHORPE</b> <b>Prvdr ID: 00344759A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 21.21% Nurse Hours per On-Site Day/Quality Incentive: 3.64 4.0%				Base Period Overall CMI: 1.2636 Quarterly Medicaid CMI: 1.3077 Qtrly Mcaid CMI w RUG Wght Options: 1.3294				Facility Specific: 1.2636 State-wide: 1.5126 1.3077 1.5192 1.3294 1.5459	
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,998,624	\$4,584,098	\$0	\$859,764	\$862,673	\$0	\$1,300,361		\$391,728	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$278,085)	\$1,493	\$0	\$0	(\$3,180)	(\$3,372)	(\$209,600)		(\$63,426)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$209,600		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$62,945
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,993,084	\$4,585,591	\$0	\$859,764	\$859,493	(\$3,372)	\$1,090,761	\$209,600	\$328,302	\$62,945
8	Total Nursing Facility Days	As Filed Days = 45,629 FY20 Audited C/R Days	45,629									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 45,629 FY20 GL-PL Ins Rpt Days								45,629		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$175.17	\$100.50	\$0.00	\$18.84	\$18.76	(with L&H)	\$23.90	\$4.59	\$7.20	\$1.38
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.2636</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.54								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$79.54	\$0.00	\$18.84	\$18.76		\$23.90	\$4.59	\$7.20	\$1.38
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.75	\$79.54	\$0.00	\$18.84	\$18.76		\$23.90	\$4.59	11.74 (FRV)	\$1.38
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.75	\$79.54	\$0.00	\$18.84	\$18.76	\$0.00	\$23.90	\$4.59	\$11.74	\$1.38
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3294</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.95	\$105.74	\$0.00	\$18.84	\$18.76	\$0.00	\$23.90	\$4.59	\$11.74	\$1.38
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.23	\$4.23								
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	\$23.92	\$5.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$208.87</b>	<b>\$111.56</b>	<b>\$0.00</b>	<b>\$19.06</b>	<b>\$19.17</b>	<b>\$0.00</b>	<b>\$41.37</b>	<b>\$4.59</b>	<b>\$11.74</b>	<b>\$1.38</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$143.83</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		Property and Related
			a	b	c	d	e	f	g	g	h	i
<b>Provider: PRESBYTERIAN VILLAGE</b> <b>Prvdr ID: 00362832A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 35.00% Nurse Hours per On-Site Day/Quality Incentive: 5.24				Base Period Overall CMI: 1.6303 Quarterly Medicaid CMI: 1.7301 Qtrly Mcaid CMI w RUG Wght Options: 1.7639				Facility Specific: 1.6303 1.7301 1.7639	State-wide: 1.5126 1.5192 1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,989,402	\$5,227,656	\$0	\$889,484	\$1,156,765	\$0	\$2,058,237		\$657,260	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$127,126)	\$0	\$0	\$0	\$0	\$0	(\$27,955)		(\$99,171)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$49,152		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$58,813
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,970,241	\$5,227,656	\$0	\$889,484	\$1,156,765	\$0	\$2,030,282	\$49,152	\$558,089	\$58,813
8	Total Nursing Facility Days	As Filed Days = 36,052 FY20 Audited C/R Days	36,056									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,052 FY20 GL-PL Ins Rpt Days								36,056		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$276.52	\$144.99	\$0.00	\$24.67	\$32.08	<i>(with L&amp;H)</i>	\$56.31	\$1.36	\$15.48	\$1.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6303</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$88.93	\$0.00	\$24.67	\$32.08		\$56.31	\$1.36	\$15.48	\$1.63
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.57	\$88.52	\$0.00	\$24.48	\$27.62		\$30.83	\$1.36	20.13 <i>(FRV)</i>	\$1.63
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.57	\$88.52	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$1.36	\$20.13	\$1.63
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7639</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$156.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$262.19	\$156.14	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$1.36	\$20.13	\$1.63
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.90	\$3.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.68	\$4.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$8.58	\$8.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$270.77</b>	<b>\$164.72</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$30.83</b>	<b>\$1.36</b>	<b>\$20.13</b>	<b>\$1.63</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$203.08</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>CAMELLIA GARDENS OF LIFE CARE</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00366341A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.3991			1.3991	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 22.73%		Nurse Hours per On-Site Day/Quality Incentive: 3.13		22.73%	1.0%	Quarterly Medicaid CMI: 1.0496			1.0496	1.5192
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.0605			1.0605	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,782,275	\$2,643,678	\$0	\$504,012	\$603,082	\$0	\$846,909		\$184,594	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$155,346)	(\$26,522)	\$0	(\$674)	\$1,576	(\$3,620)	(\$80,529)		(\$45,577)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$83,687		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$45,983
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,756,599	\$2,617,156	\$0	\$503,338	\$604,658	(\$3,620)	\$766,380	\$83,687	\$139,017	\$45,983
8	Total Nursing Facility Days As Filed Days = 24,806	FY20 Audited C/R Days	24,806									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,806	FY20 GL-PL Ins Rpt Days								24,806		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$191.73	\$105.50	\$0.00	\$20.29	\$24.23	(with L&H)	\$30.89	\$3.37	\$5.60	\$1.85
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3991</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.40								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.40	\$0.00	\$20.29	\$24.23		\$30.89	\$3.37	\$5.60	\$1.85
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.58	\$75.40	\$0.00	\$20.29	\$24.23		\$30.83	\$3.37	9.61 (FRV)	\$1.85
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.58	\$75.40	\$0.00	\$20.29	\$24.23	\$0.00	\$30.83	\$3.37	\$9.61	\$1.85
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.0605</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.14	\$79.96	\$0.00	\$20.29	\$24.23	\$0.00	\$30.83	\$3.37	\$9.61	\$1.85
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.80	\$0.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.00	\$4.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.06	\$5.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$193.20</b>	<b>\$85.29</b>	<b>\$0.00</b>	<b>\$20.51</b>	<b>\$24.64</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$3.37</b>	<b>\$9.61</b>	<b>\$1.85</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$132.08</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:			
Provider: <b>QUIET OAKS HEALTH CARE CENTER</b> Prvdr ID: <b>00370851A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide	
													N/A	0.00%	N/A	69.57%	3.53	1.4189	1.4688	1.4978	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>														
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
<b>Base Period Per Diem Allowed Amounts</b>																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,671,802	\$1,854,777	\$0	\$385,751	\$643,525	\$0	\$688,193		\$99,556	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$173,919)	\$610	\$0	\$0	(\$4,102)	(\$1,243)	(\$111,869)		(\$57,315)												
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$115,242													
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$56,641											
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,669,766	\$1,855,387	\$0	\$385,751	\$639,423	(\$1,243)	\$576,324	\$115,242	\$42,241	\$56,641											
8	Total Nursing Facility Days	As Filed Days = 20,457																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,457																					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$179.39	\$90.70	\$0.00	\$18.86	\$31.20	(with L&H)	\$28.17	\$5.63	\$2.06	\$2.77											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4189</b>																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.92	\$0.00	\$18.86	\$31.20		\$28.17	\$5.63	\$2.06	\$2.77											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.92	\$0.00	\$18.86	\$31.20		\$28.17	\$5.63	\$2.06	\$2.77											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.58	\$63.92	\$0.00	\$18.86	\$27.62		\$28.17	\$5.63	11.61	\$2.77											
											(FRV)												
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.58	\$63.92	\$0.00	\$18.86	\$27.62	\$0.00	\$28.17	\$5.63	\$11.61	\$2.77											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4978</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.74																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.40	\$95.74	\$0.00	\$18.86	\$27.62	\$0.00	\$28.17	\$5.63	\$11.61	\$2.77											
<b>Quarterly Per Diem Add-on Amounts</b>																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00												
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.27	\$5.27																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.79	\$4.79																			
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	\$28.28	\$10.59	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00											
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$218.68</b>	<b>\$106.33</b>	<b>\$0.00</b>	<b>\$19.08</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$45.64</b>	<b>\$5.63</b>	<b>\$11.61</b>	<b>\$2.77</b>											
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$151.19</b>																				



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:		
Provider: <b>WESTWOOD HEALTHCARE AND REHABILITATION</b> Prvdr ID: <b>00370862A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	1.6741	1.5126						
													36.96%	2.5%	1.9094	1.5192						
													2.90	3.0%	1.9476	1.5459						
<b>CASE MIX BASED RATE CALCULATIONS</b>													a	b	c	d	e	f	g	g	h	i
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>													
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																						
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
<b>Base Period Per Diem Allowed Amounts</b>																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$1,551,669	\$727,032	\$0	\$171,865	\$134,331	\$0	\$367,448		\$150,993	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$82,051)	\$0	\$0	\$0	\$0	\$0	(\$62,377)		(\$19,674)											
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$62,377												
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$19,674										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$1,551,669	\$727,032	\$0	\$171,865	\$134,331	\$0	\$305,071	\$62,377	\$131,319	\$19,674										
8	Total Nursing Facility Days	As Filed Days = 8,257 FY20 Audited C/R Days	8,257																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 8,257 FY20 GL-PL Ins Rpt Days								8,257												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$187.91	\$88.05	\$0.00	\$20.81	\$16.27	<i>(with L&amp;H)</i>	\$36.95	\$7.55	\$15.90	\$2.38										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6741</b>																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.59																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$52.59	\$0.00	\$20.81	\$16.27		\$36.95	\$7.55	\$15.90	\$2.38										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.86	\$52.59	\$0.00	\$20.81	\$16.27		\$30.83	\$7.55	10.43 <i>(FRV)</i>	\$2.38										
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.86	\$52.59	\$0.00	\$20.81	\$16.27	\$0.00	\$30.83	\$7.55	\$10.43	\$2.38										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.9476</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.42																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.69	\$102.42	\$0.00	\$20.81	\$16.27	\$0.00	\$30.83	\$7.55	\$10.43	\$2.38										
<b>Quarterly Per Diem Add-on Amounts</b>																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.89	\$6.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$214.58</b>	<b>\$108.58</b>	<b>\$0.00</b>	<b>\$21.03</b>	<b>\$16.68</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$7.55</b>	<b>\$10.43</b>	<b>\$2.38</b>										
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$148.11</b>																			

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	
Provider: <b>LIFE CARE CENTER OF GWINNETT</b>														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.4069	1.5126
Prvdr ID: <b>00370873A</b>														Qtrly BIMS score	26.83%	1.0%	Quarterly Medicaid CMI:	1.2230	1.5192
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>														Nurse Hours per On-Site Day/Quality Incentive:	3.12	5.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.2408	1.5459
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>																			
			a	b	c	d	e	f	g	g	h	i							
<b>CASE MIX BASED RATE CALCULATIONS</b>																			
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>										
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%										
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%										
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37										
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,222,807	\$3,903,360	\$0	\$788,721	\$884,913	\$0	\$1,216,689		\$429,124	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$278,907)	(\$35,772)	\$0	(\$1,770)	\$158	\$2,365	(\$145,699)		(\$98,189)								
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$159,202									
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>																	\$98,652
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,201,754	\$3,867,588	\$0	\$786,951	\$885,071	\$2,365	\$1,070,990	\$159,202	\$330,935	\$98,652							
8	Total Nursing Facility Days	As Filed Days = 32,139																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,139																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$224.10	\$120.35	\$0.00	\$24.49	\$27.61	(with L&H)	\$33.33	\$4.95	\$10.30	\$3.07							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4069</b>															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.54															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.54	\$0.00	\$24.49	\$27.61		\$33.33	\$4.95	\$10.30	\$3.07							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.94	\$85.54	\$0.00	\$24.48	\$27.61		\$30.83	\$4.95	11.46 (FRV)	\$3.07							
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.94	\$85.54	\$0.00	\$24.48	\$27.61	\$0.00	\$30.83	\$4.95	\$11.46	\$3.07							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2408</b>															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.14															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.54	\$106.14	\$0.00	\$24.48	\$27.61	\$0.00	\$30.83	\$4.95	\$11.46	\$3.07							
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.54	\$0.53	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00		\$0.00								
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.31	\$5.31															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.01	\$6.90	\$0.00	\$0.00	\$0.01	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00							
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$232.55</b>	<b>\$113.04</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$4.95</b>	<b>\$11.46</b>	<b>\$3.07</b>							
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$161.59</b>																

