

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	\$10,200,530	\$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>1.7705</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	\$211.34	\$128.56	\$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	\$1.29	\$1.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.86	\$3.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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>\$234.90</b>	<b>\$134.24</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>\$163.35</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:	1.4815	1.5126
<b>Provider: NEWNAN HEALTH AND REHABILITATION</b> <b>Prvdr ID: 00040719A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	0.00%	23.91%	3.94	3.0%	1.4815	1.5015	1.5272	1.5195	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	FY20 Audited C/R Days	30,527																			
	Total Nursing Facility Days GL-PL Ins. Rpt	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	<i>(with L&amp;H)</i>	\$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	\$0.56										
											<i>(FRV)</i>											
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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>1.5272</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.71																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.65	\$116.71	\$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	\$1.17	\$1.17																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.50	\$3.50																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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>\$227.58</b>	<b>\$121.91</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>\$157.86</b>																			

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

INTERIM

Provider: <b>RIVERVIEW HEALTH &amp; REHAB CTR</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00040741A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4340	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	24.41%	1.0%	Quarterly Medicaid CMI:			1.4653	1.5195
							3.65	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4913	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4913</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.07									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.68	\$130.07	\$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>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	\$6.51	\$5.73	\$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>\$250.19</b>	<b>\$135.80</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>\$187.64</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>1/1/2023</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>09/30/22</b>		Qtrly BIMS score: 45.45%		Nurse Hours per On-Site Day/Quality Incentive: 5.82		45.45%	5.5%	Quarterly Medicaid CMI: 1.3833			1.3833	1.5195
							4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4039			1.4039	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4039</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.11	\$124.27	\$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	\$6.83	\$6.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.97	\$4.97								
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	\$29.27	\$11.80	\$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>\$263.38</b>	<b>\$136.07</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>\$184.71</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6525	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	31.82%	2.5%	Quarterly Medicaid CMI:			1.7613	1.5195
							1.88	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7955	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$11,261,825	\$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>1.7955</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$149.92									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.28	\$149.92	\$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>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>3.0%</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	\$26.51	\$8.78	\$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>\$269.79</b>	<b>\$158.70</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>\$189.52</b>										

Quarterly Case Mix Per Diem Calculation

Interim

Provider: <b>Magnolia Manor Methodist Nursing Center</b>	<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>		Facility Specific	State-wide
Prvdr ID: <b>00040785A</b>	Growth Allowance:		N/A	0.00%	Base Period Overall CMI:		1.6273	1.5126
H/B ? : No	Case Mix Per Diem Rate Effective Date: <b>01/01/23</b>	BIMS:	40.4%	2.5%	Quarterly Medicaid CMI:		1.6742	1.5215
	MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>	Nurse Hours per On-Site Day/Quality Incentive:	4.17	4.0%	Qtrly Mcaid CMI w RUG Wght Options:		1.7077	1.5482

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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								\$ 224,177		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2020 GL-PL Ins. Rpt								57,067		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2020 Peer Group Limit		\$88.52		\$24.48	\$27.62		\$30.83		\$31.36	\$0.64
	Allowed @ 95% of Std		\$194.88	\$84.09		\$23.26	\$26.24		\$29.29		\$31.36	\$0.64
	Growth Allowance 0.0%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$198.81	\$84.09		\$23.26	\$26.24		\$29.29	\$ 3.93	\$31.36	\$0.64
	Quarterly Facility Case Mix Index for Medicaid Residents			<b>1.7077</b>							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$143.60								
	Quarterly Medicaid CMA Allowed Per Diem		\$257.10	\$143.60		\$23.26	\$26.24		\$29.29	\$ 2.71	\$31.36	\$0.64
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)		\$3.59	\$3.59								
	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%		\$5.74	\$5.74								
	Nursing Home Provider Fee		\$0.00						0.00			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$9.33									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$266.43</b>	<b>\$152.93</b>		<b>\$23.26</b>	<b>\$26.24</b>		<b>\$29.29</b>	<b>\$2.71</b>	<b>\$31.36</b>	<b>\$0.64</b>
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		<b>\$199.83</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>PINE VIEW NURSING AND REHAB CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00040796A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</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>09/30/22</b>		Qtrly BIMS score: 35.53%		Nurse Hours per On-Site Day/Quality Incentive: 3.11		3.11	2.5%	Quarterly Medicaid CMI: 1.8844			1.8844	1.5195
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.9197			1.9197	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE 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	\$4,177,705	\$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	(with L&H)	\$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 (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	\$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>1.9197</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.66	\$110.94	\$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>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	\$3.33	\$3.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.73	\$6.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$210.39</b>	<b>\$117.57</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>\$144.97</b>									

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

INTERIM

Provider: <b>TWIN VIEW 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>00040807A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.4329			1.4329	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 37.88%		Nurse Hours per On-Site Day/Quality Incentive: 2.69		37.88%	2.5%	Quarterly Medicaid CMI: 1.7333			1.7333	1.5195
							4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7635			1.7635	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	(with L&H)	\$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 (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	\$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>1.7635</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.64	\$93.24	\$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	\$2.33	\$2.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.73	\$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	\$24.69	\$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>\$184.33</b>	<b>\$99.83</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>\$125.42</b>									



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

INTERIM

Provider: <b>A.G. RHODES HOME WESLEY WOODS</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00040818A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.7560			1.7560	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 38.57%		Nurse Hours per On-Site Day/Quality Incentive: 4.48		38.57%	2.5%	Quarterly Medicaid CMI: 1.6504			1.6504	1.5195
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6799			1.6799	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE 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	\$12,890,225	\$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	FY20 Audited C/R Days	47,262									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,262	FY20 GL-PL Ins Rpt 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>1.6799</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.42	\$134.85	\$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	\$3.37	\$3.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.74	\$6.74								
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	\$27.74	\$10.64	\$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>\$265.16</b>	<b>\$145.49</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>\$186.05</b>									

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

INTERIM

Provider: <b>PRUITTHEALTH - AUSTELL</b> Prvdr ID: <b>00059276A</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>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Growth Allowance: N/A Qtrly BIMS score: 33.77% Nurse Hours per On-Site Day/Quality Incentive: 3.52				N/A	0.00% 2.5% 6.0%	Base Period Overall CMI: 1.5951 Quarterly Medicaid CMI: 1.4588 Qtrly Mcaid CMI w RUG Wght Options: 1.4832			1.5951 1.4588 1.4832	1.5126 1.5195 1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$8,302,625	\$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 FY20 Audited C/R Days	42,585									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 42,585 FY20 GL-PL Ins Rpt 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								
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 (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	\$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>1.4832</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.61	\$99.09	\$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	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.95	\$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	\$27.06	\$8.96	\$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>\$214.67</b>	<b>\$108.05</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>\$148.18</b>									

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

INTERIM

Provider: <b>NORTHRIDGE 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>00059331A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3765	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	25.81%	1.0%	Quarterly Medicaid CMI:			1.4091	1.5195
							2.75	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4311	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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	\$10,878,934	\$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 (FRV)	\$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>1.4311</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	\$186.55	\$93.78	\$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	\$0.94	\$0.94									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$23.67	\$6.16	\$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>\$210.22</b>	<b>\$99.94</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>\$144.84</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> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.5637</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.70	\$86.91	\$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	\$0.87	\$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	\$2.61	\$2.61								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.74	\$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>\$196.44</b>	<b>\$90.92</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>\$134.51</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>1/1/2023</b>		Growth Allowance:	N/A	Base Period Overall CMI:				1.7115	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	42.55%	Quarterly Medicaid CMI:				1.7777	1.5195	
					2.88	Qtrly Mcaid CMI w RUG Wght Options:				1.8124	1.5463	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$5,934,782	\$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>1.8124</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.22	\$104.12	\$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	\$2.60	\$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	\$3.12	\$3.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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>\$212.20</b>	<b>\$110.37</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>\$146.33</b>									



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

INTERIM

Provider: <b>NORTH DECATUR 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>00059452A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6977	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	13.33%	0.0%	Quarterly Medicaid CMI:			1.6234	1.5195
							2.65	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6542	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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	\$4,730,040	\$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>1.6542</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.73									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.67	\$103.73	\$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>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	\$21.37	\$3.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$202.04</b>	<b>\$107.37</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>\$138.71</b>										

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

INTERIM

Provider: <b>PRUITTHEALTH - AUGUSTA</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00059463A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4672	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	23.68%	1.0%	Quarterly Medicaid CMI:			1.4238	1.5195
							2.71	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4471	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4471</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.12									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.58	\$106.12	\$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>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	\$4.24	\$4.24									
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	\$23.93	\$5.83	\$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>\$220.51</b>	<b>\$111.95</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>\$152.56</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: BOLINGREEN HEALTH AND REHABILITATION</b> <b>Prvdr ID: 00059485A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
				<b>Add-on Data and Percentages</b> Growth Allowance: N/A Qtrly BIMS score: 25.00% Nurse Hours per On-Site Day/Quality Incentive: 3.52			<b>Facility Score</b> Add-on Percent: 0.00% 1.0% 2.0%			<b>Case Mix Index (CMI) Data</b> Base Period Overall CMI: 1.4813 Quarterly Medicaid CMI: 1.4997 Qtrly Mcaid CMI w RUG Wght Options: 1.5260			<b>Facility Specific</b> 1.4813 1.4997 1.5260	<b>State-wide</b> 1.5126 1.5195 1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.5260</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.74										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.68	\$101.74	\$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>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	\$2.03	\$2.03										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.31	\$3.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$207.99</b>	<b>\$105.32</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>\$143.17</b>											

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

INTERIM

Provider: <b>BROWN 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>00059562A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4357	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	34.92%	2.5%	Quarterly Medicaid CMI:			1.6318	1.5195
							2.62	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6612	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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	\$6,479,588	\$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 (FRV)	\$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>1.6612</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.89									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.30	\$118.89	\$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	\$2.97	\$2.97									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.94	\$5.94									
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	\$26.76	\$9.44	\$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>\$245.06</b>	<b>\$128.33</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>\$170.97</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	Quarterly Medicaid CMI:	Facility Specific	State-wide
Provider: <b>CARROLLTON NURSING &amp; REHAB CTR</b> Prvdr ID: <b>00059661A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	0.00%	1.5699	1.5126	32.93%	2.5%	1.5078	1.5195	2.82	3.0%	1.5340	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$8,114,623	\$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	FY20 Audited C/R Days	41,877																					
	As Filed Days = 41,877																							
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								41,877														
	As Filed 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	<i>(with L&amp;H)</i>	\$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 <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	\$0.00	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>1.5340</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.82																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.39	\$94.82	\$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>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>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2.84																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.80	\$5.74	\$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>\$197.19</b>	<b>\$100.56</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>\$135.07</b>																					



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

INTERIM

Provider: <b>CHAPLINWOOD 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>00059694A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.2699	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	30.77%	2.5%	Quarterly Medicaid CMI:			1.4375	1.5195
							3.78	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4638	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4638</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.52									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.32	\$109.52	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.48	\$5.48									
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	\$26.85	\$8.75	\$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>\$215.17</b>	<b>\$118.27</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>\$148.55</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	\$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	FY20 Audited C/R Days	23,782									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,782	FY20 GL-PL Ins Rpt 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>1.5477</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$138.88	\$75.91	\$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>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>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.28	\$2.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.67	\$3.57	\$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>\$160.55</b>	<b>\$79.48</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>\$107.59</b>									