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>DELMAR GARDENS OF GWINNETT</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00395161A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.3570		1.3570	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 8.57%		Qtrly BIMS score: 8.57%		8.57%	0.0%	Quarterly Medicaid CMI: 1.1377		1.1377	1.5192		
		Nurse Hours per On-Site Day/Quality Incentive: 3.23		Nurse Hours per On-Site Day/Quality Incentive: 3.23		3.23	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.1486		1.1486	1.5459		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,190,671	\$2,845,381	\$0	\$815,372	\$861,248	\$0	\$1,035,010		\$633,660	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$249,899)	\$0	\$0	\$0	(\$16,237)	(\$12,235)	(\$72,600)		(\$148,827)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$72,600			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$143,908	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,157,280	\$2,845,381	\$0	\$815,372	\$845,011	(\$12,235)	\$962,410	\$72,600	\$484,833	\$143,908	
8	Total Nursing Facility Days As Filed Days = 21,290	FY20 Audited C/R Days	21,290										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,290	FY20 GL-PL Ins Rpt Days								21,290			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$289.21	\$133.65	\$0.00	\$38.30	\$39.12	(with L&H)	\$45.20	\$3.41	\$22.77	\$6.76	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3570</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.49									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$98.49	\$0.00	\$38.30	\$39.12		\$45.20	\$3.41	\$22.77	\$6.76	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.49	\$88.52	\$0.00	\$24.48	\$27.62		\$30.83	\$3.41	9.87 (FRV)	\$6.76	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.49	\$88.52	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$3.41	\$9.87	\$6.76	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.1486</b>									
18	Qtrly Routine Srvc 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	\$204.64	\$101.67	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$3.41	\$9.87	\$6.76	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$20.15	\$3.05	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$224.79</b>	<b>\$104.72</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$3.41</b>	<b>\$9.87</b>	<b>\$6.76</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$155.77</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,714,825	\$4,138,980	\$0	\$775,807	\$689,410	\$0	\$996,605		\$1,114,023	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$78,297)	\$5,902	\$0	\$0	\$0	\$0	(\$6,645)		(\$77,554)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$84,482		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$77,554
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,798,564	\$4,144,882	\$0	\$775,807	\$689,410	\$0	\$989,960	\$84,482	\$1,036,469	\$77,554
8	Total Nursing Facility Days As Filed Days = 41,961	FY20 Audited C/R Days	41,961									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,961	FY20 GL-PL Ins Rpt Days								41,961		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$185.85	\$98.78	\$0.00	\$18.49	\$16.43	(with L&H)	\$23.59	\$2.01	\$24.70	\$1.85
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5284</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.63	\$0.00	\$18.49	\$16.43		\$23.59	\$2.01	\$24.70	\$1.85
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.76	\$64.63	\$0.00	\$18.49	\$16.43		\$23.59	\$2.01	15.76 (FRV)	\$1.85
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.76	\$64.63	\$0.00	\$18.49	\$16.43	\$0.00	\$23.59	\$2.01	\$15.76	\$1.85
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.8952</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.62	\$122.49	\$0.00	\$18.49	\$16.43	\$0.00	\$23.59	\$2.01	\$15.76	\$1.85
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.67	\$3.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.52	\$5.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$224.14</b>	<b>\$127.91</b>	<b>\$0.00</b>	<b>\$18.71</b>	<b>\$16.84</b>	<b>\$0.00</b>	<b>\$41.06</b>	<b>\$2.01</b>	<b>\$15.76</b>	<b>\$1.85</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$155.28</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:				
Provider: <b>LAKE CROSSING HEALTH CENTER</b> Prvdr ID: <b>00403939A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide		
													N/A	0.00%	N/A	56.90%	0.00	0.00%	1.4319	1.5126				
														5.5%	0.00	56.90%	0.00	2.0%	1.3449	1.5192				
																0.00	0.00		1.3671	1.5459				
<b>CASE MIX BASED RATE CALCULATIONS</b>													a	b	c	d	e	f	g	g	h	i		
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>															
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																								
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
<b>Base Period Per Diem Allowed Amounts</b>																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,231,700	\$2,668,824	\$0	\$529,009	\$542,531	\$0	\$1,874,646		\$616,690	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$281,032)	\$0	\$0	\$0	\$4,442	\$0	(\$257,743)		(\$27,731)													
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$183,542														
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>																			\$27,731			
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,161,941	\$2,668,824	\$0	\$529,009	\$546,973	\$0	\$1,616,903	\$183,542	\$588,959	\$27,731												
8	Total Nursing Facility Days	As Filed Days = 34,727 FY20 Audited C/R Days	34,727																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,727 FY20 GL-PL Ins Rpt Days									34,727													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$177.44	\$76.85	\$0.00	\$15.23	\$15.75	(with L&H)	\$46.56	\$5.29	\$16.96	\$0.80												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4319</b>																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.67																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$53.67	\$0.00	\$15.23	\$15.75		\$46.56	\$5.29	\$16.96	\$0.80												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.69	\$53.67	\$0.00	\$15.23	\$15.75		\$30.83	\$5.29	10.12 (FRV)	\$0.80												
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.69	\$53.67	\$0.00	\$15.23	\$15.75	\$0.00	\$30.83	\$5.29	\$10.12	\$0.80												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3671</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.37																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.39	\$73.37	\$0.00	\$15.23	\$15.75	\$0.00	\$30.83	\$5.29	\$10.12	\$0.80												
<b>Quarterly Per Diem Add-on Amounts</b>																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00													
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.04	\$4.04																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.47	\$1.47																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.77	\$6.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00												
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$175.16</b>	<b>\$79.41</b>	<b>\$0.00</b>	<b>\$15.45</b>	<b>\$16.16</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$5.29</b>	<b>\$10.12</b>	<b>\$0.80</b>												
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$118.55</b>																					

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>TOWNSEND PARK HEALTH AND REHABILITATION</b> Prvdr ID: <b>00404995A</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Growth Allowance: N/A		Qtrly BIMS score: 46.94%	Nurse Hours per On-Site Day/Quality Incentive: 3.38	0.00%	5.5%	6.0%	Base Period Overall CMI: 1.4214	Quarterly Medicaid CMI: 1.3315	Qtrly Mcaid CMI w RUG Wght Options: 1.3524	1.5126	1.5192	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,100,838	\$4,182,147	\$0	\$758,000	\$1,006,468	\$0	\$1,740,146		\$414,077	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$61,628)	\$0	\$0	\$0	(\$5,677)	(\$3,088)	(\$38,399)		(\$14,464)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$65,260				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$14,316		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,118,786	\$4,182,147	\$0	\$758,000	\$1,000,791	(\$3,088)	\$1,701,747	\$65,260	\$399,613	\$14,316		
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,139 As Filed Days = 38,139	FY20 Audited C/R Days FY20 GL-PL Ins Rpt Days	38,139						38,139				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$212.88	\$109.66	\$0.00	\$19.87	\$26.16	(with L&H)	\$44.62	\$1.71	\$10.48	\$0.38		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4214</b>										
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.15										
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.15	\$0.00	\$19.87	\$26.16		\$44.62	\$1.71	\$10.48	\$0.38		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.04	\$77.15	\$0.00	\$19.87	\$26.16		\$30.83	\$1.71	13.94 (FRV)	\$0.38		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.04	\$77.15	\$0.00	\$19.87	\$26.16	\$0.00	\$30.83	\$1.71	\$13.94	\$0.38		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3524</b>										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.34										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.23	\$104.34	\$0.00	\$19.87	\$26.16	\$0.00	\$30.83	\$1.71	\$13.94	\$0.38		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.74	\$5.74										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.26	\$6.26										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.26	\$12.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$227.49</b>	<b>\$116.87</b>	<b>\$0.00</b>	<b>\$20.09</b>	<b>\$26.57</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.71</b>	<b>\$13.94</b>	<b>\$0.38</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$157.79</b>											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.4501	1.5126		
<b>Provider: FOUR COUNTY HEALTH AND REHABILITATION</b> <b>Prvdr ID: 00405292A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	51.92%	5.5%	3.13	6.0%	1.4501	1.5126	1.4631	1.5192	1.4855	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>															
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
<b>Base Period Per Diem Allowed Amounts</b>																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,744,810	\$2,373,405	\$0	\$507,703	\$543,930	\$0	\$833,685		\$486,087	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$92,863)	\$0	\$0	\$0	\$0	(\$5,847)	(\$53,490)		(\$33,526)													
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$45,630														
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$33,526												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,731,103	\$2,373,405	\$0	\$507,703	\$543,930	(\$5,847)	\$780,195	\$45,630	\$452,561	\$33,526												
8	Total Nursing Facility Days	As Filed Days = 27,918 FY20 Audited C/R Days	27,918																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,918 FY20 GL-PL Ins Rpt Days								27,918														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$169.46	\$85.01	\$0.00	\$18.19	\$19.27	(with L&H)	\$27.95	\$1.63	\$16.21	\$1.20												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4501</b>																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.62																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.62	\$0.00	\$18.19	\$19.27		\$27.95	\$1.63	\$16.21	\$1.20												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.64	\$58.62	\$0.00	\$18.19	\$19.27		\$27.95	\$1.63	9.78 <i>(FRV)</i>	\$1.20												
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.64	\$58.62	\$0.00	\$18.19	\$19.27	\$0.00	\$27.95	\$1.63	\$9.78	\$1.20												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4855</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.08																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.10	\$87.08	\$0.00	\$18.19	\$19.27	\$0.00	\$27.95	\$1.63	\$9.78	\$1.20												
<b>Quarterly Per Diem Add-on Amounts</b>																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00													
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.79	\$4.79																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.22	\$5.22																				
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	\$28.64	\$10.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00												
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$193.74</b>	<b>\$97.62</b>	<b>\$0.00</b>	<b>\$18.41</b>	<b>\$19.68</b>	<b>\$0.00</b>	<b>\$45.42</b>	<b>\$1.63</b>	<b>\$9.78</b>	<b>\$1.20</b>												
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$132.48</b>																					

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
<b>Provider: SOUTHLAND HEALTH AND REHABILITATION</b> <b>Prvdr ID: 00409054A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 16.92% Nurse Hours per On-Site Day/Quality Incentive: 3.44				Base Period Overall CMI: 1.6287 Quarterly Medicaid CMI: 1.4859 Qtrly Mcaid CMI w RUG Wght Options: 1.5114				Facility Specific: 1.6287 State-wide: 1.5126 1.4859 1.5459	
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$10,547,048	\$4,896,548	\$0	\$920,329	\$1,112,286	\$0	\$1,557,717		\$2,060,168	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$134,315)	(\$10,020)	\$0	\$0	\$1,866	\$3,338	(\$53,095)		(\$76,404)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$81,250		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$76,660
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,570,643	\$4,886,528	\$0	\$920,329	\$1,114,152	\$3,338	\$1,504,622	\$81,250	\$1,983,764	\$76,660
8	Total Nursing Facility Days	As Filed Days = 47,417 FY20 Audited C/R Days	47,417									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 47,417 FY20 GL-PL Ins Rpt Days								47,417		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.93	\$103.05	\$0.00	\$19.41	\$23.57	(with L&H)	\$31.73	\$1.71	\$41.84	\$1.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6287</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.27	\$0.00	\$19.41	\$23.57		\$31.73	\$1.71	\$41.84	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.50	\$63.27	\$0.00	\$19.41	\$23.57		\$30.83	\$1.71	14.09 (FRV)	\$1.62
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.50	\$63.27	\$0.00	\$19.41	\$23.57	\$0.00	\$30.83	\$1.71	\$14.09	\$1.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5114</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.86	\$95.63	\$0.00	\$19.41	\$23.57	\$0.00	\$30.83	\$1.71	\$14.09	\$1.62
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.74	\$5.74								
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	\$24.00	\$6.27	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$210.86</b>	<b>\$101.90</b>	<b>\$0.00</b>	<b>\$19.63</b>	<b>\$23.98</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.71</b>	<b>\$14.09</b>	<b>\$1.62</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$145.32</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>PRUITTHEALTH - TOOMSBORO</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00409494A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.6201			1.6201	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Qtrly BIMS score: 34.09%		Nurse Hours per On-Site Day/Quality Incentive: 3.15		3.15	2.5%	Quarterly Medicaid CMI: 1.4868			1.4868	1.5192
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5147			1.5147	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,404,936	\$1,771,041	\$0	\$302,418	\$434,057	\$0	\$646,504		\$250,916	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$157,970)	\$0	\$0	\$0	(\$2,769)	(\$3,855)	(\$127,080)		(\$24,266)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$126,411		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$25,923
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,399,300	\$1,771,041	\$0	\$302,418	\$431,288	(\$3,855)	\$519,424	\$126,411	\$226,650	\$25,923
8	Total Nursing Facility Days	As Filed Days = 18,773 FY20 Audited C/R Days	18,773									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,773 FY20 GL-PL Ins Rpt Days								18,773		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$181.07	\$94.34	\$0.00	\$16.11	\$22.77	(with L&H)	\$27.67	\$6.73	\$12.07	\$1.38
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6201</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.23	\$0.00	\$16.11	\$22.77		\$27.67	\$6.73	\$12.07	\$1.38
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.41	\$58.23	\$0.00	\$16.11	\$22.77		\$27.67	\$6.73	13.52 (FRV)	\$1.38
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.41	\$58.23	\$0.00	\$16.11	\$22.77	\$0.00	\$27.67	\$6.73	\$13.52	\$1.38
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5147</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.38	\$88.20	\$0.00	\$16.11	\$22.77	\$0.00	\$27.67	\$6.73	\$13.52	\$1.38
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.21	\$2.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.41	\$4.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.25	\$7.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$201.63</b>	<b>\$95.35</b>	<b>\$0.00</b>	<b>\$16.33</b>	<b>\$23.18</b>	<b>\$0.00</b>	<b>\$45.14</b>	<b>\$6.73</b>	<b>\$13.52</b>	<b>\$1.38</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.40</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:		
Provider: <b>CHERRY BLOSSOM HEALTH AND REHABILITATION</b> Prvdr ID: <b>00413509A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide
													N/A	0.00%	N/A	48.00%	3.40	5.0%	1.7015	1.5126		
																			1.4551	1.5192		
																			1.4777	1.5459		
<b>CASE MIX BASED RATE CALCULATIONS</b>													a	b	c	d	e	f	g	g	h	i
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>													
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																					
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
	<b>Base Period Per Diem Allowed Amounts</b>																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,850,584	\$2,573,737	\$0	\$459,313	\$542,177	\$0	\$853,055		\$422,302	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$95,683)	\$0	\$0	\$0	(\$2,224)	(\$5,548)	(\$50,953)		(\$36,958)											
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$43,861												
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$36,628										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,835,390	\$2,573,737	\$0	\$459,313	\$539,953	(\$5,548)	\$802,102	\$43,861	\$385,344	\$36,628										
8	Total Nursing Facility Days	As Filed Days = 25,191																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,191																				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$191.94	\$102.17	\$0.00	\$18.23	\$21.21	(with L&H)	\$31.84	\$1.74	\$15.30	\$1.45										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.7015</b>																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.05																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.05	\$0.00	\$18.23	\$21.21		\$31.84	\$1.74	\$15.30	\$1.45										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.77	\$60.05	\$0.00	\$18.23	\$21.21		\$30.83	\$1.74	11.26 (FRV)	\$1.45										
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.77	\$60.05	\$0.00	\$18.23	\$21.21	\$0.00	\$30.83	\$1.74	\$11.26	\$1.45										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4777</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.74																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.46	\$88.74	\$0.00	\$18.23	\$21.21	\$0.00	\$30.83	\$1.74	\$11.26	\$1.45										
	<b>Quarterly Per Diem Add-on Amounts</b>																					
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00											
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.88	\$4.88																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.44	\$4.44																		
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	\$27.58	\$9.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$201.04</b>	<b>\$98.59</b>	<b>\$0.00</b>	<b>\$18.45</b>	<b>\$21.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.74</b>	<b>\$11.26</b>	<b>\$1.45</b>										
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$137.96</b>																			