Quarterly Case Mix Per Diem Calculation

Interim

Provider: <b>Southwell Health and Rehab</b> Prvdr ID: <b>00059826A</b> H/B ?: Yes				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 40.0% Nurse Hours per On-Site Day/Quality Incentive: 3.44			Facility Score: 3.44	Add-on Percent: 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2685 Quarterly Medicaid CMI: 1.3169 Qtrly Mcaid CMI w RUG Wght Options: 1.3363			Facility Specific: 1.2685 1.3169 1.3363	State-wide: 1.5126 1.5215 1.5482
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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>												
	<b>Cost Center Peer Groups per Selected Options</b>			<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								\$ 9,927		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2020 GL-PL Ins. Rpt								34,199		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2020 Peer Group Limit		\$88.52		\$32.46	\$27.62		\$30.83		\$24.17	\$0.32
	Allowed @ 95% of Std		\$194.95	\$84.09		\$30.84	\$26.24		\$29.29		\$24.17	\$0.32
	Growth Allowance 0.0%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$195.24	\$84.09		\$30.84	\$26.24		\$29.29	\$ 0.29	\$24.17	\$0.32
	Quarterly Facility Case Mix Index for Medicaid Residents			<b>1.3363</b>							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$112.37								
	Quarterly Medicaid CMA Allowed Per Diem		\$223.52	\$112.37		\$30.84	\$26.24		\$29.29	\$ 0.29	\$24.17	\$0.32
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)		\$2.81	\$2.81								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.37	\$3.37								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$23.28									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$246.80</b>	<b>\$118.55</b>		<b>\$30.84</b>	<b>\$26.24</b>		<b>\$46.39</b>	<b>\$0.29</b>	<b>\$24.17</b>	<b>\$0.32</b>
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$172.28									

\* 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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7846	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	23.53%	1.0%	Quarterly Medicaid CMI:			1.8521	1.5195
							4.47	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8886	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility 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>1.8886</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$167.18									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$259.51	\$167.18	\$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	\$1.67	\$1.67									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.34	\$3.34									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.74	\$5.01	\$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>\$282.25</b>	<b>\$172.19</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>\$198.86</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	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:
													Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide			
Provider: <b>DUBLINAIR HEALTH &amp; REHAB</b>													N/A	0.00%	Base Period Overall CMI:			1.5371	1.5126			
Prvdr ID: <b>00059947A</b>													48.10%	5.5%	Quarterly Medicaid CMI:			1.6284	1.5195			
Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>													2.83	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6593	1.5463			
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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	\$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>1.6593</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.33																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.82	\$86.33	\$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	\$0.00										
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.75	\$4.75																		
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	\$25.97	\$7.87	\$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>\$175.79</b>	<b>\$94.20</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>\$119.02</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				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>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 30.77% Nurse Hours per On-Site Day/Quality Incentive: 3.50				Base Period Overall CMI: 1.7644 Quarterly Medicaid CMI: 1.8702 Qtrly Mcaid CMI w RUG Wght Options: 1.9073				Facility Specific: 1.7644 State-wide: 1.5126 1.8702 1.5195 1.9073 1.5463	
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.9073</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.57	\$101.35	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.53	\$2.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.03	\$2.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.82	\$5.09	\$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>\$201.39</b>	<b>\$106.44</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>\$138.22</b>									

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

INTERIM

Provider: <b>HEARDMONT 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>00082981A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4977	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	29.79%	1.0%	Quarterly Medicaid CMI:			1.4485	1.5195
							2.73	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4763	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4763</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.92									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.24	\$76.92	\$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	\$0.77	\$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	\$2.31	\$2.31									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.71	\$3.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$176.95</b>	<b>\$80.53</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>\$119.89</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:	1.3872	1.5126		
Provider: <b>AUTUMN LANE HEALTH AND REHABILITATION</b> Prvdr ID: <b>00082992A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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:	1.3872	1.5126	1.5195	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.3170</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.52																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.27	\$91.52	\$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	\$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	\$4.58	\$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	\$22.84	\$5.11	\$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>\$233.11</b>	<b>\$96.63</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>\$162.01</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	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	
Provider: <b>SIGNATURE HEALTHCARE AT TOWER ROAD</b>														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.8647	1.5126
Prvdr ID: <b>00083003A</b>														Qtrly BIMS score	7.35%	0.0%	Quarterly Medicaid CMI:	1.8465	1.5195
Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>														Nurse Hours per On-Site Day/Quality Incentive:	2.26	2.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.8832	1.5463
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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	\$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								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>1.8832</b>															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.82															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.81	\$134.82	\$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	\$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	\$2.70	\$2.70															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.96	\$3.23	\$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>\$239.77</b>	<b>\$138.05</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>\$167.00</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:	1.3811	1.5126
Provider: <b>GREEN ACRES HEALTH AND REHABILITATION</b> Prvdr ID: <b>00083014A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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:	1.3811	1.5126
													37.29%	2.5%	3.45	4.0%	1.3884	1.5195	1.4107	1.5463		
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4107</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.56																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.71	\$103.56	\$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	\$2.59	\$2.59																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.14	\$4.14																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.36	\$7.26	\$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>\$213.07</b>	<b>\$110.82</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>\$146.98</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>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6277	1.5126
							30.16%	2.5%					1.6041	1.5195
							3.47	5.0%					1.6328	1.5463
<b>Case Mix Based Rate Calculations</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.6328</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.15										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.72	\$90.15	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.25	\$2.25										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.51	\$4.51										
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	\$25.02	\$7.29	\$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>\$196.74</b>	<b>\$97.44</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>\$134.73</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5685	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	38.64%	2.5%	Quarterly Medicaid CMI:			1.5191	1.5195
							2.93	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5478	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.5478</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.46									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.05	\$96.46	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.41	\$2.41									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.82	\$4.82									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.08	\$7.76	\$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>\$216.13</b>	<b>\$104.22</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>\$149.27</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
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.6414</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.82	\$103.54	\$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	\$1.04	\$1.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.14	\$4.14								
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	\$23.44	\$5.71	\$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>\$218.26</b>	<b>\$109.25</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>\$150.87</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.8876	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	19.18%	0.0%	Quarterly Medicaid CMI:			1.9395	1.5195
							2.68	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9778	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.9778</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.98									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.48	\$118.98	\$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>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.38	\$2.38									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.64	\$2.91	\$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>\$238.12</b>	<b>\$121.89</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>\$165.77</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>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$7,744,499	\$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 FY20 Audited C/R Days	43,829									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 43,829 FY20 GL-PL Ins Rpt 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>1.6414</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.84	\$92.20	\$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	\$2.31	\$2.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.69	\$3.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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>\$196.47</b>	<b>\$98.73</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>\$134.53</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			
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.4920	1.5126			
Provider: <b>PIONEER HEALTH OF CENTRAL GEORGIA</b> Prvdr ID: <b>00083135A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	25.76%	2.71	0.00%	1.0%	2.0%	1.4920	1.3994	1.4243	1.5195	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4243</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.40																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.28	\$81.40	\$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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.81	\$0.81																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.63	\$1.63																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10														
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.07	\$2.97	\$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>\$167.35</b>	<b>\$84.37</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>\$112.69</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>1/1/2023</b>		Growth Allowance:	N/A	Base Period Overall CMI:				1.1945	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	24.36%	Quarterly Medicaid CMI:				1.1093	1.5195	
					3.26	Qtrly Mcaid CMI w RUG Wght Options:				1.1251	1.5463	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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 FY20 Audited C/R Days	34,179									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,179 FY20 GL-PL Ins Rpt Days								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>1.1251</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.77	\$98.80	\$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	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.96	\$2.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.58	\$4.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$204.35</b>	<b>\$103.28</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>\$140.44</b>									

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

INTERIM

Provider: <b>SIGNATURE HEALTHCARE OF SAVANNAH</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00083157A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.6025		1.6025	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 23.00%		Nurse Hours per On-Site Day/Quality Incentive: 2.19		23.00%	1.0%	Quarterly Medicaid CMI: 1.6898		1.6898	1.5195		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7232		1.7232	1.5463		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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	\$7,121,152	\$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>1.7232</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.85									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.15	\$116.85	\$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	\$1.17	\$1.17									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.51	\$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	\$22.94	\$5.21	\$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>\$220.09</b>	<b>\$122.06</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>\$152.24</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		
													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>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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	37.86%	4.71	3.0%	1.4632	1.5126	
																				1.4609	1.5195	
																				1.4872	1.5463	
<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	\$10,624,196	\$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																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed 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 (FRV)	\$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>1.4872</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.65																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.51	\$131.65	\$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	\$3.29	\$3.29																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.95	\$3.95																		
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	\$24.71	\$7.24	\$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>\$265.22</b>	<b>\$138.89</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>\$186.09</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: TUCKER WELLNESS AND REHABILITATION CENTER</b> <b>Prvdr ID: 00083267A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>															
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 29.23% Nurse Hours per On-Site Day/Quality Incentive: 3.00			Facility Score: N/A Add-on Percent: 0.00% 1.0% 3.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.5704 Quarterly Medicaid CMI: 1.6118 Qtrly Mcaid CMI w RUG Wght Options: 1.6417			Facility Specific: 1.5704 1.6118 1.6417		State-wide: 1.5126 1.5195 1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>															
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.6417</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	\$176.48	\$98.44	\$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	\$0.98	\$0.98											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.95	\$2.95											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.56	\$4.46	\$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>\$199.04</b>	<b>\$102.90</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>\$136.46</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
				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	\$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>1.5711</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.18	\$86.96	\$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	\$4.78	\$4.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.35	\$4.35								
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	\$27.73	\$9.66	\$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>\$208.91</b>	<b>\$96.62</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>\$143.86</b>									

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

INTERIM

Provider: <b>RIVERDALE 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>00083289A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4769	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	33.98%	2.5%	Quarterly Medicaid CMI:			1.6717	1.5195
							4.37	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7030	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.7030</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.99									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.83	\$94.99	\$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	\$2.37	\$2.37									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.85	\$2.85									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.85	\$5.75	\$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>\$188.68</b>	<b>\$100.74</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>\$128.69</b>										

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

INTERIM

Provider: <b>ROSE CITY HEALTH AND REHABILITATION CENTER</b>		<u>Add-on Data and Percentages</u>				Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>				Facility Specific	State-wide
Prvdr ID: <b>00083311A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.7194		1.7194	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive: 2.56		Qtrly BIMS score: 40.00%		40.00%	2.5%	Quarterly Medicaid CMI: 1.5500		1.5500	1.5195		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5766		1.5766	1.5463		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$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	22,599										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,599								22,599			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY20		<b>1.7194</b>									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.58									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 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	\$141.40	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.5766</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.47									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.29	\$84.47	\$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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$2.53	\$2.53									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.90	\$5.17	\$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>\$195.19</b>	<b>\$89.64</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>\$133.57</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: THE A.G. RHODES HOME, INC.</b> <b>Prvdr ID: 00140005A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
			Growth Allowance: N/A Qtrly BIMS score: 58.16% Nurse Hours per On-Site Day/Quality Incentive: 3.83				Add-on Percent: 0.00% 5.5% 5.0%				Base Period Overall CMI: 1.5785 Quarterly Medicaid CMI: 1.7025 Qtrly Mcaid CMI w RUG Wght Options: 1.7354		Facility Specific: 1.5785 1.7025 1.7354	State-wide: 1.5126 1.5195 1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.7354</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$151.60										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$254.89	\$151.60	\$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	\$8.34	\$8.34										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.58	\$7.58										
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	\$33.55	\$16.45	\$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>\$288.44</b>	<b>\$168.05</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>\$203.51</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
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.9283</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.71	\$93.31	\$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>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>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.80	\$2.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.39	\$5.66	\$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>\$191.10</b>	<b>\$98.97</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>\$130.50</b>									