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>LEGACY HEALTH AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00415522A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.2889	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	44.44%	2.5%	Quarterly Medicaid CMI:			1.2496	1.5192
							3.76	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2648	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,805,823	\$2,123,388	\$0	\$351,061	\$466,218	\$0	\$670,544		\$194,612	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$10,088	(\$28,710)	\$0	(\$1,700)	(\$4,638)	\$5,875	\$47,718		(\$8,457)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$27,779			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$8,263	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,851,953	\$2,094,678	\$0	\$349,361	\$461,580	\$5,875	\$718,262	\$27,779	\$186,155	\$8,263	
8	Total Nursing Facility Days As Filed Days = 16,881	FY20 Audited C/R Days	16,880										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,881	FY20 GL-PL Ins Rpt Days								16,880			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$228.20	\$124.09	\$0.00	\$20.70	\$27.69	(with L&H)	\$42.55	\$1.65	\$11.03	\$0.49	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.2889</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.28									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$96.28	\$0.00	\$20.70	\$27.69		\$42.55	\$1.65	\$11.03	\$0.49	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.48	\$88.52	\$0.00	\$20.70	\$27.62		\$30.83	\$1.65	34.67 (FRV)	\$0.49	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.48	\$88.52	\$0.00	\$20.70	\$27.62	\$0.00	\$30.83	\$1.65	\$34.67	\$0.49	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2648</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.96									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.92	\$111.96	\$0.00	\$20.70	\$27.62	\$0.00	\$30.83	\$1.65	\$34.67	\$0.49	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.80	\$2.80									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.48	\$4.48									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.60	\$7.28	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$252.52</b>	<b>\$119.24</b>	<b>\$0.00</b>	<b>\$20.92</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.65</b>	<b>\$34.67</b>	<b>\$0.49</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$176.57</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>FOUNTAINVIEW CTR FOR ALZHEIMER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00421429A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4785	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	75.51%	5.5%	Quarterly Medicaid CMI:			1.3977	1.5192
							2.94	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4162	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,664,793	\$4,679,554	\$0	\$982,436	\$1,027,657	\$0	\$1,327,736		\$647,410	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$359,634)	\$0	\$0	\$0	\$0	\$0	(\$175,659)		(\$183,975)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$175,659			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$183,975	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,664,793	\$4,679,554	\$0	\$982,436	\$1,027,657	\$0	\$1,152,077	\$175,659	\$463,435	\$183,975	
8	Total Nursing Facility Days	As Filed Days = 40,939 FY20 Audited C/R Days	40,939										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,939 FY20 GL-PL Ins Rpt Days								40,939			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$211.65	\$114.31	\$0.00	\$24.00	\$25.10	(with L&H)	\$28.14	\$4.29	\$11.32	\$4.49	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4785</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.32									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.32	\$0.00	\$24.00	\$25.10		\$28.14	\$4.29	\$11.32	\$4.49	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.78	\$77.32	\$0.00	\$24.00	\$25.10		\$28.14	\$4.29	12.44 (FRV)	\$4.49	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.78	\$77.32	\$0.00	\$24.00	\$25.10	\$0.00	\$28.14	\$4.29	\$12.44	\$4.49	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4162</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.50									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.96	\$109.50	\$0.00	\$24.00	\$25.10	\$0.00	\$28.14	\$4.29	\$12.44	\$4.49	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.02	\$6.02									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.29	\$3.29									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.94	\$9.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$235.90</b>	<b>\$119.34</b>	<b>\$0.00</b>	<b>\$24.22</b>	<b>\$25.51</b>	<b>\$0.00</b>	<b>\$45.61</b>	<b>\$4.29</b>	<b>\$12.44</b>	<b>\$4.49</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$164.10</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide
<b>Provider: SANDY SPRINGS HEALTH AND REHABILITATION</b> <b>Prvdr ID: 00426214A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	1.6181	1.5126	38.00%	2.5%	1.8852	1.5192	4.21	3.0%	1.9227	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>															
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
<b>Base Period Per Diem Allowed Amounts</b>																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$10,017,451	\$4,395,319	\$0	\$776,667	\$1,029,951	\$0	\$1,681,585		\$2,133,929	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$418,171	\$31,172	\$0	\$0	(\$3,461)	(\$4,540)	\$504,550		(\$109,550)													
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$41,106														
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$108,698												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,585,426	\$4,426,491	\$0	\$776,667	\$1,026,490	(\$4,540)	\$2,186,135	\$41,106	\$2,024,379	\$108,698												
8	Total Nursing Facility Days	As Filed Days = 39,201 FY20 Audited C/R Days	39,201																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,201 FY20 GL-PL Ins Rpt Days								39,201														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$270.03	\$112.92	\$0.00	\$19.81	\$26.07	(with L&H)	\$55.77	\$1.05	\$51.64	\$2.77												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6181</b>																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.78																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.78	\$0.00	\$19.81	\$26.07		\$55.77	\$1.05	\$51.64	\$2.77												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.52	\$69.78	\$0.00	\$19.81	\$26.07		\$30.83	\$1.05	12.21 <i>(FRV)</i>	\$2.77												
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.52	\$69.78	\$0.00	\$19.81	\$26.07	\$0.00	\$30.83	\$1.05	\$12.21	\$2.77												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.9227</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.17																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.91	\$134.17	\$0.00	\$19.81	\$26.07	\$0.00	\$30.83	\$1.05	\$12.21	\$2.77												
<b>Quarterly Per Diem Add-on Amounts</b>																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00													
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.35	\$3.35																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.03	\$4.03																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.64	\$7.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00												
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$252.55</b>	<b>\$142.08</b>	<b>\$0.00</b>	<b>\$20.03</b>	<b>\$26.48</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.05</b>	<b>\$12.21</b>	<b>\$2.77</b>												
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$176.59</b>																					

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>TAYLOR COUNTY HEALTH AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00432924A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5450	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	43.86%	2.5%	Quarterly Medicaid CMI:			1.2778	1.5192
							3.10	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2991	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,766,512	\$2,468,152	\$0	\$496,196	\$509,356	\$0	\$812,394		\$480,414	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$101,304)	\$0	\$0	\$0	\$0	(\$4,424)	(\$48,895)		(\$47,985)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$41,795			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$45,131	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,752,134	\$2,468,152	\$0	\$496,196	\$509,356	(\$4,424)	\$763,499	\$41,795	\$432,429	\$45,131	
8	Total Nursing Facility Days	As Filed Days = 25,219 FY20 Audited C/R Days	25,219										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,219 FY20 GL-PL Ins Rpt Days								25,219			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$188.44	\$97.87	\$0.00	\$19.68	\$20.02	(with L&H)	\$30.27	\$1.66	\$17.15	\$1.79	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5450</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.35									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.35	\$0.00	\$19.68	\$20.02		\$30.27	\$1.66	\$17.15	\$1.79	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.08	\$63.35	\$0.00	\$19.68	\$20.02		\$30.27	\$1.66	10.31 (FRV)	\$1.79	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.08	\$63.35	\$0.00	\$19.68	\$20.02	\$0.00	\$30.27	\$1.66	\$10.31	\$1.79	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2991</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.30									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.03	\$82.30	\$0.00	\$19.68	\$20.02	\$0.00	\$30.27	\$1.66	\$10.31	\$1.79	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.06	\$2.06									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.94	\$4.94									
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	\$25.63	\$7.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$191.66</b>	<b>\$89.83</b>	<b>\$0.00</b>	<b>\$19.90</b>	<b>\$20.43</b>	<b>\$0.00</b>	<b>\$47.74</b>	<b>\$1.66</b>	<b>\$10.31</b>	<b>\$1.79</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$130.92</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>Provider: HILL HAVEN NURSING HOME</b> <b>Prvdr ID: 00448456A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													
							Facility Score: N/A	Add-on Percent: 0.00%	Base Period Overall CMI: 1.4295				1.5126
							Qtrly BIMS score: 56.90%	5.5%	Quarterly Medicaid CMI: 1.4769				1.5192
							Nurse Hours per On-Site Day/Quality Incentive: 3.39	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5039				1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,752,108	\$1,941,478	\$0	\$318,100	\$468,156	\$0	\$674,961		\$349,413	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$94,933)	\$0	\$0	\$0	\$0	\$0	(\$71,903)		(\$23,030)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$74,118			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$23,030	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,754,323	\$1,941,478	\$0	\$318,100	\$468,156	\$0	\$603,058	\$74,118	\$326,383	\$23,030	
8	Total Nursing Facility Days	As Filed Days = 23,192 FY20 Audited C/R Days	23,192										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,192 FY20 GL-PL Ins Rpt Days								23,192			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$161.88	\$83.71	\$0.00	\$13.72	\$20.19	(with L&H)	\$26.00	\$3.20	\$14.07	\$0.99	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4295</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.56									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.56	\$0.00	\$13.72	\$20.19		\$26.00	\$3.20	\$14.07	\$0.99	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.03	\$58.56	\$0.00	\$13.72	\$20.19		\$26.00	\$3.20	10.37 (FRV)	\$0.99	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.03	\$58.56	\$0.00	\$13.72	\$20.19	\$0.00	\$26.00	\$3.20	\$10.37	\$0.99	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5039</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.07									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.54	\$88.07	\$0.00	\$13.72	\$20.19	\$0.00	\$26.00	\$3.20	\$10.37	\$0.99	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.84	\$4.84									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.64	\$2.64									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.11	\$8.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$188.65</b>	<b>\$96.08</b>	<b>\$0.00</b>	<b>\$13.94</b>	<b>\$20.60</b>	<b>\$0.00</b>	<b>\$43.47</b>	<b>\$3.20</b>	<b>\$10.37</b>	<b>\$0.99</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$128.66</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: <b>A.G. RHODES HOME, INC - COBB</b> Prvdr ID: <b>00493292A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.7794	1.5126
							32.81%	2.5%					1.7256	1.5192
							3.96	5.0%					1.7558	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$10,802,985	\$5,832,777	\$0	\$1,195,902	\$1,248,809	\$0	\$2,172,631		\$352,866	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$179,022)	(\$24,258)	\$0	\$0	\$0	\$0	(\$131,931)		(\$22,833)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$131,931				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$22,833		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,778,727	\$5,808,519	\$0	\$1,195,902	\$1,248,809	\$0	\$2,040,700	\$131,931	\$330,033	\$22,833		
8	Total Nursing Facility Days	As Filed Days = 40,098 FY20 Audited C/R Days	40,098											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,098 FY20 GL-PL Ins Rpt Days								40,098				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$268.80	\$144.86	\$0.00	\$29.82	\$31.14	(with L&H)	\$50.89	\$3.29	\$8.23	\$0.57		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.7794</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.41										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.41	\$0.00	\$29.82	\$31.14		\$50.89	\$3.29	\$8.23	\$0.57		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.16	\$81.41	\$0.00	\$24.48	\$27.62		\$30.83	\$3.29	14.96 (FRV)	\$0.57		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.16	\$81.41	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$3.29	\$14.96	\$0.57		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7558</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.94										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.69	\$142.94	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$3.29	\$14.96	\$0.57		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.57	\$3.57										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.15	\$7.15										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.35	\$11.25	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$273.04</b>	<b>\$154.19</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$3.29</b>	<b>\$14.96</b>	<b>\$0.57</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$191.96</b>											



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>CAMBRIDGE POST ACUTE CARE CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00494139A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6660	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	37.23%	2.5%	Quarterly Medicaid CMI:			1.5661	1.5192
							3.15	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5911	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,756,762	\$4,212,673	\$0	\$777,538	\$786,723	\$0	\$1,666,384		\$2,313,444	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$350,351)	\$0	\$0	\$0	\$4,600	\$6,207	(\$276,177)		(\$84,981)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$275,643			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$86,148	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,768,202	\$4,212,673	\$0	\$777,538	\$791,323	\$6,207	\$1,390,207	\$275,643	\$2,228,463	\$86,148	
8	Total Nursing Facility Days	As Filed Days = 45,803 FY20 Audited C/R Days	45,803										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 45,803 FY20 GL-PL Ins Rpt Days								45,803			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.26	\$91.97	\$0.00	\$16.98	\$17.41	(with L&H)	\$30.35	\$6.02	\$48.65	\$1.88	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6660</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.21									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$55.21	\$0.00	\$16.98	\$17.41		\$30.35	\$6.02	\$48.65	\$1.88	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.24	\$55.21	\$0.00	\$16.98	\$17.41		\$30.35	\$6.02	11.39 (FRV)	\$1.88	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.24	\$55.21	\$0.00	\$16.98	\$17.41	\$0.00	\$30.35	\$6.02	\$11.39	\$1.88	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5911</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.84									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.87	\$87.84	\$0.00	\$16.98	\$17.41	\$0.00	\$30.35	\$6.02	\$11.39	\$1.88	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.52	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.36		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.20	\$2.20									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.64	\$2.64									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.46	\$5.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.46	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$195.33</b>	<b>\$93.21</b>	<b>\$0.00</b>	<b>\$17.20</b>	<b>\$17.82</b>	<b>\$0.00</b>	<b>\$47.81</b>	<b>\$6.02</b>	<b>\$11.39</b>	<b>\$1.88</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$133.67</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:			
Provider: <b>POWDER SPRINGS CENTER FOR NURSING &amp; HEALING</b> Prvdr ID: <b>00530824A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	28.15%	4.58	2.0%	1.5348	1.7084	1.7395	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>														
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																							
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
<b>Base Period Per Diem Allowed Amounts</b>																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$13,325,672	\$6,744,456	\$0	\$1,129,806	\$1,301,605	\$0	\$1,958,442		\$2,191,363	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$352,152)	\$0	\$0	\$0	\$15,833	\$17,527	(\$265,210)		(\$120,302)												
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$298,151													
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$123,385											
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$13,395,056	\$6,744,456	\$0	\$1,129,806	\$1,317,438	\$17,527	\$1,693,232	\$298,151	\$2,071,061	\$123,385											
8	Total Nursing Facility Days	As Filed Days = 64,924 FY20 Audited C/R Days	64,924																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 64,924 FY20 GL-PL Ins Rpt Days								64,924													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$206.31	\$103.88	\$0.00	\$17.40	\$20.56	(with L&H)	\$26.08	\$4.59	\$31.90	\$1.90											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5348</b>																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.68																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.68	\$0.00	\$17.40	\$20.56		\$26.08	\$4.59	\$31.90	\$1.90											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.03	\$67.68	\$0.00	\$17.40	\$20.56		\$26.08	\$4.59	12.82 <i>(FRV)</i>	\$1.90											
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.03	\$67.68	\$0.00	\$17.40	\$20.56	\$0.00	\$26.08	\$4.59	\$12.82	\$1.90											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7395</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.73																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.08	\$117.73	\$0.00	\$17.40	\$20.56	\$0.00	\$26.08	\$4.59	\$12.82	\$1.90											
<b>Quarterly Per Diem Add-on Amounts</b>																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00												
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.35	\$2.35																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10														
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.16	\$4.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00											
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$223.24</b>	<b>\$121.79</b>	<b>\$0.00</b>	<b>\$17.62</b>	<b>\$20.97</b>	<b>\$0.00</b>	<b>\$43.55</b>	<b>\$4.59</b>	<b>\$12.82</b>	<b>\$1.90</b>											
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$154.61</b>																				

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide								
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.6332	1.5126						
													Score	Percent				1.5541	1.5192									
													3.20	3.0%				1.5835	1.5459									
													a	b	c	d	e	f	g	g	h	i						
<b>CASE MIX BASED RATE CALCULATIONS</b>																												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes																			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																			
<b>Base Period Per Diem Allowed Amounts</b>																												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,740,142	\$5,062,949	\$0	\$707,677	\$724,820	\$0	\$1,444,656		\$800,040	\$0																
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmts	(\$200,309)	\$0	\$0	(\$3,075)	(\$1,412)	\$67	(\$96,666)		(\$99,223)																	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$92,064																		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$98,556																
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,730,453	\$5,062,949	\$0	\$704,602	\$723,408	\$67	\$1,347,990	\$92,064	\$700,817	\$98,556																
8	Total Nursing Facility Days	As Filed Days = 41,417 FY20 Audited C/R Days	41,417																									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,417 FY20 GL-PL Ins Rpt Days								41,417																		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$210.79	\$122.24	\$0.00	\$17.01	\$17.47	(with L&H)	\$32.55	\$2.22	\$16.92	\$2.38																
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6332</b>																								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.85																								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.85	\$0.00	\$17.01	\$17.47		\$32.55	\$2.22	\$16.92	\$2.38																
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.58	\$74.85	\$0.00	\$17.01	\$17.47		\$30.83	\$2.22	12.82 (FRV)	\$2.38																
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A																
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.58	\$74.85	\$0.00	\$17.01	\$17.47	\$0.00	\$30.83	\$2.22	\$12.82	\$2.38																
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5835</b>																								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.52																								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.25	\$118.52	\$0.00	\$17.01	\$17.47	\$0.00	\$30.83	\$2.22	\$12.82	\$2.38																
<b>Quarterly Per Diem Add-on Amounts</b>																												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00																	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.56	\$3.56																								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.82	\$4.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00																
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$223.07</b>	<b>\$122.61</b>	<b>\$0.00</b>	<b>\$17.23</b>	<b>\$17.88</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$2.22</b>	<b>\$12.82</b>	<b>\$2.38</b>																
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$154.48</b>																									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,604,506	\$2,256,570	\$0	\$529,072	\$473,095	\$0	\$916,146		\$1,429,623	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$180,987)	\$0	\$0	\$0	\$1,521	\$1,442	(\$121,829)		(\$62,121)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$121,829		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$62,511
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,607,859	\$2,256,570	\$0	\$529,072	\$474,616	\$1,442	\$794,317	\$121,829	\$1,367,502	\$62,511
8	Total Nursing Facility Days As Filed Days = 24,504	FY20 Audited C/R Days	24,504									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,504	FY20 GL-PL Ins Rpt Days								24,504		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$228.86	\$92.09	\$0.00	\$21.59	\$19.43	(with L&H)	\$32.42	\$4.97	\$55.81	\$2.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6288</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.54								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.54	\$0.00	\$21.59	\$19.43		\$32.42	\$4.97	\$55.81	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.33	\$56.54	\$0.00	\$21.59	\$19.43		\$30.83	\$4.97	13.42 (FRV)	\$2.55
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.33	\$56.54	\$0.00	\$21.59	\$19.43	\$0.00	\$30.83	\$4.97	\$13.42	\$2.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.8016</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.65	\$101.86	\$0.00	\$21.59	\$19.43	\$0.00	\$30.83	\$4.97	\$13.42	\$2.55
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.60	\$5.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$26.92	\$9.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$221.57</b>	<b>\$111.05</b>	<b>\$0.00</b>	<b>\$21.81</b>	<b>\$19.84</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$4.97</b>	<b>\$13.42</b>	<b>\$2.55</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$153.35</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:		
Provider: <b>ROSEMONT AT STONE MOUNTAIN</b> Prvdr ID: <b>00587331A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	63.78%	2.96	1.6470	1.9215	1.9596	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>													
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
<b>Base Period Per Diem Allowed Amounts</b>																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,619,977	\$4,729,225	\$0	\$876,414	\$772,550	\$0	\$1,502,987		\$1,738,801	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$292,817)	\$0	\$0	\$0	\$14,604	\$16,130	(\$233,538)		(\$90,013)											
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$227,574												
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$93,594										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,648,328	\$4,729,225	\$0	\$876,414	\$787,154	\$16,130	\$1,269,449	\$227,574	\$1,648,788	\$93,594										
8	Total Nursing Facility Days	As Filed Days = 52,810 FY20 Audited C/R Days	52,810																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 52,810 FY20 GL-PL Ins Rpt Days								52,810												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$182.70	\$89.55	\$0.00	\$16.60	\$15.21	(with L&H)	\$24.04	\$4.31	\$31.22	\$1.77										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6470</b>																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.37																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$54.37	\$0.00	\$16.60	\$15.21		\$24.04	\$4.31	\$31.22	\$1.77										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.85	\$54.37	\$0.00	\$16.60	\$15.21		\$24.04	\$4.31	10.55 (FRV)	\$1.77										
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.85	\$54.37	\$0.00	\$16.60	\$15.21	\$0.00	\$24.04	\$4.31	\$10.55	\$1.77										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.9596</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.54																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.02	\$106.54	\$0.00	\$16.60	\$15.21	\$0.00	\$24.04	\$4.31	\$10.55	\$1.77										
<b>Quarterly Per Diem Add-on Amounts</b>																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.86	\$5.86																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.20	\$3.20																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.69	\$9.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$206.71</b>	<b>\$116.13</b>	<b>\$0.00</b>	<b>\$16.82</b>	<b>\$15.62</b>	<b>\$0.00</b>	<b>\$41.51</b>	<b>\$4.31</b>	<b>\$10.55</b>	<b>\$1.77</b>										
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$142.21</b>																			

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide					
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:
Provider: <b>BAYVIEW NURSING HOME</b> Prvdr ID: <b>00624951A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	46.15%	3.76	N/A	0.00%	5.5%	3.0%	1.4596	1.4085	1.4352	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																									
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>																
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																
<b>Base Period Per Diem Allowed Amounts</b>																									
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,049,146	\$2,145,927	\$0	\$506,843	\$514,743	\$0	\$526,807		\$354,826	\$0													
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$93,764)	\$0	\$0	\$0	\$0	\$0	(\$48,446)		(\$45,318)														
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$45,807															
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$45,318													
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,046,507	\$2,145,927	\$0	\$506,843	\$514,743	\$0	\$478,361	\$45,807	\$309,508	\$45,318													
8	Total Nursing Facility Days	As Filed Days = 21,290 FY20 Audited C/R Days	21,290																						
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,290 FY20 GL-PL Ins Rpt Days								21,290															
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$190.08	\$100.80	\$0.00	\$23.81	\$24.18	<i>(with L&amp;H)</i>	\$22.47	\$2.15	\$14.54	\$2.13													
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4596</b>																					
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.06																					
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.06	\$0.00	\$23.81	\$24.18		\$22.47	\$2.15	\$14.54	\$2.13													
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A														
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.23	\$69.06	\$0.00	\$23.81	\$24.18		\$22.47	\$2.15	33.43 <i>(FRV)</i>	\$2.13													
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																									
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A													
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.23	\$69.06	\$0.00	\$23.81	\$24.18	\$0.00	\$22.47	\$2.15	\$33.43	\$2.13													
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4352</b>																					
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.11																					
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.28	\$99.11	\$0.00	\$23.81	\$24.18	\$0.00	\$22.47	\$2.15	\$33.43	\$2.13													
<b>Quarterly Per Diem Add-on Amounts</b>																									
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00														
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.45	\$5.45																					
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.97	\$2.97																					
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.05	\$8.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00													
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$234.33</b>	<b>\$108.06</b>	<b>\$0.00</b>	<b>\$24.03</b>	<b>\$24.59</b>	<b>\$0.00</b>	<b>\$39.94</b>	<b>\$2.15</b>	<b>\$33.43</b>	<b>\$2.13</b>													
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$162.92</b>																						

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>BRIARWOOD HEALTH AND REHABILITATION CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00706813A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7138	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	25.49%	1.0%	Quarterly Medicaid CMI:			1.5808	1.5192
							3.80	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6085	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,705,788	\$3,705,964	\$0	\$578,296	\$623,646	\$0	\$1,312,486		\$1,485,396	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$261,223)	(\$25,566)	\$0	(\$3,037)	\$4,195	\$14,319	(\$134,159)		(\$116,975)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$518,980			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$117,912	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,081,457	\$3,680,398	\$0	\$575,259	\$627,841	\$14,319	\$1,178,327	\$518,980	\$1,368,421	\$117,912	
8	Total Nursing Facility Days	As Filed Days = 32,511 FY20 Audited C/R Days	32,995										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,511 FY20 GL-PL Ins Rpt Days								32,995			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$244.91	\$111.54	\$0.00	\$17.43	\$19.46	(with L&H)	\$35.71	\$15.73	\$41.47	\$3.57	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.7138</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.08									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.08	\$0.00	\$17.43	\$19.46		\$35.71	\$15.73	\$41.47	\$3.57	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.57	\$65.08	\$0.00	\$17.43	\$19.46		\$30.83	\$15.73	10.47 (FRV)	\$3.57	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.57	\$65.08	\$0.00	\$17.43	\$19.46	\$0.00	\$30.83	\$15.73	\$10.47	\$3.57	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6085</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.68									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.17	\$104.68	\$0.00	\$17.43	\$19.46	\$0.00	\$30.83	\$15.73	\$10.47	\$3.57	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.14	\$3.14									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.45	\$4.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$224.62</b>	<b>\$109.40</b>	<b>\$0.00</b>	<b>\$17.65</b>	<b>\$19.87</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$15.73</b>	<b>\$10.47</b>	<b>\$3.57</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$155.64</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: <b>LEE COUNTY HEALTH AND REHABILITATION</b>														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.6712	1.5126	
Prvdr ID: <b>00712665A</b>														Qtrly BIMS score	24.49%	1.0%	Quarterly Medicaid CMI:	1.3456	1.5192	
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>														Nurse Hours per On-Site Day/Quality Incentive:	3.07	6.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.3691	1.5459	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>																				
			a	b	c	d	e	f	g	g	h	i								
<b>CASE MIX BASED RATE CALCULATIONS</b>																				
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes											
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
<b>Base Period Per Diem Allowed Amounts</b>																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,166,310	\$2,099,045	\$0	\$452,016	\$462,743	\$0	\$696,311		\$456,195	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$79,346)	\$0	\$0	\$0	\$0	(\$208)	(\$37,587)		(\$41,551)									
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$31,785										
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$41,551								
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,160,300	\$2,099,045	\$0	\$452,016	\$462,743	(\$208)	\$658,724	\$31,785	\$414,644	\$41,551								
8	Total Nursing Facility Days	As Filed Days = 20,609																		
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,609																		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$201.86	\$101.85	\$0.00	\$21.93	\$22.44	(with L&H)	\$31.96	\$1.54	\$20.12	\$2.02								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6712</b>																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.94																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.94	\$0.00	\$21.93	\$22.44		\$31.96	\$1.54	\$20.12	\$2.02								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.28	\$60.94	\$0.00	\$21.93	\$22.44		\$30.83	\$1.54	13.58 (FRV)	\$2.02								
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.28	\$60.94	\$0.00	\$21.93	\$22.44	\$0.00	\$30.83	\$1.54	\$13.58	\$2.02								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3691</b>																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.43																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.77	\$83.43	\$0.00	\$21.93	\$22.44	\$0.00	\$30.83	\$1.54	\$13.58	\$2.02								
<b>Quarterly Per Diem Add-on Amounts</b>																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00								
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.83	\$0.83																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.01	\$5.01																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.10	\$6.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00								
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$199.87</b>	<b>\$89.80</b>	<b>\$0.00</b>	<b>\$22.15</b>	<b>\$22.85</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.54</b>	<b>\$13.58</b>	<b>\$2.02</b>								
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$137.08</b>																	



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:				
Provider: <b>BRYAN COUNTY HLTH &amp; REHAB CTR</b> Prvdr ID: <b>00715569A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	60.53%	3.44	5.5%	5.0%	1.6622	1.6817	1.7152	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>															
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
<b>Base Period Per Diem Allowed Amounts</b>																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,398,203	\$3,505,998	\$0	\$627,906	\$761,913	\$0	\$1,050,357		\$452,029	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$449,589)	(\$54,312)	\$0	\$293	(\$3,178)	(\$38,928)	(\$254,263)		(\$99,201)													
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$199,724														
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$108,262												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,256,600	\$3,451,686	\$0	\$628,199	\$758,735	(\$38,928)	\$796,094	\$199,724	\$352,828	\$108,262												
8	Total Nursing Facility Days	As Filed Days = 31,784 FY20 Audited C/R Days	31,784																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,784 FY20 GL-PL Ins Rpt Days								31,784														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$196.85	\$108.60	\$0.00	\$19.76	\$22.65	(with L&H)	\$25.05	\$6.28	\$11.10	\$3.41												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6622</b>																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.34																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.34	\$0.00	\$19.76	\$22.65		\$25.05	\$6.28	\$11.10	\$3.41												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.57	\$65.34	\$0.00	\$19.76	\$22.65		\$25.05	\$6.28	13.08 <i>(FRV)</i>	\$3.41												
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.57	\$65.34	\$0.00	\$19.76	\$22.65	\$0.00	\$25.05	\$6.28	\$13.08	\$3.41												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7152</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.07																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.30	\$112.07	\$0.00	\$19.76	\$22.65	\$0.00	\$25.05	\$6.28	\$13.08	\$3.41												
<b>Quarterly Per Diem Add-on Amounts</b>																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00													
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.16	\$6.16																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.60	\$5.60																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.39	\$12.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00												
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$232.69</b>	<b>\$124.36</b>	<b>\$0.00</b>	<b>\$19.98</b>	<b>\$23.06</b>	<b>\$0.00</b>	<b>\$42.52</b>	<b>\$6.28</b>	<b>\$13.08</b>	<b>\$3.41</b>												
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$161.69</b>																					