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

INTERIM

Provider: <b>PRUITTHEALTH - GREENVILLE</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00140038A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A	0.00%	Base Period Overall CMI: 1.3143				1.3143	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 30.77%	2.5%	Quarterly Medicaid CMI: 1.3621				1.3621	1.5195	
					5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3872				1.3872	1.5463	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE 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	\$4,951,056	\$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	(with L&H)	\$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 (FRV)	\$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>1.3872</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.09	\$82.80	\$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>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>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.14	\$4.14								
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	\$24.84	\$6.74	\$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>\$179.93</b>	<b>\$89.54</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>\$122.12</b>									

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

INTERIM

Provider: <b>PRUITTHEALTH - CREEKSIDE</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00140049A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4763	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	#N/A	#N/A	Quarterly Medicaid CMI:			1.5195	1.5195
						0.00	0.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5463	1.5463	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.5463</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.46									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.37	\$123.46	\$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>#N/A</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>\$211.00</b>	<b>\$123.99</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>\$145.43</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3432	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	21.74%	1.0%	Quarterly Medicaid CMI:			1.4744	1.5195
							3.02	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5008	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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	\$5,302,718	\$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>1.5008</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.31									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.08	\$113.31	\$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	\$1.13	\$1.13									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.67	\$5.67									
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	\$25.36	\$7.33	\$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>\$223.44</b>	<b>\$120.64</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>\$154.76</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
				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 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>1.2816</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.93	\$102.18	\$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>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	\$2.04	\$2.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.67	\$2.57	\$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>\$205.60</b>	<b>\$104.75</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>\$141.38</b>									



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

INTERIM

Provider: <b>APPLING NURSING AND REHABILITATION PAVILION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00140093A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.1345			1.1345	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 32.84%		Nurse Hours per On-Site Day/Quality Incentive: 1.65		32.84%	2.5%	Quarterly Medicaid CMI: 1.2325			1.2325	1.5195
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2501			1.2501	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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	\$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 (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	\$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>1.2501</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.53	\$99.02	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
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	\$22.72	\$4.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$243.25</b>	<b>\$104.01</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>\$169.61</b>									



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

INTERIM

Provider: <b>PRUITTHEALTH - ASHBURN</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00140104A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.6839		1.6839	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 31.91%		Nurse Hours per On-Site Day/Quality Incentive: 3.80		3.80	2.5%	Quarterly Medicaid CMI: 1.6100		1.6100	1.5195		
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6406		1.6406	1.5463		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	(with L&H)	\$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 (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	\$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>1.6406</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.78									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.47	\$114.78	\$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	\$2.87	\$2.87									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$26.83	\$9.14	\$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>\$233.30</b>	<b>\$123.92</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>\$162.15</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>1/1/2023</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>09/30/22</b>		Qtrly BIMS score: 24.69%		Nurse Hours per On-Site Day/Quality Incentive: 3.39		3.39	1.0%	Quarterly Medicaid CMI: 1.6576			1.6576	1.5195
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6876			1.6876	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE 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>1.6876</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.12	\$115.03	\$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	\$1.15	\$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	\$5.75	\$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	\$25.16	\$7.43	\$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>\$233.28</b>	<b>\$122.46</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>\$162.14</b>									

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

INTERIM

Provider: <b>THE OAKS - ATHENS 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>00140126A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6540	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	23.81%	1.0%	Quarterly Medicaid CMI:			1.5372	1.5195
							3.42	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5640	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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 (FRV)	\$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>1.5640</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.49									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.85	\$116.49	\$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	\$1.16	\$1.16									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.82	\$5.82									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.83	\$7.51	\$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>\$262.68</b>	<b>\$124.00</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>\$184.19</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>EAST LAKE ARBOR</b> Prvdr ID: <b>00140137A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	0.00%	30.00%	3.23	3.0%	1.7779	1.9528	1.9919	1.5126	1.5195	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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 (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	\$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>1.9919</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.68																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.61	\$103.68	\$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>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	\$23.96	\$6.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00											
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$205.57</b>	<b>\$109.91</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>\$141.35</b>																				



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

INTERIM

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>1/1/2023</b>		Growth Allowance:	N/A	Base Period Overall CMI:				1.5298	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	28.26%	Quarterly Medicaid CMI:				1.6166	1.5195	
					2.64	Qtrly Mcaid CMI w RUG Wght Options:				1.6485	1.5463	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.6485</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.89	\$91.77	\$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	\$0.92	\$0.92								
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	\$22.30	\$4.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$189.19</b>	<b>\$95.97</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>\$129.07</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
				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	\$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>1.5334</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.46	\$102.63	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.57	\$2.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.13	\$5.13								
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	\$25.96	\$8.23	\$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>\$233.42</b>	<b>\$110.86</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>\$162.24</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>BAPTIST VILLAGE, INC.</b> Prvdr ID: <b>00140203A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.3719	1.5126
							29.32%	1.0%					1.4688	1.5195
							4.64	3.0%					1.4959	1.5463
<b>CASE MIX BASED RATE 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	\$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>1.4959</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.42										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.47	\$132.42	\$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			
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	\$3.97	\$3.97										
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	\$5.29	\$5.29	\$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>\$241.76</b>	<b>\$137.71</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>\$181.32</b>											

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

INTERIM

Provider: <b>THE OAKS - BETHANY 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>00140258A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5256	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	40.00%	2.5%	Quarterly Medicaid CMI:			1.4481	1.5195
							3.30	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4735	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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	\$9,109,390	\$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 (FRV)	\$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>1.4735</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.08									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.99	\$92.08	\$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	\$2.30	\$2.30									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.60	\$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	\$25.53	\$7.43	\$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>\$199.52</b>	<b>\$99.51</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>\$136.82</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		
			a	b	c	d	e	f	g	g	h	i
<b>Provider: PRUITTHEALTH - BETHANY</b> <b>Prvdr ID: 00140269A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>												
			Growth Allowance: N/A Qtrly BIMS score: 38.24% Nurse Hours per On-Site Day/Quality Incentive: 2.68				Add-on Percent: 0.00% 2.5% 6.0%				Base Period Overall CMI: 1.6508 Quarterly Medicaid CMI: 1.6642 Qtrly Mcaid CMI w RUG Wght Options: 1.6952	
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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 FY20 Audited C/R Days	29,767									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,767 FY20 GL-PL Ins Rpt 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>1.6952</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.72	\$106.85	\$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	\$2.67	\$2.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.41	\$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	\$27.71	\$9.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$218.43</b>	<b>\$116.46</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>\$151.00</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: CUMMING HEALTH &amp; REHAB</b> <b>Prvdr ID: 00140302A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
			Growth Allowance: N/A Qtrly BIMS score: 53.33% Nurse Hours per On-Site Day/Quality Incentive: 4.33				Add-on Percent: 0.00% 5.5% 3.0%				Base Period Overall CMI: 1.6735 Quarterly Medicaid CMI: 1.4396 Qtrly Mcaid CMI w RUG Wght Options: 1.4641		Facility Specific: 1.6735 1.4396 1.4641	State-wide: 1.5126 1.5195 1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4641</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.60										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.34	\$129.60	\$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>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.13	\$7.13										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$28.90	\$11.02	\$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>\$256.24</b>	<b>\$140.62</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>\$179.36</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3694	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	37.40%	2.5%	Quarterly Medicaid CMI:			1.5543	1.5195
							3.23	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5815	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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	\$10,505,472	\$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>1.5815</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.48									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.34	\$111.48	\$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	\$3.34	\$3.34									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.76	\$6.66	\$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>\$208.10</b>	<b>\$118.14</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>\$143.25</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4317	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	28.81%	1.0%	Quarterly Medicaid CMI:			1.4877	1.5195
							2.76	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5135	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.5135</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.68									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.66	\$101.68	\$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	\$1.02	\$1.02									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.10	\$6.10									
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	\$25.38	\$7.65	\$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>\$215.04</b>	<b>\$109.33</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>\$148.46</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
													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>BONTERRA TRANSITIONAL CARE &amp; REHABILITATION</b> Prvdr ID: <b>00140357A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	0.00%	1.3779	1.5126				
													2.99	2.5%	1.5993	1.5195				
													2.99	2.0%	1.6286	1.5463				
<b>CASE MIX BASED RATE CALCULATIONS</b>																				
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$7,129,366	\$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 <i>(FRV)</i>	\$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>1.6286</b>																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.26																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.66	\$105.26	\$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	\$2.63	\$2.63																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.11	\$2.11																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.37	\$5.27	\$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>\$209.03</b>	<b>\$110.53</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>\$143.95</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	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>ANDERSON MILL HEALTH AND REHABILITATION CENTER</b> Prvdr ID: <b>00140379A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	0.00%	17.98%	5.54	3.0%	1.7329	1.8117	1.8460	1.5126	1.5195	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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 <i>(FRV)</i>	\$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>1.8460</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.18																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.06	\$111.18	\$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	\$3.34	\$3.34																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10														
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.60	\$3.87	\$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>\$213.66</b>	<b>\$115.05</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>\$147.42</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 - VIRGINIA PARK</b> <b>Prvdr ID: 00140401A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
			Growth Allowance: N/A Qtrly BIMS score: 31.96% Nurse Hours per On-Site Day/Quality Incentive: 3.46				Add-on Percent: 0.00% 2.5% 4.0%				Base Period Overall CMI: 1.5927 Quarterly Medicaid CMI: 1.5229 Qtrly Mcaid CMI w RUG Wght Options: 1.5491		Facility Specific: 1.5927 1.5229 1.5491	State-wide: 1.5126 1.5195 1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$8,308,416	\$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>1.5491</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.47										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.73	\$115.47	\$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	\$2.89	\$2.89										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.62	\$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	\$26.14	\$8.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$232.87</b>	<b>\$123.51</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>\$161.83</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		
													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>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	0.00%	29.87%	2.93	1.5710	1.5271	1.5539	1.5126	1.5195	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$10,071,688	\$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>1.5539</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.52																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.35	\$117.52	\$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>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	\$21.53	\$4.06	\$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>\$241.88</b>	<b>\$121.58</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>\$168.59</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:	1.5869	1.5126		
													23.21%	1.0%	2.84	2.0%	1.6101	1.5195	1.6396	1.5463				
													a	b	c	d	e	f	g	g	h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.6396</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.42																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.03	\$74.42	\$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>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>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.49	\$1.49																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.86	\$2.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00												
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$168.89</b>	<b>\$77.18</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>\$113.84</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		
													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	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>													33.33%	2.5%	Quarterly Medicaid CMI:			1.8797	1.5195			
Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>													2.85	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9155	1.5463			
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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	\$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	As Filed Days = 30,960																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed 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	\$0.00	\$17.59	\$22.12		\$29.58	\$7.67	\$13.47	\$1.56										
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	\$152.65	\$66.13	\$0.00	\$17.59	\$22.12		\$29.58	\$7.67	8.00 (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	\$152.65	\$66.13	\$0.00	\$17.59	\$22.12	\$0.00	\$29.58	\$7.67	\$8.00	\$1.56										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.9155</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.67																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.19	\$126.67	\$0.00	\$17.59	\$22.12	\$0.00	\$29.58	\$7.67	\$8.00	\$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	\$3.17	\$3.17																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.33	\$6.33																		
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	\$28.13	\$10.03	\$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>\$241.32</b>	<b>\$136.70</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>\$8.00</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>\$168.17</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> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.7040</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.12	\$115.85	\$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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.63	\$4.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.20	\$6.32	\$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>\$245.32</b>	<b>\$122.17</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>\$171.17</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	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>CALHOUN NURSING HOME</b>														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.7573	1.5126
Prvdr ID: <b>00140478A</b>														Qtrly BIMS score	47.27%	5.5%	Quarterly Medicaid CMI:	1.7271	1.5195
Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>														Nurse Hours per On-Site Day/Quality Incentive:	4.23	4.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.7614	1.5463
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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	\$4,349,776	\$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>1.7614</b>															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.94															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.65	\$133.94	\$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>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.37	\$7.37															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$31.36	\$13.26	\$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>\$243.01</b>	<b>\$147.20</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>\$169.43</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	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>CANTON CENTER FOR NURSING AND HEALING LLC</b>														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.4146	1.5126
Prvdr ID: <b>00140511A</b>														Qtrly BIMS score	27.27%	1.0%	Quarterly Medicaid CMI:	1.7397	1.5195
Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>														Nurse Hours per On-Site Day/Quality Incentive:	4.18	2.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.7724	1.5463
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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	\$6,758,245	\$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																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed 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>1.7724</b>															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$150.74															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$250.75	\$150.74	\$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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.51	\$1.51															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine 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	\$22.15	\$5.05	\$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>\$272.90</b>	<b>\$155.79</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>\$191.85</b>																