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide	
													Facility Score	Add-on Percent	Base Period Overall CMI:	Quarterly Medicaid CMI:	Facility Specific	State-wide	
Provider: <b>THUNDERBOLT TRANSITIONAL CARE &amp; REHAB CENTER</b>														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.5492	1.5126
Prvdr ID: <b>00727801A</b>														Qtrly BIMS score	19.35%	0.0%	Quarterly Medicaid CMI:	1.5884	1.5192
Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>														Nurse Hours per On-Site Day/Quality Incentive:	3.12	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.6162	1.5459
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>																			
			a	b	c	d	e	f	g	g	h	i							
<b>CASE MIX BASED RATE CALCULATIONS</b>																			
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>										
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%										
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%										
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37										
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,084,687	\$4,387,273	\$0	\$694,271	\$834,511	\$0	\$1,254,856		\$1,913,776	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$368,846)	\$0	\$0	\$0	\$0	\$0	(\$234,698)		(\$134,148)								
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$256,501									
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$134,148							
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,106,490	\$4,387,273	\$0	\$694,271	\$834,511	\$0	\$1,020,158	\$256,501	\$1,779,628	\$134,148							
8	Total Nursing Facility Days	As Filed Days = 44,849		44,849															
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 44,849									44,849								
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$203.05	\$97.82	\$0.00	\$15.48	\$18.61	(with L&H)	\$22.75	\$5.72	\$39.68	\$2.99							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5492</b>															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.14															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.14	\$0.00	\$15.48	\$18.61		\$22.75	\$5.72	\$39.68	\$2.99							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.44	\$63.14	\$0.00	\$15.48	\$18.61		\$22.75	\$5.72	16.75 (FRV)	\$2.99							
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.44	\$63.14	\$0.00	\$15.48	\$18.61	\$0.00	\$22.75	\$5.72	\$16.75	\$2.99							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6162</b>															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.05															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.35	\$102.05	\$0.00	\$15.48	\$18.61	\$0.00	\$22.75	\$5.72	\$16.75	\$2.99							
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00							
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.06	\$3.06															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.69	\$3.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00							
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$206.04</b>	<b>\$105.64</b>	<b>\$0.00</b>	<b>\$15.70</b>	<b>\$19.02</b>	<b>\$0.00</b>	<b>\$40.22</b>	<b>\$5.72</b>	<b>\$16.75</b>	<b>\$2.99</b>							
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$141.71</b>																

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>DUNWOODY HEALTH AND REHABILITATION CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00815295A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7555	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	13.82%	0.0%	Quarterly Medicaid CMI:			1.5599	1.5192
							3.32	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5872	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$16,514,138	\$7,973,038	\$0	\$1,161,506	\$1,487,807	\$0	\$2,178,127		\$3,713,660	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$654,841	(\$18,232)	\$0	\$0	\$0	\$0	\$252,416		\$420,657		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$60,235			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$496,903	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$17,726,117	\$7,954,806	\$0	\$1,161,506	\$1,487,807	\$0	\$2,430,543	\$60,235	\$4,134,317	\$496,903	
8	Total Nursing Facility Days As Filed Days = 69,026	FY20 Audited C/R Days	69,026										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 69,026	FY20 GL-PL Ins Rpt Days								69,026			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$256.80	\$115.24	\$0.00	\$16.83	\$21.55	(with L&H)	\$35.21	\$0.87	\$59.90	\$7.20	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.7555</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.64									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.64	\$0.00	\$16.83	\$21.55		\$35.21	\$0.87	\$59.90	\$7.20	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.29	\$65.64	\$0.00	\$16.83	\$21.55		\$30.83	\$0.87	15.37 (FRV)	\$7.20	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.29	\$65.64	\$0.00	\$16.83	\$21.55	\$0.00	\$30.83	\$0.87	\$15.37	\$7.20	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5872</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.18									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.83	\$104.18	\$0.00	\$16.83	\$21.55	\$0.00	\$30.83	\$0.87	\$15.37	\$7.20	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.13	\$3.13									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.39	\$3.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$218.22</b>	<b>\$107.84</b>	<b>\$0.00</b>	<b>\$17.05</b>	<b>\$21.96</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$0.87</b>	<b>\$15.37</b>	<b>\$7.20</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$150.84</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:		
Provider: <b>THE D. SCOTT HUDGENS CENTER FOR SKILLED NURSING</b> Prvdr ID: <b>000815493B</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	1.4372	1.5126						
													66.67%	5.5%	1.4855	1.5192						
													7.45	2.0%	1.5099	1.5459						
<b>CASE MIX BASED RATE CALCULATIONS</b>													a	b	c	d	e	f	g	g	h	i
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>													
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																						
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
<b>Base Period Per Diem Allowed Amounts</b>																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$2,996,300	\$1,563,860	\$0	\$358,606	\$363,723	\$0	\$530,248		\$179,863	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$23,846)	\$81,945	\$0	\$0	\$203	\$354	(\$87,402)		(\$18,946)											
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$5,457												
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$18,975										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$2,996,886	\$1,645,805	\$0	\$358,606	\$363,926	\$354	\$442,846	\$5,457	\$160,917	\$18,975										
8	Total Nursing Facility Days	As Filed Days = 10,847 FY20 Audited C/R Days	10,847																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 10,847 FY20 GL-PL Ins Rpt Days								10,847												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$276.29	\$151.73	\$0.00	\$33.06	\$33.58	(with L&H)	\$40.83	\$0.50	\$14.84	\$1.75										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4372</b>																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$105.57																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$105.57	\$0.00	\$33.06	\$33.58		\$40.83	\$0.50	\$14.84	\$1.75										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$196.78	\$88.52	\$0.00	\$24.48	\$27.62		\$30.83	\$0.50	23.08 <i>(FRV)</i>	\$1.75										
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$196.78	\$88.52	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$0.50	\$23.08	\$1.75										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5099</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.66																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.92	\$133.66	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$0.50	\$23.08	\$1.75										
<b>Quarterly Per Diem Add-on Amounts</b>																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00											
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.35	\$7.35																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.67	\$2.67																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.12	\$10.02	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$269.04</b>	<b>\$143.68</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$0.50</b>	<b>\$23.08</b>	<b>\$1.75</b>										
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$188.96</b>																			



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>LIFE CARE CTR OF LAWRENCEVILLE</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00818914A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5321	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	28.57%	1.0%	Quarterly Medicaid CMI:			1.3970	1.5192
							3.96	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4189	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,748,003	\$4,194,097	\$0	\$803,336	\$769,308	\$0	\$1,443,813		\$537,449	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$320,056)	(\$54,406)	\$0	(\$1,490)	(\$129)	\$4,440	(\$134,212)		(\$134,259)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$132,361			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$139,310	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,699,618	\$4,139,691	\$0	\$801,846	\$769,179	\$4,440	\$1,309,601	\$132,361	\$403,190	\$139,310	
8	Total Nursing Facility Days	As Filed Days = 31,564 FY20 Audited C/R Days	31,564										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,564 FY20 GL-PL Ins Rpt Days								31,564			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$243.92	\$131.15	\$0.00	\$25.40	\$24.51	(with L&H)	\$41.49	\$4.19	\$12.77	\$4.41	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5321</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.60									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.60	\$0.00	\$25.40	\$24.51		\$41.49	\$4.19	\$12.77	\$4.41	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.66	\$85.60	\$0.00	\$24.48	\$24.51		\$30.83	\$4.19	16.64 (FRV)	\$4.41	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.66	\$85.60	\$0.00	\$24.48	\$24.51	\$0.00	\$30.83	\$4.19	\$16.64	\$4.41	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4189</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.46									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.52	\$121.46	\$0.00	\$24.48	\$24.51	\$0.00	\$30.83	\$4.19	\$16.64	\$4.41	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.43	\$2.43									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.68	\$4.17	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$248.20</b>	<b>\$125.63</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$24.92</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$4.19</b>	<b>\$16.64</b>	<b>\$4.41</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$173.33</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>Provider: SENIOR CARE CENTER - BRUNSWICK</b> <b>Prvdr ID: 000830827B</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.4206	1.5126
							25.56%	1.0%					1.2703	1.5192
							4.65	2.0%					1.2886	1.5459
<b>Case Mix Based Rate Calculations</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$17,977,744	\$10,798,632	\$0	\$1,810,974	\$782,063	\$433,996	\$3,019,476		\$1,132,603	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$276,230)	\$0	\$0	\$0	\$0	\$0	(\$541,449)		\$265,219			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$276,230				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$17,142		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$17,994,886	\$10,798,632	\$0	\$1,810,974	\$782,063	\$433,996	\$2,478,027	\$276,230	\$1,397,822	\$17,142		
8	Total Nursing Facility Days	As Filed Days = 70,250 FY20 Audited C/R Days		70,639										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 70,250 FY20 GL-PL Ins Rpt Days								70,639				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$254.75	\$152.87	\$0.00	\$25.64	\$17.22	(with L&H)	\$35.08	\$3.91	\$19.79	\$0.24		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4206</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.61										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$107.61	\$0.00	\$25.64	\$17.22		\$35.08	\$3.91	\$19.79	\$0.24		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.76	\$88.52	\$0.00	\$24.48	\$17.22		\$30.83	\$3.91	13.56 (FRV)	\$0.24		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.76	\$88.52	\$0.00	\$24.48	\$17.22	\$0.00	\$30.83	\$3.91	\$13.56	\$0.24		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2886</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.07										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.31	\$114.07	\$0.00	\$24.48	\$17.22	\$0.00	\$30.83	\$3.91	\$13.56	\$0.24		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.28	\$2.28										
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$3.83	\$3.42	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$208.14</b>	<b>\$117.49</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$17.63</b>	<b>\$0.00</b>	<b>\$30.83</b>	<b>\$3.91</b>	<b>\$13.56</b>	<b>\$0.24</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$156.11</b>											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>ROSELANE HEALTH AND REHABILITATION CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00831751A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.8005	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	25.93%	1.0%	Quarterly Medicaid CMI:			1.7978	1.5192
							3.73	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8327	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,981,130	\$5,168,746	\$0	\$758,580	\$836,809	\$0	\$1,235,129		\$1,981,866	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$443,163	\$0	\$0	\$0	\$0	\$0	\$485,167		(\$42,004)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$57,291			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$42,004	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,523,588	\$5,168,746	\$0	\$758,580	\$836,809	\$0	\$1,720,296	\$57,291	\$1,939,862	\$42,004	
8	Total Nursing Facility Days	As Filed Days = 42,525 FY20 Audited C/R Days	42,525										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 42,525 FY20 GL-PL Ins Rpt Days								42,525			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$247.48	\$121.55	\$0.00	\$17.84	\$19.68	(with L&H)	\$40.45	\$1.35	\$45.62	\$0.99	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.8005</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.51									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.51	\$0.00	\$17.84	\$19.68		\$40.45	\$1.35	\$45.62	\$0.99	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.85	\$67.51	\$0.00	\$17.84	\$19.68		\$30.83	\$1.35	13.65 (FRV)	\$0.99	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.85	\$67.51	\$0.00	\$17.84	\$19.68	\$0.00	\$30.83	\$1.35	\$13.65	\$0.99	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.8327</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.73									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.07	\$123.73	\$0.00	\$17.84	\$19.68	\$0.00	\$30.83	\$1.35	\$13.65	\$0.99	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.24	\$1.24									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.47	\$2.47									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.97	\$4.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$230.04</b>	<b>\$127.97</b>	<b>\$0.00</b>	<b>\$18.06</b>	<b>\$20.09</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.35</b>	<b>\$13.65</b>	<b>\$0.99</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$159.71</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>REGENCY PARK HEALTH AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00837207A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5131	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	22.64%	1.0%	Quarterly Medicaid CMI:			1.1755	1.5192
							4.82	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1904	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,229,400	\$4,966,816	\$0	\$876,943	\$670,422	\$0	\$2,200,415		\$514,804	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$473,036)	(\$21,743)	\$0	\$0	\$0	\$9,829	(\$461,122)		\$0		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$332,664			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$9,660	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,098,688	\$4,945,073	\$0	\$876,943	\$670,422	\$9,829	\$1,739,293	\$332,664	\$514,804	\$9,660	
8	Total Nursing Facility Days	As Filed Days = 30,180 FY20 Audited C/R Days	30,180										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,180 FY20 GL-PL Ins Rpt Days								30,180			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$301.48	\$163.85	\$0.00	\$29.06	\$22.54	(with L&H)	\$57.63	\$11.02	\$17.06	\$0.32	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5131</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$108.29									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$108.29	\$0.00	\$29.06	\$22.54		\$57.63	\$11.02	\$17.06	\$0.32	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.78	\$88.52	\$0.00	\$24.48	\$22.54		\$30.83	\$11.02	21.07 (FRV)	\$0.32	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.78	\$88.52	\$0.00	\$24.48	\$22.54	\$0.00	\$30.83	\$11.02	\$21.07	\$0.32	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.1904</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.37									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.63	\$105.37	\$0.00	\$24.48	\$22.54	\$0.00	\$30.83	\$11.02	\$21.07	\$0.32	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.16	\$3.16									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.72	\$4.21	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$237.35</b>	<b>\$109.58</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$22.95</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$11.02</b>	<b>\$21.07</b>	<b>\$0.32</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$165.19</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>ROCKDALE HEALTHCARE CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00838252A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6191	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	20.00%	1.0%	Quarterly Medicaid CMI:			1.5722	1.5192
							3.99	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6019	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,294,313	\$3,812,902	\$0	\$624,540	\$669,932	\$0	\$1,232,580		\$1,954,359	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$299,119)	\$0	\$0	\$0	\$0	\$0	(\$172,567)		(\$126,552)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$191,419			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$126,552	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,313,165	\$3,812,902	\$0	\$624,540	\$669,932	\$0	\$1,060,013	\$191,419	\$1,827,807	\$126,552	
8	Total Nursing Facility Days	As Filed Days = 34,083 FY20 Audited C/R Days	34,083										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,083 FY20 GL-PL Ins Rpt Days								34,083			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$243.91	\$111.87	\$0.00	\$18.32	\$19.66	(with L&H)	\$31.10	\$5.62	\$53.63	\$3.71	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6191</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.09									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.09	\$0.00	\$18.32	\$19.66		\$31.10	\$5.62	\$53.63	\$3.71	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.77	\$69.09	\$0.00	\$18.32	\$19.66		\$30.83	\$5.62	12.54 (FRV)	\$3.71	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.77	\$69.09	\$0.00	\$18.32	\$19.66	\$0.00	\$30.83	\$5.62	\$12.54	\$3.71	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6019</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.68									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.36	\$110.68	\$0.00	\$18.32	\$19.66	\$0.00	\$30.83	\$5.62	\$12.54	\$3.71	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.32	\$3.32									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.69	\$4.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$224.05</b>	<b>\$115.64</b>	<b>\$0.00</b>	<b>\$18.54</b>	<b>\$20.07</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$5.62</b>	<b>\$12.54</b>	<b>\$3.71</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$155.21</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>Provider: COASTAL MANOR</b> <b>Pvdr ID: 00856028A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.4786	1.5126
							50.00%	5.5%					1.4524	1.5192
							4.12	3.0%					1.4781	1.5459
<b>Case Mix Based Rate Calculations</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,589,851	\$3,496,714	\$0	\$942,570	\$341,341	\$603,199	\$689,908		\$516,119	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$128,573)	(\$117,522)	\$0	\$100,893	\$0	\$0	(\$79,090)		(\$32,854)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$95,719				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$32,854		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,589,851	\$3,379,192	\$0	\$1,043,463	\$341,341	\$603,199	\$610,818	\$95,719	\$483,265	\$32,854		
8	Total Nursing Facility Days	As Filed Days = 38,048 FY20 Audited C/R Days	38,048											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,048 FY20 GL-PL Ins Rpt Days								38,048				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$173.18	\$88.81	\$0.00	\$27.42	\$24.82	(with L&H)	\$16.05	\$2.52	\$12.70	\$0.86		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4786</b>										
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.06										
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.06	\$0.00	\$27.42	\$24.82		\$16.05	\$2.52	\$12.70	\$0.86		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.47	\$60.06	\$0.00	\$27.42	\$24.82		\$16.05	\$2.52	14.74 (FRV)	\$0.86		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.47	\$60.06	\$0.00	\$27.42	\$24.82	\$0.00	\$16.05	\$2.52	\$14.74	\$0.86		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4781</b>										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.77										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.18	\$88.77	\$0.00	\$27.42	\$24.82	\$0.00	\$16.05	\$2.52	\$14.74	\$0.86		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.88	\$4.88										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.66	\$2.66										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.17	\$8.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$201.35</b>	<b>\$96.84</b>	<b>\$0.00</b>	<b>\$27.64</b>	<b>\$25.23</b>	<b>\$0.00</b>	<b>\$33.52</b>	<b>\$2.52</b>	<b>\$14.74</b>	<b>\$0.86</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.19</b>											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>CANDLER SKILLED NURSING UNIT</b>		<u>Add-on Data and Percentages</u>				Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>				Facility Specific	State-wide	
Prvdr ID: <b>00870911A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				2.0559	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				7.32	0.0%	Quarterly Medicaid CMI:				2.3160	1.5192	
								Qtrly Mcaid CMI w RUG Wght Options:				2.3620	1.5459	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$1,937,629	\$965,844	\$0	\$66,725	\$81,995	\$119,209	\$395,443		\$308,413	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$25,327)	\$0	\$0	\$0	\$0	\$0	(\$19,533)		(\$5,794)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$19,533				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$5,794		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$1,937,629	\$965,844	\$0	\$66,725	\$81,995	\$119,209	\$375,910	\$19,533	\$302,619	\$5,794		
8	Total Nursing Facility Days	As Filed Days = 3,294	3,294											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 3,294								3,294				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$588.23	\$293.21	\$0.00	\$20.26	\$61.08	(with L&H)	\$114.12	\$5.93	\$91.87	\$1.76		
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY20		<b>2.0559</b>										
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$142.62										
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$142.62	\$0.00	\$20.26	\$61.08		\$114.12	\$5.93	\$91.87	\$1.76		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.26	\$88.52	\$0.00	\$20.26	\$27.62		\$30.83	\$5.93	11.34 (FRV)	\$1.76		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.26	\$88.52	\$0.00	\$20.26	\$27.62	\$0.00	\$30.83	\$5.93	\$11.34	\$1.76		
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>2.3620</b>										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$209.08										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$306.82	\$209.08	\$0.00	\$20.26	\$27.62	\$0.00	\$30.83	\$5.93	\$11.34	\$1.76		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.32	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$324.14</b>	<b>\$209.08</b>	<b>\$0.00</b>	<b>\$20.48</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$5.93</b>	<b>\$11.34</b>	<b>\$1.76</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$230.28</b>											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,658,295	\$3,883,497	\$0	\$496,652	\$835,686	\$0	\$1,234,191		\$208,269	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$223,179)	(\$70,962)	\$0	\$0	(\$5,500)	(\$8,858)	(\$120,287)		(\$17,572)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$181,572		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$19,536
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,636,224	\$3,812,535	\$0	\$496,652	\$830,186	(\$8,858)	\$1,113,904	\$181,572	\$190,697	\$19,536
8	Total Nursing Facility Days As Filed Days = 28,231	FY20 Audited C/R Days	28,231									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,231	FY20 GL-PL Ins Rpt Days								28,231		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$235.06	\$135.05	\$0.00	\$17.59	\$29.09	(with L&H)	\$39.46	\$6.43	\$6.75	\$0.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6602</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.34	\$0.00	\$17.59	\$29.09		\$39.46	\$6.43	\$6.75	\$0.69
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.21	\$81.34	\$0.00	\$17.59	\$27.62		\$30.83	\$6.43	19.71 (FRV)	\$0.69
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.21	\$81.34	\$0.00	\$17.59	\$27.62	\$0.00	\$30.83	\$6.43	\$19.71	\$0.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6136</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.12	\$131.25	\$0.00	\$17.59	\$27.62	\$0.00	\$30.83	\$6.43	\$19.71	\$0.69
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.31	\$1.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.88	\$7.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.04	\$9.72	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$261.16</b>	<b>\$140.97</b>	<b>\$0.00</b>	<b>\$17.81</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$6.43</b>	<b>\$19.71</b>	<b>\$0.69</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$183.05</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>ATRIUM HEALTH NAVICENT BALDWIN</b>		<u>Add-on Data and Percentages</u>				Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>				Facility Specific	State-wide	
Prvdr ID: <b>00947658A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.9028	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				0.00%	0.0%	Quarterly Medicaid CMI:				2.3160	1.5192	
						6.11	0.0%	Qtrly Mcaid CMI w RUG Wght Options:				2.3620	1.5459	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$2,314,384	\$1,041,218	\$0	\$158,942	\$67,917	\$101,919	\$806,643		\$137,745	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$93,023)	\$0	\$0	\$0	\$0	\$0	(\$93,023)		\$0	\$0		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$93,023				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$0		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$2,314,384	\$1,041,218	\$0	\$158,942	\$67,917	\$101,919	\$713,620	\$93,023	\$137,745	\$0		
8	Total Nursing Facility Days	As Filed Days = 4,001	4,001											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 4,001								4,001				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$578.46	\$260.24	\$0.00	\$39.73	\$42.45	(with L&H)	\$178.36	\$23.25	\$34.43	\$0.00		
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY20		<b>1.9028</b>										
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$136.76										
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$136.76	\$0.00	\$39.73	\$42.45		\$178.36	\$23.25	\$34.43	\$0.00		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$222.44	\$88.52	\$0.00	\$32.46	\$27.62		\$30.83	\$23.25	19.76 (FRV)	\$0.00		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$222.44	\$88.52	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$23.25	\$19.76	\$0.00		
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>2.3620</b>										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$209.08										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$343.00	\$209.08	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$23.25	\$19.76	\$0.00		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$360.10</b>	<b>\$209.08</b>	<b>\$0.00</b>	<b>\$32.46</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$23.25</b>	<b>\$19.76</b>	<b>\$0.00</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$257.25</b>											