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

INTERIM

Provider: UNIVERSITY NURSING & REHAB CTR Prvdr ID: 00140533A		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: 1/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 09/30/22		Growth Allowance: N/A Qtrly BIMS score: 20.25% Nurse Hours per On-Site Day/Quality Incentive: 2.64				2.64	0.00% 1.0% 2.0%	Base Period Overall CMI: 1.5039 Quarterly Medicaid CMI: 1.6029 Qtrly Mcaid CMI w RUG Wght Options: 1.6312			1.5039 1.6029 1.6312	1.5126 1.5195 1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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	\$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 As Filed Days = 35,914	FY20 Audited C/R Days	35,914									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,914	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 (FRV)	\$1.48
<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	\$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>1.6312</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.80	\$120.15	\$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	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (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>\$220.66</b>	<b>\$124.28</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>\$152.67</b>									

Quarterly Case Mix Per Diem Calculation

Interim

Provider: <b>Cottages at Rockmart</b> Prvdr ID: <b>00140544A</b> H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 0.1% Nurse Hours per On-Site Day/Quality Incentive: 4.79			Facility Score N/A	Add-on Percent 0.00% 0.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6592 Quarterly Medicaid CMI: 1.7162 Qtrly Mcaid CMI w RUG Wght Options: 1.7490			Facility Specific 1.6592 1.7162 1.7490	State- wide 1.5126 1.5215 1.5482
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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>												
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 = 0.0% (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>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>1/1/2023</b>		Growth Allowance:	N/A	Base Period Overall CMI:				1.5628	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	38.36%	Quarterly Medicaid CMI:				1.7890	1.5195	
					2.86	Qtrly Mcaid CMI w RUG Wght Options:				1.8244	1.5463	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.8244</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.26	\$95.32	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.38	\$2.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine 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	\$23.50	\$5.77	\$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>\$203.76</b>	<b>\$101.09</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>\$140.00</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5059	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	30.95%	2.5%	Quarterly Medicaid CMI:			1.5844	1.5195
							3.35	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6133	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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	\$4,047,128	\$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>1.6133</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.35									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.18	\$108.35	\$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	\$2.71	\$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)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.76	\$8.66	\$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>\$219.94</b>	<b>\$117.01</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>\$152.13</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>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.7833			1.7833	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 32.35%		Qtrly BIMS score: 32.35%		32.35%	2.5%	Quarterly Medicaid CMI: 1.9730			1.9730	1.5195
		Nurse Hours per On-Site Day/Quality Incentive: 3.28		Nurse Hours per On-Site Day/Quality Incentive: 3.28		3.28	4.0%	Qtrly Mcaid CMI w RUG Wght Options: 2.0100			2.0100	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>2.0100</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.01	\$82.47	\$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>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>4.0%</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	\$23.62	\$5.89	\$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>\$201.63</b>	<b>\$88.36</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>\$138.40</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4869	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	18.82%	0.0%	Quarterly Medicaid CMI:			1.7297	1.5195
							3.16	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7637	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.7637</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.64									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.70	\$97.64	\$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>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	\$2.93	\$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	\$21.56	\$3.46	\$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>\$188.26</b>	<b>\$101.10</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>\$128.37</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5933	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	19.30%	0.0%	Quarterly Medicaid CMI:			1.6874	1.5195
							5.04	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7194	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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	\$6,835,277	\$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>1.7194</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.72									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.93	\$127.72	\$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>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	\$3.83	\$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	\$22.09	\$4.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$231.02</b>	<b>\$132.08</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>\$160.44</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		
													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:	1.4093	1.5126
Provider: <b>HEALTHCARE AT COLLEGE PARK, LLC</b> Prvdr ID: <b>00140654A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	0.00%	2.5%	3.0%	2.58	1.4691	1.4958	1.5195	1.5463	
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$5,066,332	\$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	FY20 Audited C/R Days	28,678																			
	As Filed Days = 28,678																					
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								28,678												
	As Filed 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	<i>(with L&amp;H)</i>	\$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 <i>(FRV)</i>	\$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>1.4958</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	\$165.07	\$90.42	\$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	\$2.26	\$2.26																		
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	\$23.60	\$5.50	\$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>\$188.67</b>	<b>\$95.92</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>\$128.68</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
				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 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	As Filed Days = 41,024 FY20 Audited C/R Days	41,024									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,024 FY20 GL-PL Ins Rpt 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>1.5527</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.89	\$84.76	\$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	\$2.12	\$2.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.39	\$3.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.14	\$6.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$178.03</b>	<b>\$90.80</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>\$120.70</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.5078	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	43.94%	2.5%	Quarterly Medicaid CMI:				1.2832	1.5195
							2.37	4.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3029	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>CASE MIX BASED RATE 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	\$5,661,476	\$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>1.3029</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	\$177.55	\$92.81	\$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	\$2.32	\$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>\$202.21</b>	<b>\$99.37</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>\$138.83</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7082	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	28.07%	1.0%	Quarterly Medicaid CMI:			1.6186	1.5195
							3.15	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6450	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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	\$7,891,381	\$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>1.6450</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.78									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.77	\$94.78	\$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	\$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	\$2.84	\$2.84									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.05	\$4.32	\$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>\$200.82</b>	<b>\$99.10</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>\$137.79</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
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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	\$4,357,667	\$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 Srvc	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 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	\$16.11	\$20.75		\$23.16	\$6.38	\$9.48	\$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	\$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 = 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	\$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>1.3948</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.43	\$89.03	\$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 = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	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	\$24.42	\$6.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$190.85</b>	<b>\$95.35</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>\$130.31</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>1/1/2023</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>09/30/22</b>		Qtrly BIMS score: 28.57%		Nurse Hours per On-Site Day/Quality Incentive: 2.80		2.80	1.0%	Quarterly Medicaid CMI: 1.7606		1.7606	1.5195		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7956		1.7956	1.5463		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.7956</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.82									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.50	\$113.82	\$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>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	\$3.41	\$3.41									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.18	\$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>\$213.68</b>	<b>\$118.90</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>\$147.44</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>1/1/2023</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>09/30/22</b>		Qtrly BIMS score: 46.67%		Nurse Hours per On-Site Day/Quality Incentive: 3.62		46.67%	5.5%	Quarterly Medicaid CMI: 1.2529			1.2529	1.5195
							4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2714			1.2714	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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 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	\$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>1.2714</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.84	\$101.14	\$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>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.56	\$5.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.05	\$4.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.87	\$10.14	\$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>\$217.71</b>	<b>\$111.28</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>\$150.46</b>									

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

INTERIM

Provider: <b>CARROLLTON MANOR, INCORPORATED</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00140852A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5253		1.5253	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 35.14%		Nurse Hours per On-Site Day/Quality Incentive: 3.38		3.38	2.5%	Quarterly Medicaid CMI: 1.5057		1.5057	1.5195		
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5298		1.5298	1.5463		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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	\$5,609,657	\$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	FY20 Audited C/R Days	32,793										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,793	FY20 GL-PL Ins Rpt 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									
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>1.5298</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.83									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.80	\$100.83	\$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		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52									
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	\$23.17	\$5.07	\$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>\$197.97</b>	<b>\$105.90</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>\$135.65</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>1/1/2023</b>		Growth Allowance: N/A	0.00%	Base Period Overall CMI: 1.1428				1.1428	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 10.47%	0.0%	Quarterly Medicaid CMI: 1.0911				1.0911	1.5195	
				4.04	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.1042				1.1042	1.5463	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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	\$5,247,948	\$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>1.1042</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$143.18	\$83.31	\$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	\$2.50	\$2.50								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.72	\$3.03	\$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>\$163.90</b>	<b>\$86.34</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>\$110.10</b>									