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>ZEBULON PARK HEALTH AND REHABILITATION</b> Prvdr ID: <b>003125041B</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4513	1.5126		
				Qtrly BIMS score	27.27%	1.0%	Quarterly Medicaid CMI:			1.5463	1.5192		
				Nurse Hours per On-Site Day/Quality Incentive:	3.85	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5713	1.5459		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,094,739	\$2,474,320	\$0	\$444,956	\$525,877	\$0	\$925,336		\$724,250	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$5,136	\$0	\$0	\$0	(\$664)	\$10,235	\$16,786		(\$21,221)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$35,612			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$21,147	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,156,634	\$2,474,320	\$0	\$444,956	\$525,213	\$10,235	\$942,122	\$35,612	\$703,029	\$21,147	
8	Total Nursing Facility Days	As Filed Days = 22,313 FY20 Audited C/R Days	22,313										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,313 FY20 GL-PL Ins Rpt Days								22,313			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$231.11	\$110.89	\$0.00	\$19.94	\$24.00	(with L&H)	\$42.22	\$1.60	\$31.51	\$0.95	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.4513</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.41									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.41	\$0.00	\$19.94	\$24.00		\$42.22	\$1.60	\$31.51	\$0.95	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.35	\$76.41	\$0.00	\$19.94	\$24.00		\$30.83	\$1.60	31.62 (FRV)	\$0.95	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.35	\$76.41	\$0.00	\$19.94	\$24.00	\$0.00	\$30.83	\$1.60	\$31.62	\$0.95	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5713</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.06									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.00	\$120.06	\$0.00	\$19.94	\$24.00	\$0.00	\$30.83	\$1.60	\$31.62	\$0.95	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.00	\$6.00									
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	\$25.46	\$7.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$254.46</b>	<b>\$127.79</b>	<b>\$0.00</b>	<b>\$20.16</b>	<b>\$24.41</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.60</b>	<b>\$31.62</b>	<b>\$0.95</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$178.02</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
				a	b	c	d	e	f	g	g	h	i
<b>Provider: ANSLEY PARK HEALTH AND REHABILITATION</b> <b>Prvdr ID: 003136416A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													
				<b>Add-on Data and Percentages</b> Growth Allowance: N/A Qtrly BIMS score: 10.34% Nurse Hours per On-Site Day/Quality Incentive: 4.20			<b>Facility Score</b> Add-on Percent: 0.00% 0.0% 5.0%		<b>Case Mix Index (CMI) Data</b> Base Period Overall CMI: 1.5403 Quarterly Medicaid CMI: 1.3650 Qtrly Mcaid CMI w RUG Wght Options: 1.3900			<b>Facility Specific</b> 1.5403 1.3650 1.3900	<b>State-wide</b> 1.5126 1.5192 1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,952,784	\$2,630,523	\$0	\$504,463	\$545,439	\$0	\$890,327		\$382,032	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$65,460	\$0	\$0	\$0	\$0	\$13,747	\$74,877		(\$23,164)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$35,580			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$23,164	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,076,988	\$2,630,523	\$0	\$504,463	\$545,439	\$13,747	\$965,204	\$35,580	\$358,868	\$23,164	
8	Total Nursing Facility Days	As Filed Days = 20,138 FY20 Audited C/R Days	20,138										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,138 FY20 GL-PL Ins Rpt Days								20,138			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$252.11	\$130.62	\$0.00	\$25.05	\$27.77	(with L&H)	\$47.93	\$1.77	\$17.82	\$1.15	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5403</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.80									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$84.80	\$0.00	\$25.05	\$27.77		\$47.93	\$1.77	\$17.82	\$1.15	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.74	\$84.80	\$0.00	\$24.48	\$27.62		\$30.83	\$1.77	36.09 (FRV)	\$1.15	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$206.74	\$84.80	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$1.77	\$36.09	\$1.15	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3900</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.87									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.81	\$117.87	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$1.77	\$36.09	\$1.15	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.89	\$5.89									
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	\$23.52	\$6.42	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$263.33</b>	<b>\$124.29</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.77</b>	<b>\$36.09</b>	<b>\$1.15</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$184.67</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide					
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:
<b>Provider: STEVENS PARK HEALTH AND REHABILITATION</b> <b>Prvdr ID: 003143404A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	9.52%	3.59	N/A	0.00%	0.0%	5.0%	1.6429	1.3180	1.3392	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																									
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>																
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																
<b>Base Period Per Diem Allowed Amounts</b>																									
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,688,724	\$1,628,731	\$0	\$388,098	\$400,026	\$0	\$899,703		\$372,166	\$0													
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$31,870	\$0	\$0	\$0	\$0	\$7,096	\$34,267		(\$9,493)														
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$22,100															
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$9,493													
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,752,187	\$1,628,731	\$0	\$388,098	\$400,026	\$7,096	\$933,970	\$22,100	\$362,673	\$9,493													
8	Total Nursing Facility Days	As Filed Days = 13,682 FY20 Audited C/R Days	13,682																						
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 13,682 FY20 GL-PL Ins Rpt Days								13,682															
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$274.25	\$119.04	\$0.00	\$28.37	\$29.76	<i>(with L&amp;H)</i>	\$68.26	\$1.62	\$26.51	\$0.69													
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6429</b>																					
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.46																					
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.46	\$0.00	\$28.37	\$29.76		\$68.26	\$1.62	\$26.51	\$0.69													
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A														
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.59	\$72.46	\$0.00	\$24.48	\$27.62		\$30.83	\$1.62	30.89 <i>(FRV)</i>	\$0.69													
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																									
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A													
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.59	\$72.46	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$1.62	\$30.89	\$0.69													
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3392</b>																					
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.04																					
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.17	\$97.04	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$1.62	\$30.89	\$0.69													
<b>Quarterly Per Diem Add-on Amounts</b>																									
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00														
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																					
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.85	\$4.85																					
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.48	\$5.38	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00													
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$235.65</b>	<b>\$102.42</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.62</b>	<b>\$30.89</b>	<b>\$0.69</b>													
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$163.91</b>																						



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>CHELSEY PARK HEALTH AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>003165720A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5440	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	25.81%	1.0%	Quarterly Medicaid CMI:			1.5759	1.5192
							4.39	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6037	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,520,475	\$2,325,992	\$0	\$431,049	\$488,227	\$0	\$762,171		\$513,036	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$3,571	(\$1,159)	\$0	\$0	(\$1,741)	\$9,575	\$22,360		(\$25,464)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$31,655			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$25,231	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,580,932	\$2,324,833	\$0	\$431,049	\$486,486	\$9,575	\$784,531	\$31,655	\$487,572	\$25,231	
8	Total Nursing Facility Days	As Filed Days = 18,843 FY20 Audited C/R Days	18,843										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,843 FY20 GL-PL Ins Rpt Days								18,843			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$243.13	\$123.38	\$0.00	\$22.88	\$26.33	(with L&H)	\$41.64	\$1.68	\$25.88	\$1.34	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5440</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.91									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$79.91	\$0.00	\$22.88	\$26.33		\$41.64	\$1.68	\$25.88	\$1.34	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.05	\$79.91	\$0.00	\$22.88	\$26.33		\$30.83	\$1.68	35.08 (FRV)	\$1.34	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.05	\$79.91	\$0.00	\$22.88	\$26.33	\$0.00	\$30.83	\$1.68	\$35.08	\$1.34	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6037</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.15									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.29	\$128.15	\$0.00	\$22.88	\$26.33	\$0.00	\$30.83	\$1.68	\$35.08	\$1.34	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.41	\$6.41									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.95	\$8.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$272.24</b>	<b>\$136.37</b>	<b>\$0.00</b>	<b>\$23.10</b>	<b>\$26.74</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.68</b>	<b>\$35.08</b>	<b>\$1.34</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$191.36</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>HARRINGTON PARK HEALTH AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>003165726A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3682	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	17.86%	0.0%	Quarterly Medicaid CMI:			1.1537	1.5192
							3.50	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1683	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,878,830	\$2,321,405	\$0	\$485,686	\$463,901	\$0	\$870,520		\$737,318	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$33,217	\$0	\$0	\$0	(\$1,690)	\$7,358	\$54,984		(\$27,435)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$30,355			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$27,151	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,969,553	\$2,321,405	\$0	\$485,686	\$462,211	\$7,358	\$925,504	\$30,355	\$709,883	\$27,151	
8	Total Nursing Facility Days	As Filed Days = 18,607 FY20 Audited C/R Days	18,607										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,607 FY20 GL-PL Ins Rpt Days								18,607			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$267.08	\$124.76	\$0.00	\$26.10	\$25.24	(with L&H)	\$49.74	\$1.63	\$38.15	\$1.46	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3682</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.18									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$91.18	\$0.00	\$26.10	\$25.24		\$49.74	\$1.63	\$38.15	\$1.46	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.84	\$88.52	\$0.00	\$24.48	\$25.24		\$30.83	\$1.63	35.68 (FRV)	\$1.46	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$207.84	\$88.52	\$0.00	\$24.48	\$25.24	\$0.00	\$30.83	\$1.63	\$35.68	\$1.46	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.1683</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.42									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.74	\$103.42	\$0.00	\$24.48	\$25.24	\$0.00	\$30.83	\$1.63	\$35.68	\$1.46	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.17	\$5.17									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.68	\$5.17	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$245.42</b>	<b>\$108.59</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$25.65</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.63</b>	<b>\$35.68</b>	<b>\$1.46</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$171.24</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific
Provider: <b>BUDD TERRACE AT WESLEY WOODS</b> Prvdr ID: <b>003167547A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	23.38%	2.66	1.3224	1.2365	1.2545	1.5126	1.5192	1.5459		
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>														
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
<b>Base Period Per Diem Allowed Amounts</b>																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$25,021,063	\$14,499,524	\$0	\$2,222,159	\$2,658,656	\$0	\$4,910,011		\$730,713	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$2,320,788)	(\$1,879,703)	\$0	\$0	\$0	\$0	(\$441,085)		\$0												
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$159,800													
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$0											
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$22,860,075	\$12,619,821	\$0	\$2,222,159	\$2,658,656	\$0	\$4,468,926	\$159,800	\$730,713	\$0											
8	Total Nursing Facility Days	FY20 Audited C/R Days	68,828																				
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								68,828													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$332.14	\$183.35	\$0.00	\$32.29	\$38.63	<i>(with L&amp;H)</i>	\$64.93	\$2.32	\$10.62	\$0.00											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3224</b>																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$138.65																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$138.65	\$0.00	\$32.29	\$38.63		\$64.93	\$2.32	\$10.62	\$0.00											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.52	\$88.52	\$0.00	\$24.48	\$27.62		\$30.83	\$2.32	14.75 <i>(FRV)</i>	\$0.00											
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.52	\$88.52	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$2.32	\$14.75	\$0.00											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2545</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.05																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.05	\$111.05	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$2.32	\$14.75	\$0.00											
<b>Quarterly Per Diem Add-on Amounts</b>																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00												
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.33	\$3.33																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10														
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.54	\$4.44	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00											
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$232.59</b>	<b>\$115.49</b>	<b>\$0.00</b>	<b>\$24.48</b>	<b>\$27.62</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$2.32</b>	<b>\$14.75</b>	<b>\$0.00</b>											
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$161.62</b>																				

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>MEADOWS PARK HEALTH AND REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>003167911A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7348	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	19.61%	0.0%	Quarterly Medicaid CMI:			1.7244	1.5192
							3.62	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7588	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,508,023	\$2,927,689	\$0	\$472,127	\$533,116	\$0	\$998,940		\$576,151	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$10,677	\$2,268	\$0	\$0	\$0	\$5,386	\$27,811		(\$24,788)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$39,780			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$24,788	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,583,268	\$2,929,957	\$0	\$472,127	\$533,116	\$5,386	\$1,026,751	\$39,780	\$551,363	\$24,788	
8	Total Nursing Facility Days	As Filed Days = 24,839 FY20 Audited C/R Days	24,839										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,839 FY20 GL-PL Ins Rpt Days								24,839			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$224.79	\$117.96	\$0.00	\$19.01	\$21.68	(with L&H)	\$41.34	\$1.60	\$22.20	\$1.00	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.7348</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.00									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.00	\$0.00	\$19.01	\$21.68		\$41.34	\$1.60	\$22.20	\$1.00	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.18	\$68.00	\$0.00	\$19.01	\$21.68		\$30.83	\$1.60	29.06 (FRV)	\$1.00	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.18	\$68.00	\$0.00	\$19.01	\$21.68	\$0.00	\$30.83	\$1.60	\$29.06	\$1.00	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7588</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.60									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.78	\$119.60	\$0.00	\$19.01	\$21.68	\$0.00	\$30.83	\$1.60	\$29.06	\$1.00	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.18	\$7.18									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.44	\$7.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$248.22</b>	<b>\$127.31</b>	<b>\$0.00</b>	<b>\$19.23</b>	<b>\$22.09</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.60</b>	<b>\$29.06</b>	<b>\$1.00</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$173.34</b>										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<b>Provider: ROCKMART HEALTH</b> <b>Pvdr ID: 003182988A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>															
			Growth Allowance: N/A Qtrly BIMS score: 17.95% Nurse Hours per On-Site Day/Quality Incentive: 3.48				Add-on Percent: 0.00% 0.0% 3.0%				Base Period Overall CMI: 1.5946 Quarterly Medicaid CMI: 1.6053 Qtrly Mcaid CMI w RUG Wght Options: 1.6335		1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>															
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>						
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,311,521	\$1,630,971	\$0	\$377,960	\$447,493	\$0	\$519,455		\$335,642	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$77,431)	(\$999)	\$0	\$0	\$1,076	\$852	(\$55,426)		(\$22,934)				
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$53,269					
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$23,034			
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,310,393	\$1,629,972	\$0	\$377,960	\$448,569	\$852	\$464,029	\$53,269	\$312,708	\$23,034			
8	Total Nursing Facility Days	As Filed Days = 16,587 FY20 Audited C/R Days	16,587												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,587 FY20 GL-PL Ins Rpt Days								16,587					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$199.58	\$98.27	\$0.00	\$22.79	\$27.09	(with L&H)	\$27.98	\$3.21	\$18.85	\$1.39			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5946</b>											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.63											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.63	\$0.00	\$22.79	\$27.09		\$27.98	\$3.21	\$18.85	\$1.39			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.12	\$61.63	\$0.00	\$22.79	\$27.09		\$27.98	\$3.21	9.03 (FRV)	\$1.39			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.12	\$61.63	\$0.00	\$22.79	\$27.09	\$0.00	\$27.98	\$3.21	\$9.03	\$1.39			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6335</b>											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.67											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.16	\$100.67	\$0.00	\$22.79	\$27.09	\$0.00	\$27.98	\$3.21	\$9.03	\$1.39			
<b>Quarterly Per Diem Add-on Amounts</b>															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.52	\$0.53	\$0.00	\$0.22	\$0.40	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.64	\$3.55	\$0.00	\$0.22	\$0.40	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$213.80</b>	<b>\$104.22</b>	<b>\$0.00</b>	<b>\$23.01</b>	<b>\$27.49</b>	<b>\$0.00</b>	<b>\$45.45</b>	<b>\$3.21</b>	<b>\$9.03</b>	<b>\$1.39</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$147.53</b>												

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:			
Provider: <b>ADVANCED HEALTH AND REHAB OF TWIGGS COUNTY</b> Prvdr ID: <b>003185378A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	0.00%	36.36%	3.67	3.0%	1.5787	1.7306	1.7646	1.5126	1.5192	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>														
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
<b>Base Period Per Diem Allowed Amounts</b>																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,589,995	\$4,137,643	\$0	\$599,471	\$641,443	\$0	\$1,413,487		\$797,951	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$145,561)	\$0	\$0	\$0	\$0	(\$6,237)	(\$105,284)		(\$34,040)												
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$99,936													
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$34,040											
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,578,410	\$4,137,643	\$0	\$599,471	\$641,443	(\$6,237)	\$1,308,203	\$99,936	\$763,911	\$34,040											
8	Total Nursing Facility Days	As Filed Days = 36,075 FY20 Audited C/R Days	36,075																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,075 FY20 GL-PL Ins Rpt Days								36,075													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.08	\$114.70	\$0.00	\$16.62	\$17.61	(with L&H)	\$36.26	\$2.77	\$21.18	\$0.94											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5787</b>																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.66																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.66	\$0.00	\$16.62	\$17.61		\$36.26	\$2.77	\$21.18	\$0.94											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.90	\$72.66	\$0.00	\$16.62	\$17.61		\$30.83	\$2.77	15.47 <i>(FRV)</i>	\$0.94											
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.90	\$72.66	\$0.00	\$16.62	\$17.61	\$0.00	\$30.83	\$2.77	\$15.47	\$0.94											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7646</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.22																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.46	\$128.22	\$0.00	\$16.62	\$17.61	\$0.00	\$30.83	\$2.77	\$15.47	\$0.94											
<b>Quarterly Per Diem Add-on Amounts</b>																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00												
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.21	\$3.21																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.85	\$3.85																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10														
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.32	\$7.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00											
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$237.78</b>	<b>\$135.81</b>	<b>\$0.00</b>	<b>\$16.84</b>	<b>\$18.02</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$2.77</b>	<b>\$15.47</b>	<b>\$0.94</b>											
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$165.51</b>																				

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,431,256	\$3,829,511	\$0	\$557,488	\$750,457	\$0	\$1,421,743		\$872,057	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$110,059)	(\$13,039)	\$0	\$0	\$0	\$1,960	(\$25,486)		(\$73,494)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$54,540		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$73,494
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,449,231	\$3,816,472	\$0	\$557,488	\$750,457	\$1,960	\$1,396,257	\$54,540	\$798,563	\$73,494
8	Total Nursing Facility Days	As Filed Days = 32,353 FY20 Audited C/R Days	32,353									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,353 FY20 GL-PL Ins Rpt Days								32,353		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$230.25	\$117.96	\$0.00	\$17.23	\$23.26	(with L&H)	\$43.16	\$1.69	\$24.68	\$2.27
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.2399</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.13								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$95.13	\$0.00	\$17.23	\$23.26		\$43.16	\$1.69	\$24.68	\$2.27
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.22	\$88.52	\$0.00	\$17.23	\$23.26		\$30.83	\$1.69	23.42 (FRV)	\$2.27
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.22	\$88.52	\$0.00	\$17.23	\$23.26	\$0.00	\$30.83	\$1.69	\$23.42	\$2.27
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3567</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.80	\$120.10	\$0.00	\$17.23	\$23.26	\$0.00	\$30.83	\$1.69	\$23.42	\$2.27
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.61	\$6.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.01	\$6.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.35	\$12.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$249.15</b>	<b>\$132.72</b>	<b>\$0.00</b>	<b>\$17.45</b>	<b>\$23.67</b>	<b>\$0.00</b>	<b>\$47.93</b>	<b>\$1.69</b>	<b>\$23.42</b>	<b>\$2.27</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$174.04</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>Provider: OCEANSIDE HEALTH AND REHAB</b> <b>Prvdr ID: 003188970A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.5553	1.5126
							26.32%	1.0%					1.6552	1.5192
							2.61	3.0%					1.6862	1.5459
<b>Case Mix Based Rate Calculations</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,069,340	\$2,665,716	\$0	\$407,535	\$613,435	\$0	\$765,099		\$617,555	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$149,720)	(\$2,558)	\$0	\$0	\$0	\$0	(\$52,247)		(\$94,915)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$52,247				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$94,915		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,066,782	\$2,663,158	\$0	\$407,535	\$613,435	\$0	\$712,852	\$52,247	\$522,640	\$94,915		
8	Total Nursing Facility Days	As Filed Days = 26,828 FY20 Audited C/R Days	26,828											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,828 FY20 GL-PL Ins Rpt Days								26,828				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$188.87	\$99.27	\$0.00	\$15.19	\$22.87	(with L&H)	\$26.57	\$1.95	\$19.48	\$3.54		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5553</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.83										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.83	\$0.00	\$15.19	\$22.87		\$26.57	\$1.95	\$19.48	\$3.54		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.56	\$63.83	\$0.00	\$15.19	\$22.87		\$26.57	\$1.95	16.61 (FRV)	\$3.54		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.56	\$63.83	\$0.00	\$15.19	\$22.87	\$0.00	\$26.57	\$1.95	\$16.61	\$3.54		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6862</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.63										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.36	\$107.63	\$0.00	\$15.19	\$22.87	\$0.00	\$26.57	\$1.95	\$16.61	\$3.54		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.23	\$3.23										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.94	\$4.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$217.30</b>	<b>\$112.47</b>	<b>\$0.00</b>	<b>\$15.41</b>	<b>\$23.28</b>	<b>\$0.00</b>	<b>\$44.04</b>	<b>\$1.95</b>	<b>\$16.61</b>	<b>\$3.54</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$150.15</b>											