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

INTERIM

Provider: <b>EASTVIEW 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>00140885A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6478	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	38.64%	2.5%	Quarterly Medicaid CMI:			1.4126	1.5195
							3.33	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4373	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4373</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$71.71									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.25	\$71.71	\$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	\$1.79	\$1.79									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.15	\$2.15									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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>\$172.82</b>	<b>\$76.18</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>\$116.79</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		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: <b>EFFINGHAM CARE &amp; REHABILITATION CENTER</b>														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.2337	1.5126	
Prvdr ID: <b>00140907A</b>														Qtrly BIMS score	33.33%	2.5%	Quarterly Medicaid CMI:	1.2179	1.5195	
Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>														Nurse Hours per On-Site Day/Quality Incentive:	5.41	7.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.2338	1.5463	
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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)		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	\$11,343,060	\$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 (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	\$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>1.2338</b>																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.22																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.08	\$109.22	\$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	\$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>7.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.65	\$7.65																
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	\$27.70	\$10.38	\$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>\$239.78</b>	<b>\$119.60</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>\$167.01</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>SOUTHERN PINES</b> Prvdr ID: <b>00140918A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.8544	1.5126
							23.81%	1.0%					1.5458	1.5195
							3.42	3.0%					1.5723	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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 As Filed Days = 17,816	FY20 Audited C/R Days	17,816											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,816	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 (FRV)	\$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>1.5723</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.12										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.62	\$95.12	\$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>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	\$2.85	\$2.85										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.65	\$4.33	\$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>\$238.27</b>	<b>\$99.45</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>\$165.88</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: EMANUEL COUNTY NURSING HOME</b> <b>Prvdr ID: 00140929A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>												
			Growth Allowance: N/A				Base Period Overall CMI: 1.2222				1.2222	1.5126
			Qtrly BIMS score: 27.27%				Quarterly Medicaid CMI: 1.3509				1.3509	1.5195
			Nurse Hours per On-Site Day/Quality Incentive: 4.16				Qtrly Mcaid CMI w RUG Wght Options: 1.3758				1.3758	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>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	\$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 FY20 Audited C/R Days	16,435									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,435 FY20 GL-PL Ins Rpt 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	<i>(with L&amp;H)</i>	\$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 <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	\$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>1.3758</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.49	\$121.79	\$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	
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	\$3.65	\$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	\$21.97	\$4.87	\$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>\$250.46</b>	<b>\$126.66</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>\$175.02</b>									

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

INTERIM

Provider: <b>PRUITTHEALTH - BLUE RIDGE</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00140973A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance:	N/A	Base Period Overall CMI:				1.3203	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	35.90%	Quarterly Medicaid CMI:				1.5077	1.5195	
					3.28	Qtrly Mcaid CMI w RUG Wght Options:				1.5355	1.5463	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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 (FRV)	\$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>1.5355</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.04	\$133.47	\$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	\$3.34	\$3.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.67	\$6.67								
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	\$27.98	\$10.54	\$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>\$255.02</b>	<b>\$144.01</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>\$178.44</b>									

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

INTERIM

Provider: <b>FIFTH AVENUE HEALTH CARE</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00140984A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.6774		1.6774	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 35.56%		Nurse Hours per On-Site Day/Quality Incentive: 3.78		3.78	2.5%	Quarterly Medicaid CMI: 1.6373		1.6373	1.5195		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6677		1.6677	1.5463		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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	\$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>1.6677</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.22									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.33	\$114.22	\$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	\$2.86	\$2.86									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.43	\$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	\$24.92	\$6.82	\$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>\$227.25</b>	<b>\$121.04</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>\$157.61</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
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE 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	\$4,530,922	\$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>1.4745</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.28	\$99.65	\$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	\$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	\$22.83	\$5.51	\$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>\$219.11</b>	<b>\$105.16</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>\$151.51</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4653	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	28.99%	1.0%	Quarterly Medicaid CMI:			1.5698	1.5195
							2.82	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5986	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$4,222,074	\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,650								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>1.5986</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.26									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.41	\$93.26	\$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	\$0.93	\$0.93									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.80	\$2.80									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.36	\$4.26	\$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>\$178.77</b>	<b>\$97.52</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>\$121.25</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		
													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 - FORSYTH</b> Prvdr ID: <b>00141017A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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	30.43%	3.07	4.0%	1.4918	1.5126		
																			1.4359	1.5195		
																			1.4594	1.5463		
			a	b	c	d	e	f	g	g	h	i										
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$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		23,333																		
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,333																				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.16																		
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 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	\$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>1.4594</b>																		
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.18																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.59	\$92.18	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.30	\$2.30																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.69	\$3.69																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.62	\$6.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$193.21</b>	<b>\$98.70</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>\$132.08</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7458	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	25.64%	1.0%	Quarterly Medicaid CMI:			1.8563	1.5195
							2.60	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8927	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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	\$4,286,108	\$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>1.8927</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.64									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.59	\$97.64	\$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>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>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.95	\$1.95									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.19	\$3.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$193.78</b>	<b>\$101.10</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>\$132.51</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3576	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	30.43%	2.5%	Quarterly Medicaid CMI:			1.4233	1.5195
							2.88	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4458	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4458</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.69									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.94	\$105.69	\$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>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>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	\$26.55	\$8.45	\$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>\$212.49</b>	<b>\$114.14</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>\$146.54</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: NEW HORIZONS LANIER PARK</b> <b>Prvdr ID: 00141072A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>															
			Growth Allowance: N/A Qtrly BIMS score: 18.60% Nurse Hours per On-Site Day/Quality Incentive: 3.56				Add-on Percent: 0.00% 0.0% 3.0%				Facility Score: N/A 18.60% 3.56		Facility Specific: 1.2712 1.2939 1.3126		State-wide: 1.5126 1.5195 1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>															
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>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	\$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>1.3126</b>											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.19											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.33	\$116.19	\$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	\$3.49	\$3.49											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.59	\$3.49	\$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>\$249.92</b>	<b>\$119.68</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>\$174.62</b>												

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

INTERIM

Provider: <b>DOUGLASVILLE 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>00141083A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance:	N/A	Base Period Overall CMI:				1.4960	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	38.27%	Quarterly Medicaid CMI:				1.5368	1.5195	
					3.53	Qtrly Mcaid CMI w RUG Wght Options:				1.5652	1.5463	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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 Adjstmnts	(\$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 (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	\$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>1.5652</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.67	\$131.04	\$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	\$3.28	\$3.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.93	\$3.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.84	\$7.74	\$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>\$138.78</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>\$160.81</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>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5166			1.5126	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 25.49%		Nurse Hours per On-Site Day/Quality Incentive: 3.01		3.01	1.0%	Quarterly Medicaid CMI: 1.4490			1.4490	1.5195
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4728			1.4728	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4728</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.27	\$89.56	\$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	\$0.90	\$0.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.48	\$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	\$24.01	\$5.91	\$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>\$195.28</b>	<b>\$95.47</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>\$133.64</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>		<u>Add-on Data and Percentages</u>				Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>				Facility Specific	State-wide
Prvdr ID: <b>00141127A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance: N/A	0.00%	Base Period Overall CMI: 1.7449				1.7449	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive: 3.89				Qtrly BIMS score: 22.58%	1.0%	Quarterly Medicaid CMI: 1.8263				1.8263	1.5195
							4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8612				1.8612	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$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	34,518										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,518								34,518			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY20		<b>1.7449</b>									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.59									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.59	\$0.00	\$17.35	\$21.99		\$36.39	\$1.83	\$2.71	\$2.31	
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	\$152.25	\$59.59	\$0.00	\$17.35	\$21.99		\$30.83	\$1.83	18.35 (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	\$152.25	\$59.59	\$0.00	\$17.35	\$21.99	\$0.00	\$30.83	\$1.83	\$18.35	\$2.31	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.8612</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.91									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.57	\$110.91	\$0.00	\$17.35	\$21.99	\$0.00	\$30.83	\$1.83	\$18.35	\$2.31	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	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	\$23.81	\$6.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$227.38</b>	<b>\$116.99</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>\$18.35</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>\$157.71</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			
				a	b	c	d	e	f	g	g	h	i		
<b>Provider: COMFORT CREEK NURSING AND REHABILITATION CENTER</b> <b>Prvdr ID: 00141138A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>															
				<b>Add-on Data and Percentages</b> Growth Allowance: N/A Qtrly BIMS score: 34.38% Nurse Hours per On-Site Day/Quality Incentive: 2.61			<b>Facility Score</b> Add-on Percent: 0.00% 2.5% 3.0%			<b>Case Mix Index (CMI) Data</b> Base Period Overall CMI: 1.5365 Quarterly Medicaid CMI: 1.4697 Qtrly Mcaid CMI w RUG Wght Options: 1.4967			<b>Facility Specific</b> 1.5365 1.4697 1.4967		<b>State-wide</b> 1.5126 1.5195 1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>															
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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 FY20 Audited C/R Days	32,239												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,239 FY20 GL-PL Ins Rpt 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>1.4967</b>											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$68.58											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$128.56	\$68.58	\$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	\$1.71	\$1.71											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.06	\$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	\$22.40	\$4.30	\$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>\$150.96</b>	<b>\$72.88</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>\$100.40</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>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Growth Allowance: N/A Qtrly BIMS score: 19.57% Nurse Hours per On-Site Day/Quality Incentive: 4.19				0.00%	0.0%	Base Period Overall CMI: 1.2369 Quarterly Medicaid CMI: 1.1618 Qtrly Mcaid CMI w RUG Wght Options: 1.1786				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>				
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	\$5,686,832	\$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>1.1786</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	\$202.75	\$102.83	\$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	\$3.08	\$3.08									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.93	\$3.61	\$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>\$223.68</b>	<b>\$106.44</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>\$154.94</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>1/1/2023</b>		Growth Allowance: N/A	0.00%	Base Period Overall CMI: 1.5764				1.5764	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 20.73%	1.0%	Quarterly Medicaid CMI: 1.4888				1.4888	1.5195	
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5166				1.5166	1.5463	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE 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	\$7,801,799	\$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>1.5166</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.01	\$83.20	\$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>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>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	\$21.12	\$3.02	\$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>\$177.13</b>	<b>\$86.22</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>\$120.02</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4044	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	33.33%	2.5%	Quarterly Medicaid CMI:			1.4176	1.5195
							3.47	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4414	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$3,156,762	\$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>1.4414</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.04									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.73	\$107.04	\$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	\$2.68	\$2.68									
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	\$24.01	\$6.42	\$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>\$223.74</b>	<b>\$113.46</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>\$154.98</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>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.4980			1.4980	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 12.28%		Qtrly BIMS score: 12.28%		12.28%	0.0%	Quarterly Medicaid CMI: 1.5711			1.5711	1.5195
		Nurse Hours per On-Site Day/Quality Incentive: 3.01		Nurse Hours per On-Site Day/Quality Incentive: 3.01		3.01	5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5990			1.5990	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.5990</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.86	\$111.88	\$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	\$5.59	\$5.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.22	\$6.12	\$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>\$225.08</b>	<b>\$118.00</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>\$155.99</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
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$4,131,058	\$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>2.0438</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.13	\$116.09	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.90	\$2.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$24.64	\$6.91	\$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>\$226.77</b>	<b>\$123.00</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>\$157.25</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>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.4875			1.4875	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 68.18%		Nurse Hours per On-Site Day/Quality Incentive: 3.20		68.18%	5.5%	Quarterly Medicaid CMI: 1.6835			1.6835	1.5195
							4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7168			1.7168	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE 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>1.7168</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.53	\$128.64	\$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	\$7.08	\$7.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.15	\$5.15								
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	\$30.27	\$12.76	\$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>\$258.80</b>	<b>\$141.40</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>\$181.28</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
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$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	FY20 Audited C/R Days	73,998									
	As Filed Days = 73,998											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								73,998		
	As Filed 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>1.7196</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.73	\$132.27	\$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	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.31	\$3.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.65	\$2.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.22	\$6.49	\$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>\$239.95</b>	<b>\$138.76</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>\$167.14</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			
													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>PREMIER ESTATES OF DUBLIN, LLC</b> Prvdr ID: <b>00141281A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	15.69%	3.46	1.4777	1.4343	1.4601	1.5126	1.5195	1.5463		
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$5,268,491	\$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	FY20 Audited C/R Days	31,749																				
	As Filed Days = 31,749																						
	Total Nursing Facility Days GL-PL Ins. Rpt	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 <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	\$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>1.4601</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.50																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.02	\$73.50	\$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	\$1.47	\$1.47																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10														
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.10	\$2.00	\$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>\$168.12</b>	<b>\$75.50</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>\$113.27</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>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.3149	1.5126
							51.79%	5.5%					1.2542	1.5195
							3.08	2.0%					1.2726	1.5463
<b>Case Mix Based Rate Calculations</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>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>1.2726</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.39										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.39	\$108.39	\$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	\$5.96	\$5.96										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.17	\$2.17										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.76	\$8.66	\$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>\$240.15</b>	<b>\$117.05</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>\$167.29</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	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide
<b>Provider: WARNER ROBINS REHABILITATION CENTER</b> <b>Prvdr ID: 00141303A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	25.27%	2.72	N/A	1.0%	5.0%	1.5133	1.3271	1.3485	1.5126	1.5195	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$6,165,898	\$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	<i>(with L&amp;H)</i>	\$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	\$117.07	\$48.49	\$0.00	\$12.25	\$14.06		\$25.17	\$5.01	9.44 <i>(FRV)</i>	\$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	\$117.07	\$48.49	\$0.00	\$12.25	\$14.06	\$0.00	\$25.17	\$5.01	\$9.44	\$2.65												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3485</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$65.39																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$133.97	\$65.39	\$0.00	\$12.25	\$14.06	\$0.00	\$25.17	\$5.01	\$9.44	\$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	\$0.65	\$0.65																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.27	\$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	\$22.55	\$4.45	\$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>\$156.52</b>	<b>\$69.84</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>\$9.44</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>\$104.57</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6451	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	40.79%	2.5%	Quarterly Medicaid CMI:			1.6026	1.5195
							3.05	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6306	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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	\$7,110,105	\$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	FY20 Audited C/R Days	38,456										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,456	FY20 GL-PL Ins Rpt 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>1.6306</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.04									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.11	\$94.04	\$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>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>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.82	\$2.82									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.61	\$5.70	\$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>\$192.72</b>	<b>\$99.74</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>\$131.72</b>										



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

INTERIM

Provider: <b>NANCY HART CENTER FOR NURSING AND HEALING LLC</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00141336A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.2705			1.2705	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 28.00%		Nurse Hours per On-Site Day/Quality Incentive: 4.14		28.00%	1.0%	Quarterly Medicaid CMI: 1.4464			1.4464	1.5195
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4731			1.4731	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4731</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.24	\$103.47	\$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	\$1.03	\$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	\$3.10	\$3.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.76	\$4.66	\$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>\$209.00</b>	<b>\$108.13</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>\$143.93</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>HEART OF GEORGIA NURSING HOME</b> Prvdr ID: <b>00141358A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	34.12%	2.75	N/A	0.00%	2.5%	6.0%	1.6509	1.6450	1.6779	1.5126	1.5195	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																									
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	FY20 Audited C/R Days	33,095																						
	Total Nursing Facility Days GL-PL Ins. Rpt	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	<i>(with L&amp;H)</i>	\$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 <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	\$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>1.6779</b>																					
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.13																					
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.01	\$91.13	\$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	\$2.28	\$2.28																					
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.47	\$5.47																					
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	\$26.38	\$8.28	\$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>\$186.39</b>	<b>\$99.41</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>\$126.97</b>																						

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

INTERIM

Provider: <b>PRUITTHEALTH - VALDOSTA, LLC</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00141369A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5992		1.5992	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 20.90%		Nurse Hours per On-Site Day/Quality Incentive: 3.66		20.90%	1.0%	Quarterly Medicaid CMI: 1.8070		1.8070	1.5195		
							4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8422		1.8422	1.5463		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.8422</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.37									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.95	\$106.37	\$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	\$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>\$207.89</b>	<b>\$112.21</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>\$143.09</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 - ATHENS HERITAGE</b> <b>Prvdr ID: 00141391A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.5974	1.5126
							29.17%	1.0%					1.5193	1.5195
							3.62	4.0%					1.5467	1.5463
<b>Case Mix Based Rate Calculations</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.5467</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.63										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.02	\$106.63	\$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	\$1.07	\$1.07										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.27	\$4.27										
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	\$23.75	\$5.87	\$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>\$229.77</b>	<b>\$112.50</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>\$159.50</b>											



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

INTERIM

Provider: <b>MAGNOLIA MANOR OF ST SIMONS REHAB &amp; 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>00141402A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance:	N/A	Base Period Overall CMI:				1.6038	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	31.03%	Quarterly Medicaid CMI:				1.6173	1.5195	
					3.99	Qtrly Mcaid CMI w RUG Wght Options:				1.6497	1.5463	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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 (FRV)	\$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>1.6497</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.81	\$95.48	\$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>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>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	\$23.88	\$5.78	\$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>\$208.69</b>	<b>\$101.26</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>\$143.69</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3933	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	24.53%	1.0%	Quarterly Medicaid CMI:			1.5008	1.5195
							3.21	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5261	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$5,681,181	\$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>1.5261</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.54									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.06	\$110.54	\$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	\$1.11	\$1.11									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.63	\$6.63									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.00	\$8.27	\$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>\$220.06</b>	<b>\$118.81</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>\$152.22</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	\$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>1.4360</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	\$179.86	\$100.72	\$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	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.03	\$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	\$23.67	\$5.57	\$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>\$203.53</b>	<b>\$106.29</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>\$139.82</b>									

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

INTERIM

Provider: <b>PRUITTHEALTH - HOLLY HILL, LLC</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00141479A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5147	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	13.11%	0.0%	Quarterly Medicaid CMI:			1.4467	1.5195
							3.48	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4719	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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	\$5,276,993	\$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>1.4719</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.92									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.75	\$102.92	\$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>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	\$5.15	\$5.15									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.78	\$5.68	\$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>\$204.53</b>	<b>\$108.60</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>\$140.57</b>										



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

INTERIM

Provider: <b>WYNFIELD 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>00141512A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4527	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	28.45%	1.0%	Quarterly Medicaid CMI:			1.3882	1.5195
							3.26	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4103	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4103</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.14									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.38	\$94.14	\$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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$24.28	\$6.18	\$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>\$212.66</b>	<b>\$100.32</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>\$146.67</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	
Provider: <b>MACON REHABILITATION AND HEALTHCARE</b>														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.7271	1.5126
Prvdr ID: <b>00141523A</b>														Qtrly BIMS score	29.58%	1.0%	Quarterly Medicaid CMI:	1.8539	1.5195
Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>														Nurse Hours per On-Site Day/Quality Incentive:	4.11	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.8890	1.5463
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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	\$6,056,756	\$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																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed 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	\$2.71							
											(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	\$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>1.8890</b>															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.17															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.49	\$101.17	\$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>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.04	\$3.04															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.68	\$4.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00							
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$210.17</b>	<b>\$105.75</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>\$144.80</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
													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>FRIENDSHIP HEALTH AND REHAB</b> Prvdr ID: <b>00141567A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	0.00%	1.6381	1.5126				
													2.92	2.5%	1.6256	1.5195				
													2.0%	1.6550	1.5463					
<b>CASE MIX BASED RATE CALCULATIONS</b>																				
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$5,292,129	\$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	FY20 Audited C/R Days	25,191																	
	As Filed Days = 25,191																			
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								25,191										
	As Filed 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	<i>(with L&amp;H)</i>	\$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	\$0.58								
											<i>(FRV)</i>									
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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>1.6550</b>																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.12																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.01	\$115.12	\$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	\$2.88	\$2.88																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$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>\$228.82</b>	<b>\$120.83</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>\$158.79</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			
													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
<b>Provider: MIONA GERIATRIC &amp; DEMENTIA CENTER</b> <b>Prvdr ID: 00141578A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	0.00%	1.7517	1.5126	55.56%	3.21	3.0%	1.6516	1.5195	1.6822	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$4,705,811	\$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	FY20 Audited C/R Days	30,097																				
	Total Nursing Facility Days GL-PL Ins. Rpt	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	<i>(with L&amp;H)</i>	\$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 <i>(FRV)</i>	\$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>1.6822</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.02																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.88	\$94.02	\$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	\$5.17	\$5.17																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.82	\$2.82																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10														
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.62	\$8.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00											
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$187.50</b>	<b>\$102.54</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>\$127.80</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:	Facility Specific	State-wide	
Provider: <b>THE PLACE AT DEANS BRIDGE</b>														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.4140	1.5126
Prvdr ID: <b>00141589A</b>														Qtrly BIMS score	51.61%	5.5%	Quarterly Medicaid CMI:	1.2054	1.5195
Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>														Nurse Hours per On-Site Day/Quality Incentive:	4.04	2.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.2228	1.5463
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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	\$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	FY20 Audited C/R Days	28,607																
	As Filed Days = 28,607																		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								28,607									
	As Filed 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	\$2.30							
											(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	\$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>1.2228</b>															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.50															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.48	\$85.50	\$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	\$0.00							
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.70	\$4.70															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.71	\$1.71															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.04	\$6.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00							
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$197.52</b>	<b>\$92.44</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>\$135.32</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>1/1/2023</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>09/30/22</b>		Qtrly BIMS score: 17.74%		Nurse Hours per On-Site Day/Quality Incentive: 3.62		17.74%	0.0%	Quarterly Medicaid CMI: 1.7537		1.7537	1.5195		
						3.62	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7865		1.7865	1.5463		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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	\$5,287,161	\$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>1.7865</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.24									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.91	\$96.24	\$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	\$2.89	\$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	\$21.52	\$3.42	\$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>\$188.43</b>	<b>\$99.66</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>\$128.50</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: JOE-ANNE BURGIN HEALTH AND REHABILITATION</b> <b>Prvdr ID: 00141633A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>															
				<b>Add-on Data and Percentages</b> Growth Allowance: N/A Qtrly BIMS score: 25.00% Nurse Hours per On-Site Day/Quality Incentive: 3.06			<b>Facility Score</b> Add-on Percent: 0.00% 1.0% 5.0%			<b>Case Mix Index (CMI) Data</b> Base Period Overall CMI: 1.1492 Quarterly Medicaid CMI: 1.4888 Qtrly Mcaid CMI w RUG Wght Options: 1.5160			<b>Facility Specific</b> 1.1492 1.4888 1.5160		<b>State-wide</b> 1.5126 1.5195 1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>															
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	As Filed Days = 25,878 FY20 Audited C/R Days	25,878												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,878 FY20 GL-PL Ins Rpt 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>1.5160</b>											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.09											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.11	\$129.09	\$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	\$1.29	\$1.29											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.45	\$6.45											
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	\$26.15	\$8.27	\$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>\$244.26</b>	<b>\$137.36</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>\$170.37</b>												