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

**INTERIM**

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific
Provider: <b>BOSTICK NURSING CENTER</b> Prvdr ID: <b>003192286A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													N/A	18.09%	2.63	1.2273	1.4211	1.4488	1.5126	1.5192	1.5459		
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>														
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
<b>Base Period Per Diem Allowed Amounts</b>																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$12,666,341	\$6,453,895	\$0	\$1,609,626	\$1,441,312	\$0	\$1,486,305		\$1,675,203	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$375,512)	(\$29,580)	\$0	\$0	\$0	\$0	(\$77,931)		(\$268,001)												
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$77,931													
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>											\$268,001										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$12,636,761	\$6,424,315	\$0	\$1,609,626	\$1,441,312	\$0	\$1,408,374	\$77,931	\$1,407,202	\$268,001											
8	Total Nursing Facility Days	As Filed Days = 68,911 FY20 Audited C/R Days	68,911																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 68,911 FY20 GL-PL Ins Rpt Days								68,911													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$183.39	\$93.23	\$0.00	\$23.36	\$20.92	(with L&H)	\$20.44	\$1.13	\$20.42	\$3.89											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.2273</b>																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.96																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.96	\$0.00	\$23.36	\$20.92		\$20.44	\$1.13	\$20.42	\$3.89											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.65	\$75.96	\$0.00	\$23.36	\$20.92		\$20.44	\$1.13	19.95 <i>(FRV)</i>	\$3.89											
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.65	\$75.96	\$0.00	\$23.36	\$20.92	\$0.00	\$20.44	\$1.13	\$19.95	\$3.89											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4488</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.05																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.74	\$110.05	\$0.00	\$23.36	\$20.92	\$0.00	\$20.44	\$1.13	\$19.95	\$3.89											
<b>Quarterly Per Diem Add-on Amounts</b>																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00												
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.30	\$3.30																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10														
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.93	\$3.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00											
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$221.67</b>	<b>\$113.88</b>	<b>\$0.00</b>	<b>\$23.58</b>	<b>\$21.33</b>	<b>\$0.00</b>	<b>\$37.91</b>	<b>\$1.13</b>	<b>\$19.95</b>	<b>\$3.89</b>											
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$153.43</b>																				

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>GLEN EAGLE HEALTHCARE AND REHAB</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>003214231A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5752	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	39.68%	2.5%	Quarterly Medicaid CMI:			1.2891	1.5192
							3.02	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3090	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$2,995,375	\$1,639,734	\$0	\$317,052	\$341,363	\$0	\$369,489		\$327,737	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$169,599	\$0	\$0	\$0	(\$823)	(\$1,077)	\$188,437		(\$16,938)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$23,420			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$16,843	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,205,237	\$1,639,734	\$0	\$317,052	\$340,540	(\$1,077)	\$557,926	\$23,420	\$310,799	\$16,843	
8	Total Nursing Facility Days	As Filed Days = 20,739											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,739								20,739			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$154.56	\$79.07	\$0.00	\$15.29	\$16.37	(with L&H)	\$26.90	\$1.13	\$14.99	\$0.81	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5752</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.20									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$50.20	\$0.00	\$15.29	\$16.37		\$26.90	\$1.13	\$14.99	\$0.81	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.98	\$50.20	\$0.00	\$15.29	\$16.37		\$26.90	\$1.13	10.28 (FRV)	\$0.81	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.98	\$50.20	\$0.00	\$15.29	\$16.37	\$0.00	\$26.90	\$1.13	\$10.28	\$0.81	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3090</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$65.71									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$136.49	\$65.71	\$0.00	\$15.29	\$16.37	\$0.00	\$26.90	\$1.13	\$10.28	\$0.81	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.64	\$1.64									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.31	\$1.31									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.58	\$3.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$158.07</b>	<b>\$69.19</b>	<b>\$0.00</b>	<b>\$15.51</b>	<b>\$16.78</b>	<b>\$0.00</b>	<b>\$44.37</b>	<b>\$1.13</b>	<b>\$10.28</b>	<b>\$0.81</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$105.73</b>										

Quarterly Case Mix Per Diem Calculation

Interim

Provider: <b>MeSun Health and Rehabilitation Center</b> Prvdr ID: <b>003245344A</b> H/B?: <b>No</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: <b>75.0%</b> Nurse Hours per On-Site Day/Quality Incentive: <b>5.53</b>		Facility Score: N/A Add-on Percent: <b>0.00%</b> <b>5.5%</b> <b>0.0%</b>	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: <b>Use Stwd</b> Quarterly Medicaid CMI: <b>1.0615</b> Qtrly Mcaid CMI w RUG Wght Options: <b>1.0720</b>			Facility Specific: <b>1.5126</b> <b>1.5192</b> <b>1.5459</b>	State-wide: <b>1.5126</b> <b>1.5192</b> <b>1.5459</b>
Case Mix Per Diem Rate Effective Date: <b>04/01/23</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>											

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs												
Total Nursing Facility Days GL-PL Ins. Rpt												
Standard Per Diem (After CMA for Routine Svcs)												
Allowed @ 90% of Std												
Growth Allowance 0.00%												
CMA Allowed Per Diem (After Growth Allowance)												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 5.5% o Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 0.0%												
Nursing Home Provider Fee												
<b>Total Quarterly Per Diem Add-On Amounts</b>												
<b>Quarterly Case Mix Based Per Diem Rate</b>												
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>												

Quarterly Case Mix Per Diem Calculation

Interim

Provider: <b>PruittHealth - Rome</b>				Facility Score	Add-on Percent			Facility Specific	State-wide
Prvdr ID: <b>299031876A</b>				N/A	0.00%			1.5521	1.5126
H/B ? : No	Case Mix Per Diem Rate Effective Date: <b>04/01/23</b>			BIMS: 36.9%	2.5%			1.7145	1.5192
	MDS & Nurse Hrs Data per Quarter Ending: 12/31/22	Nurse Hours per On-Site Day/Quality Incentive: 3.61			5.0%		Qtrly Mcaid CMI w RUG Wght Options:	1.7468	1.5459

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>												
	<b>Cost Center Peer Groups per Selected Options</b>			<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Per Diem Costs and Add-ons</b>											
	GL-PL- Insurance Costs	FY2020 GL-PL Ins. Rpt								\$ 203,634		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2020 GL-PL Ins. Rpt								32,699		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2020 Peer Group Limit		\$88.52		\$24.48	\$27.62		\$30.83		\$28.30	\$1.15
	Allowed @ 95% of Std		\$192.33	\$84.09		\$23.26	\$26.24		\$29.29		\$28.30	\$1.15
	Growth Allowance 0.0%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$198.56	\$84.09		\$23.26	\$26.24		\$29.29	\$ 6.23	\$28.30	\$1.15
	Quarterly Facility Case Mix Index for Medicaid Residents			<b>1.7468</b>							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$146.89								
	Quarterly Medicaid CMA Allowed Per Diem		\$257.84	\$146.89		\$23.26	\$26.24		\$29.29	\$ 2.71	\$28.30	\$1.15
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)		\$3.67	\$3.67								
	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%		\$7.34	\$7.34								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$28.12									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$285.96</b>	<b>\$157.91</b>		<b>\$23.26</b>	<b>\$26.24</b>		<b>\$46.39</b>	<b>\$2.71</b>	<b>\$28.30</b>	<b>\$1.15</b>
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		<b>\$201.64</b>									

\* 1002.3B - The allowed Per Diem for GL/PL insurance will be the lower of projected costs or 90% of 105% of the median Net Per Diem.



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: <b>RELIABLE HEALTH &amp; REHAB AT LAKEWOOD</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>321026473A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5585	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	27.87%	1.0%	Quarterly Medicaid CMI:			1.8264	1.5192
							3.12	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8614	1.5459
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,863,976	\$3,502,223	\$0	\$529,403	\$849,418	\$0	\$1,140,066		\$842,866	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$311,574)	(\$4,282)	\$0	\$0	\$1,553	\$1,214	(\$161,111)		(\$148,948)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$145,554			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$149,433	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,847,389	\$3,497,941	\$0	\$529,403	\$850,971	\$1,214	\$978,955	\$145,554	\$693,918	\$149,433	
8	Total Nursing Facility Days	As Filed Days = 33,371 FY20 Audited C/R Days	33,371										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,371 FY20 GL-PL Ins Rpt Days								33,371			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$205.19	\$104.82	\$0.00	\$15.86	\$25.54	(with L&H)	\$29.34	\$4.36	\$20.79	\$4.48	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5585</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.26									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.26	\$0.00	\$15.86	\$25.54		\$29.34	\$4.36	\$20.79	\$4.48	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.62	\$67.26	\$0.00	\$15.86	\$25.54		\$29.34	\$4.36	10.78 (FRV)	\$4.48	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.62	\$67.26	\$0.00	\$15.86	\$25.54	\$0.00	\$29.34	\$4.36	\$10.78	\$4.48	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.8614</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.20									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.56	\$125.20	\$0.00	\$15.86	\$25.54	\$0.00	\$29.34	\$4.36	\$10.78	\$4.48	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.25	\$1.25									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.76	\$3.76									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.64	\$5.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$239.20</b>	<b>\$130.74</b>	<b>\$0.00</b>	<b>\$16.08</b>	<b>\$25.95</b>	<b>\$0.00</b>	<b>\$46.81</b>	<b>\$4.36</b>	<b>\$10.78</b>	<b>\$4.48</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$166.58</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: <b>GLENWOOD HEALTHCARE</b> Prvdr ID: <b>701562744A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>													Growth Allowance: N/A Qtrly BIMS score: 36.36% Nurse Hours per On-Site Day/Quality Incentive: 3.04			Facility Score: N/A Add-on Percent: 0.00% 2.5% 3.0%			Base Period Overall CMI: 1.5617 Quarterly Medicaid CMI: 1.6483 Qtrly Mcaid CMI w RUG Wght Options: 1.6795			1.5617	1.5126	1.6483	1.5192	1.6795	1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>																											
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
<b>Base Period Per Diem Allowed Amounts</b>																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$2,717,413	\$1,310,844	\$0	\$250,776	\$290,509	\$0	\$499,489		\$365,795	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$63,202)	\$0	\$0	\$0	\$0	\$0	(\$40,581)		(\$22,621)																
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$30,150																	
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$23,439															
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$2,707,800	\$1,310,844	\$0	\$250,776	\$290,509	\$0	\$458,908	\$30,150	\$343,174	\$23,439															
8	Total Nursing Facility Days	As Filed Days = 16,563 FY20 Audited C/R Days	16,563																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,563 FY20 GL-PL Ins Rpt Days								16,563																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$163.49	\$79.14	\$0.00	\$15.14	\$17.54	(with L&H)	\$27.71	\$1.82	\$20.72	\$1.42															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5617</b>																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.67																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$50.67	\$0.00	\$15.14	\$17.54		\$27.71	\$1.82	\$20.72	\$1.42															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.31	\$50.67	\$0.00	\$15.14	\$17.54		\$27.71	\$1.82	13.01 (FRV)	\$1.42															
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.31	\$50.67	\$0.00	\$15.14	\$17.54	\$0.00	\$27.71	\$1.82	\$13.01	\$1.42															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6795</b>																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.10																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.74	\$85.10	\$0.00	\$15.14	\$17.54	\$0.00	\$27.71	\$1.82	\$13.01	\$1.42															
<b>Quarterly Per Diem Add-on Amounts</b>																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00																
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.13	\$2.13																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.55	\$2.55																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.31	\$5.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00															
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$185.05</b>	<b>\$90.31</b>	<b>\$0.00</b>	<b>\$15.36</b>	<b>\$17.95</b>	<b>\$0.00</b>	<b>\$45.18</b>	<b>\$1.82</b>	<b>\$13.01</b>	<b>\$1.42</b>															
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$125.96</b>																								

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
				a	b	c	d	e	f	g	g	h	i	
<b>Provider: EVERGREEN HEALTH AND REHABILITATION CENTER</b> <b>Prvdr ID: 835154999A</b> Case Mix Per Diem Rate Effective Date: <b>4/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/22</b>														
				<b>Add-on Data and Percentages</b> Growth Allowance: N/A Qtrly BIMS score: 54.55% Nurse Hours per On-Site Day/Quality Incentive: 3.77			<b>Facility Score</b> Add-on Percent: 0.00% 5.5% 4.0%			<b>Case Mix Index (CMI) Data</b> Base Period Overall CMI: 1.6420 Quarterly Medicaid CMI: 1.7304 Qtrly Mcaid CMI w RUG Wght Options: 1.7614			<b>Facility Specific</b> 1.6420 1.7304 1.7614	<b>State-wide</b> 1.5126 1.5192 1.5459
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,280,425	\$2,824,078	\$0	\$563,414	\$636,930	\$0	\$989,023		\$266,980	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$103,903)	\$0	\$0	\$0	\$0	\$0	(\$84,396)		(\$19,507)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$84,396				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$19,507		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,280,425	\$2,824,078	\$0	\$563,414	\$636,930	\$0	\$904,627	\$84,396	\$247,473	\$19,507		
8	Total Nursing Facility Days	As Filed Days = 33,490 FY20 Audited C/R Days	33,490											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,490 FY20 GL-PL Ins Rpt Days								33,490				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$157.67	\$84.33	\$0.00	\$16.82	\$19.02	(with L&H)	\$27.01	\$2.52	\$7.39	\$0.58		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.6420</b>										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.36										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$51.36	\$0.00	\$16.82	\$19.02		\$27.01	\$2.52	\$7.39	\$0.58		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.26	\$51.36	\$0.00	\$16.82	\$19.02		\$27.01	\$2.52	6.95 (FRV)	\$0.58		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.26	\$51.36	\$0.00	\$16.82	\$19.02	\$0.00	\$27.01	\$2.52	\$6.95	\$0.58		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7614</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.47										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.37	\$90.47	\$0.00	\$16.82	\$19.02	\$0.00	\$27.01	\$2.52	\$6.95	\$0.58		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.98	\$4.98										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.62	\$3.62										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.23	\$9.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$190.60</b>	<b>\$99.60</b>	<b>\$0.00</b>	<b>\$17.04</b>	<b>\$19.43</b>	<b>\$0.00</b>	<b>\$44.48</b>	<b>\$2.52</b>	<b>\$6.95</b>	<b>\$0.58</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$130.13</b>											