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

INTERIM

Provider: <b>SCOTT HEALTH &amp; REHABILITATION</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00141644A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5388	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	32.35%	2.5%	Quarterly Medicaid CMI:			1.3444	1.5195
							3.45	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3667	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.3667</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.41									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.92	\$90.41	\$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	\$2.26	\$2.26									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.42	\$5.42									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.31	\$8.21	\$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>\$193.23</b>	<b>\$98.62</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>\$132.10</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		
				a	b	c	d	e	f	g	g	h	i	
<b>Provider: KEYSVILLE NURSING HOME &amp; REHAB</b> <b>Prvdr ID: 00141655A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
				<b>Add-on Data and Percentages</b> Growth Allowance: N/A Qtrly BIMS score: 45.83% Nurse Hours per On-Site Day/Quality Incentive: 3.48			<b>Facility Score</b> Add-on Percent: 0.00% 5.5% 3.0%		<b>Case Mix Index (CMI) Data</b> Base Period Overall CMI: 1.3499 Quarterly Medicaid CMI: 1.4930 Qtrly Mcaid CMI w RUG Wght Options: 1.5216			<b>Facility Specific</b> 1.3499 1.4930 1.5216		<b>State-wide</b> 1.5126 1.5195 1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	As Filed Days = 18,770 FY20 Audited C/R Days	18,770											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,770 FY20 GL-PL Ins Rpt 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	(with L&H)	\$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 (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	\$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>1.5216</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.64										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.49	\$104.64	\$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	\$5.76	\$5.76										
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	\$27.53	\$9.43	\$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>\$212.02</b>	<b>\$114.07</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>\$146.19</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
				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 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>1.7047</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.90	\$83.62	\$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	\$0.84	\$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	\$21.14	\$3.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$171.04</b>	<b>\$86.66</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>\$115.46</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		
Provider: LAKE CITY NURSING AND REHABILITATION CENTER LLC														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.6064	1.5126	
Prvdr ID: 00141699A														Qtrly BIMS score	40.00%	2.5%	Quarterly Medicaid CMI:	1.4580	1.5195	
Case Mix Per Diem Rate Effective Date: 1/1/2023														Nurse Hours per On-Site Day/Quality Incentive:	2.64	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.4830	1.5463	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/22																				
			a	b	c	d	e	f	g	g	h	i								
<b>CASE MIX BASED RATE CALCULATIONS</b>																				
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes											
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
<b>Base Period 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	(with L&H)	\$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 (FRV)	\$1.12								
<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	\$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>1.4830</b>																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.54																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.40	\$101.54	\$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 = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.54	\$2.54																
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine 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	\$24.22	\$6.12	\$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>\$190.62</b>	<b>\$107.66</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>\$130.14</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6532	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	27.59%	1.0%	Quarterly Medicaid CMI:			1.5995	1.5195
							3.77	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6296	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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>1.6296</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.40									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.42	\$91.40	\$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	\$0.91	\$0.91									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.48	\$5.48									
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	\$25.02	\$6.92	\$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>\$192.44</b>	<b>\$98.32</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>\$131.51</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: SGM LAKELAND VILLA</b> <b>Prvdr ID: 00141732A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
			Growth Allowance: N/A Qtrly BIMS score: 31.03% Nurse Hours per On-Site Day/Quality Incentive: 2.94				Add-on Percent: 0.00% 2.5% 3.0%				Base Period Overall CMI: 1.1610 Quarterly Medicaid CMI: 1.0853 Qtrly Mcaid CMI w RUG Wght Options: 1.0976		Facility Specific: 1.1610 State-wide: 1.5126 1.5195 1.5463	
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>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	\$6,674,050	\$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	<i>(with L&amp;H)</i>	\$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 <i>(FRV)</i>	\$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		
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		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.0976</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.16										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.82	\$97.16	\$0.00	\$32.46	\$27.62		\$0.00	\$30.83	\$1.95	\$29.06		
<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)	\$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	\$2.43	\$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	\$2.91	\$2.91										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.44	\$5.34	\$0.00	\$0.00	\$0.00		\$0.00	\$17.10	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$242.26</b>	<b>\$102.50</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>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$168.87</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: THE OAKS - LIMESTONE</b> <b>Prvdr ID: 00141743A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
			Growth Allowance: N/A Qtrly BIMS score: 36.59% Nurse Hours per On-Site Day/Quality Incentive: 3.36				Add-on Percent: 0.00% 2.5% 5.0%				Base Period Overall CMI: 1.6112 Quarterly Medicaid CMI: 1.4960 Qtrly Mcaid CMI w RUG Wght Options: 1.5198		Facility Specific: 1.6112 1.4960 1.5198	State-wide: 1.5126 1.5195 1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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 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	\$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>1.5198</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.64										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.65	\$105.64	\$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>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>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	\$25.77	\$8.45	\$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>\$247.42</b>	<b>\$114.09</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>\$172.74</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5645	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	24.30%	1.0%	Quarterly Medicaid CMI:			1.7298	1.5195
							4.75	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7634	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$6,998,112	\$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>1.7634</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	\$167.72	\$99.60	\$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	\$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	\$22.62	\$4.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$190.34</b>	<b>\$104.12</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>\$129.93</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: MAGNOLIA MANOR OF MARION COUNTY</b> <b>Prvdr ID: 00141809A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
			Growth Allowance: N/A Qtrly BIMS score: 37.50% Nurse Hours per On-Site Day/Quality Incentive: 4.12				Add-on Percent: 0.00% 2.5% 5.0%				Base Period Overall CMI: 1.6769 Quarterly Medicaid CMI: 1.3599 Qtrly Mcaid CMI w RUG Wght Options: 1.3845		Facility Specific: 1.6769 1.3599 1.3845	State-wide: 1.5126 1.5195 1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.3845</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.01										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.59	\$86.01	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.15	\$2.15										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.30	\$4.30										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.72	\$6.98	\$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>\$213.31</b>	<b>\$92.99</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>\$147.16</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3564	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	32.47%	2.5%	Quarterly Medicaid CMI:			1.3919	1.5195
							4.60	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4155	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$10,130,734	\$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>1.4155</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.64									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.11	\$79.64	\$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	\$1.99	\$1.99									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.59	\$1.59									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.21	\$4.11	\$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>\$175.32</b>	<b>\$83.75</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>\$118.67</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
<b>Provider: SADIE G. MAYS HEALTH &amp; REHABILITATION CENTER</b> <b>Prvdr ID: 00141842A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	0.00%	1.4093	1.5126	45.59%	2.65	5.5%	5.0%	1.5369	1.5195	1.5641	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$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 Srvc	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 Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.59																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	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 Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$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 <i>(FRV)</i>	\$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>1.5641</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.79																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.46	\$119.79	\$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													
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.59	\$6.59																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.99	\$5.99																				
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	\$13.74	\$13.11	\$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>\$226.20</b>	<b>\$132.90</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>\$169.65</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>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.5006	1.5126
							22.35%	1.0%					1.4184	1.5195
							3.62	5.0%					1.4433	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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 (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	\$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>1.4433</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.24										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.94	\$95.24	\$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	\$0.95	\$0.95										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.76	\$4.76										
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	\$24.34	\$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>\$204.28</b>	<b>\$101.48</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>\$140.39</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.8282	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	48.15%	5.5%	Quarterly Medicaid CMI:			1.9973	1.5195
							2.94	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.0363	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>2.0363</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.95									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.06	\$88.95	\$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	\$4.89	\$4.89									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.56	\$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	\$26.71	\$8.98	\$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>\$195.77</b>	<b>\$97.93</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>\$134.00</b>										



Quarterly Case Mix Per Diem Calculation

Interim

Provider: <b>Ridgecrest Rehab and Skilled Nursing Center</b>				Facility	Add-on	Case Mix Index (CMI) Data				Facility	State-
Prvdr ID: <b>00141886A</b>				Score	Percent	Base Period Overall CMI:				Specific	wide
H/B ? : No				N/A	0.00%	Quarterly Medicaid CMI:				1.3708	1.5126
Case Mix Per Diem Rate Effective Date: <b>01/01/23</b>				Growth Allowance:	0.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4874	1.5215
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>				BIMS:	9.1%					1.5141	1.5482
Nurse Hours per On-Site Day/Quality Incentive:				4.98	3.0%						

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance																																																																														
			a	b	c	d	e	f	g	h	i																																																																															
<b>CASE MIX BASED RATE CALCULATIONS</b>																																																																																										
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Peer Group Standards: Percentile																																																																																										
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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																																																																																										
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BIMS Add-on Per Diem = 0.0% (to Routine Svcs)																																																																																										
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Nursing Home Provider Fee																																																																																										
<b>Total Quarterly Per Diem Add-On Amounts</b>																																																																																										
<table border="1"> <tr> <td></td> <td></td> <td></td> <td>\$196.74</td> <td>\$88.52</td> <td></td> <td>\$24.48</td> <td>\$27.62</td> <td></td> <td>\$30.83</td> <td>\$ 119,604</td> <td>\$33.51</td> <td>\$0.35</td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$200.56</td> <td>\$84.09</td> <td></td> <td>\$23.26</td> <td>\$26.24</td> <td></td> <td>\$29.29</td> <td>31,299</td> <td>\$33.51</td> <td>\$0.35</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$0.00</td> <td></td> <td>\$0.00</td> <td>\$0.00</td> <td></td> <td>\$0.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$84.09</td> <td></td> <td>\$23.26</td> <td>\$26.24</td> <td></td> <td>\$29.29</td> <td>\$ 3.82</td> <td>\$33.51</td> <td>\$0.35</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$127.32</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>(FRV Rate)</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$242.68</td> <td>\$127.32</td> <td></td> <td>\$23.26</td> <td>\$26.24</td> <td></td> <td>\$29.29</td> <td>\$ 2.71</td> <td>\$33.51</td> <td>\$0.35</td> </tr> </table>																\$196.74	\$88.52		\$24.48	\$27.62		\$30.83	\$ 119,604	\$33.51	\$0.35				\$200.56	\$84.09		\$23.26	\$26.24		\$29.29	31,299	\$33.51	\$0.35					\$0.00		\$0.00	\$0.00		\$0.00								\$84.09		\$23.26	\$26.24		\$29.29	\$ 3.82	\$33.51	\$0.35					\$127.32							(FRV Rate)					\$242.68	\$127.32		\$23.26	\$26.24		\$29.29	\$ 2.71	\$33.51	\$0.35
			\$196.74	\$88.52		\$24.48	\$27.62		\$30.83	\$ 119,604	\$33.51	\$0.35																																																																														
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			\$242.68	\$127.32		\$23.26	\$26.24		\$29.29	\$ 2.71	\$33.51	\$0.35																																																																														
<b>Quarterly Case Mix Based Per Diem Rate</b>			<b>\$263.60</b>	<b>\$131.14</b>		<b>\$23.26</b>	<b>\$26.24</b>		<b>\$46.39</b>	<b>\$2.71</b>	<b>\$33.51</b>	<b>\$0.35</b>																																																																														
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>		<b>\$184.88</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

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 - MACON</b> <b>Prvdr ID: 00141908A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>															
			Growth Allowance: N/A Qtrly BIMS score: 34.96% Nurse Hours per On-Site Day/Quality Incentive: 3.53				Add-on Percent: 0.00% 2.5% 5.0%				Facility Score: N/A 3.53		Facility Specific: 1.5328 1.4857 1.5114		State-wide: 1.5126 1.5195 1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>															
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$12,858,657	\$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>1.5114</b>											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.87											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.90	\$114.87	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.87	\$2.87											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$27.24	\$9.14	\$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>\$228.14</b>	<b>\$124.01</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>\$158.28</b>												

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

INTERIM

Provider: <b>MEMORIAL MANOR NURSING HOME</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00141919A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.2586			1.2586	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 31.48%		Nurse Hours per On-Site Day/Quality Incentive: 3.34		3.34	2.5%	Quarterly Medicaid CMI: 1.1920			1.1920	1.5195
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2121			1.2121	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>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	\$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>1.2121</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.36	\$89.97	\$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	\$2.25	\$2.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.70	\$2.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.36	\$5.48	\$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>\$196.72</b>	<b>\$95.45</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>\$134.72</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>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5960		1.5960	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 18.46%		Nurse Hours per On-Site Day/Quality Incentive: 2.55		18.46%	0.0%	Quarterly Medicaid CMI: 1.4958		1.4958	1.5195		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5221		1.5221	1.5463		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.5221</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.82									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.70	\$77.82	\$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>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	\$2.33	\$2.33									
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	\$20.96	\$2.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$166.66</b>	<b>\$80.68</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>\$112.17</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.0433	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	26.09%	1.0%	Quarterly Medicaid CMI:				1.4087	1.5195
							3.66	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4301	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> Type of Facility 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	\$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>1.4301</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.59										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.68	\$126.59	\$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	\$1.27	\$1.27										
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)	\$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>\$234.58</b>	<b>\$130.39</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>\$163.11</b>											

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

INTERIM

Provider: <b>AZALEA 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>00141963A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4791	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	42.86%	2.5%	Quarterly Medicaid CMI:			1.5963	1.5195
							3.50	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6265	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,839								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 (FRV)	\$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>1.6265</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.76									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.98	\$96.76	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.42	\$2.42									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.81	\$5.81									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.86	\$8.76	\$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>\$200.84</b>	<b>\$105.52</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>\$137.81</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:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:
													Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide			
Provider: <b>EASTMAN HEALTHCARE &amp; REHAB</b>													N/A	0.00%	Base Period Overall CMI:			1.3692	1.5126			
Prvdr ID: <b>00141974A</b>													26.51%	1.0%	Quarterly Medicaid CMI:			1.2054	1.5195			
Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>													2.92	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2247	1.5463			
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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	\$3,325,265	\$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	FY20 Audited C/R Days	23,217																			
	As Filed Days = 23,217																					
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								23,217												
	As Filed 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	(with L&H)	\$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 (FRV)	\$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>1.2247</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$69.51																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$128.93	\$69.51	\$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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.70	\$0.70																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.09	\$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	\$21.42	\$3.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$150.35</b>	<b>\$72.83</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>\$99.94</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>01/01/23</b>			BIMS: 26.6%	1.0%				1.3649	1.5215
	MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>	Nurse Hours per On-Site Day/Quality Incentive: 4.30			3.0%			Qtrly Mcaid CMI w RUG Wght Options:	1.3871	1.5482

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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>1.3871</b>							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$116.64								
	Quarterly Medicaid CMA Allowed Per Diem		\$215.42	\$116.64		\$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)		\$1.17	\$1.17								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.50	\$3.50								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$21.77									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$237.19</b>	<b>\$121.31</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>\$165.07</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>01/01/23</b>			BIMS: 59.3%	5.5%					2.1720	1.5215
	MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>	Nurse Hours per On-Site Day/Quality Incentive: 4.55			4.0%				Qtrly Mcaid CMI w RUG Wght Options: 2.2151		1.5482

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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>2.2151</b>							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$186.27								
	Quarterly Medicaid CMA Allowed Per Diem		\$299.69	\$186.27		\$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)		\$10.24	\$10.24								
	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%		\$7.45	\$7.45								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$34.80									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$334.48</b>	<b>\$203.96</b>		<b>\$30.84</b>	<b>\$26.24</b>		<b>\$46.39</b>	<b>\$2.71</b>	<b>\$23.01</b>	<b>\$1.33</b>
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	<b>\$238.04</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>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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.2628	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	13.89%	0.0%	Quarterly Medicaid CMI:			1.2255	1.5195
							3.53	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2430	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility 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>1.2430</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.03									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.62	\$110.03	\$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	\$3.30	\$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	\$20.40	\$3.30	\$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>\$235.02</b>	<b>\$113.33</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>\$163.44</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:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide
Provider: <b>MITCHELL CONVALESCENT CENTER</b> Prvdr ID: <b>00142018A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	0.00%	1.4592	1.5126	35.71%	2.5%	1.5095	1.5195	4.01	3.0%	1.5345	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>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	\$4,288,106	\$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 <i>(FRV)</i>	\$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	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		\$30.83	\$4.74	\$11.12	\$0.30												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5345</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.83																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.62	\$135.83	\$0.00	\$31.18	\$27.62		\$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													
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	\$4.07	\$4.07																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.79	\$7.47	\$0.00	\$0.22	\$0.00		\$0.00	\$17.10	\$0.00	\$0.00												
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$266.41</b>	<b>\$143.30</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>\$186.98</b>																					

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

INTERIM

Provider: <b>MONTEZUMA 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>00142062A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4831	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	64.29%	5.5%	Quarterly Medicaid CMI:			1.6634	1.5195
							3.07	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6918	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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	\$4,210,527	\$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>1.6918</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.01									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.21	\$116.01	\$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	\$6.38	\$6.38									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.80	\$5.80									
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	\$30.44	\$12.71	\$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>\$232.65</b>	<b>\$128.72</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>\$161.66</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>1/1/2023</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>09/30/22</b>		Qtrly BIMS score: 60.00%		Nurse Hours per On-Site Day/Quality Incentive: 3.71		3.71	5.5%	Quarterly Medicaid CMI: 1.5155			1.5155	1.5195
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5405			1.5405	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.5405</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	\$199.58	\$115.28	\$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	\$6.34	\$6.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.46	\$3.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.06	\$10.33	\$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>\$227.64</b>	<b>\$125.61</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>\$157.91</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							
													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>PRUITTHEALTH - MOULTRIE</b> Prvdr ID: <b>00142095A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													Growth Allowance: N/A Qtrly BIMS score: 32.69% Nurse Hours per On-Site Day/Quality Incentive: 3.64			Facility Score: N/A Add-on Percent: 0.00% 2.5% 5.0%			Base Period Overall CMI: 1.4156 Quarterly Medicaid CMI: 1.4887 Qtrly Mcaid CMI w RUG Wght Options: 1.5166			1.4156	1.5126	1.4887	1.5195	1.5166	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																											
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.5166</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	\$172.87	\$90.40	\$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>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>\$198.28</b>	<b>\$97.71</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>\$135.89</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:	1.4939	1.5126
Provider: <b>RIVER BROOK HEALTHCARE CENTER</b> Prvdr ID: <b>00142106A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	0.00%	27.27%	2.80	3.0%	1.3658	1.5463			
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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 FY20 Audited C/R Days	27,741																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,741 FY20 GL-PL Ins Rpt 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	<i>(with L&amp;H)</i>	\$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 <i>(FRV)</i>	\$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>1.3882</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$71.83																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$138.57	\$71.83	\$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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.72	\$0.72																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.15	\$2.15																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.50	\$3.40	\$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>\$160.07</b>	<b>\$75.23</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>\$107.23</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>1.3978</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	\$235.84	\$123.73	\$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>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.81	\$6.81								
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)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$10.28	\$9.28	\$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>\$246.12</b>	<b>\$133.01</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>\$184.59</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
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4866</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.37	\$125.72	\$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>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.91	\$6.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.03	\$5.03								
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	\$30.10	\$12.47	\$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>\$254.47</b>	<b>\$138.19</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>\$178.03</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: HERITAGE INN HEALTH AND REHABILITATION</b> <b>Prvdr ID: 00142161A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6444	1.5126
							21.28%	1.0%					1.5663	1.5195
							3.04	5.0%					1.5926	1.5463
<b>Case Mix Based Rate Calculations</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.5926</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.38										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.46	\$90.38	\$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>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>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	\$24.05	\$5.95	\$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>\$189.51</b>	<b>\$96.33</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>\$129.31</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4084	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	26.09%	1.0%	Quarterly Medicaid CMI:			1.7114	1.5195
							3.39	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7425	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.7425</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.25									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.16	\$117.25	\$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	\$1.17	\$1.17									
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	\$22.15	\$4.05	\$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>\$222.31</b>	<b>\$121.30</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>\$153.91</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.2168	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	30.00%	2.5%	Quarterly Medicaid CMI:			1.0914	1.5195
							2.46	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1055	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.1055</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$53.15									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$121.56	\$53.15	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.33	\$1.33									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.06	\$1.06									
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	\$21.02	\$2.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$142.58</b>	<b>\$56.07</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>\$94.11</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>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5400			1.5400	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 30.10%		Nurse Hours per On-Site Day/Quality Incentive: 3.23		30.10%	2.5%	Quarterly Medicaid CMI: 1.3907			1.3907	1.5195
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4146			1.4146	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4146</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.74	\$88.96	\$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	\$2.22	\$2.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.45	\$4.45								
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	\$8.20	\$7.20	\$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>\$178.94</b>	<b>\$96.16</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>\$134.21</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: OAK VIEW HOME, INC</b> <b>Prvdr ID: 00142249A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.3635	1.5126
							34.29%	2.5%					1.3272	1.5195
							3.05	3.0%					1.3454	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$5,725,971	\$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)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY20 GL/PL Rpt</b>								\$54,080				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$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 FY20 Audited C/R Days	33,492											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,492 FY20 GL-PL Ins Rpt Days								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	(with L&H)	\$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 (FRV)	\$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>1.3454</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.57										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.83	\$91.57	\$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	\$2.29	\$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	\$23.67	\$5.57	\$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>\$193.50</b>	<b>\$97.14</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>\$132.30</b>											

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

INTERIM

Provider: <b>THE OAKS NURSING HOME, INC.</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00142271A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.6653			1.6653	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 45.95%		Nurse Hours per On-Site Day/Quality Incentive: 3.94		3.94	5.5%	Quarterly Medicaid CMI: 1.7514			1.7514	1.5195
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7866			1.7866	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	As Filed Days = 21,037 FY20 Audited C/R Days	21,037									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,037 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>1.7866</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.40	\$106.27	\$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	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.84	\$5.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.19	\$3.19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.66	\$9.56	\$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>\$219.06</b>	<b>\$115.83</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>\$151.47</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: OCONEE HEALTH AND REHABILITATION</b> <b>Prvdr ID: 00142293A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													
			Growth Allowance: N/A Qtrly BIMS score: 29.03% Nurse Hours per On-Site Day/Quality Incentive: 3.41				Add-on Percent: 0.00% 1.0% 3.0%				Facility Specific: 1.2656 1.4101 1.4363		State-wide: 1.5126 1.5195 1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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 (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	\$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>1.4363</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.17									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.35	\$111.17	\$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>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	\$3.34	\$3.34									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.95	\$4.98	\$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>\$220.30</b>	<b>\$116.15</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>\$152.40</b>										



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

INTERIM

Provider: <b>PRUITTHEALTH - OLD CAPITOL</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00142304A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3454	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	38.10%	2.5%	Quarterly Medicaid CMI:			1.2999	1.5195
							3.06	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3210	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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	\$6,453,536	\$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>1.3210</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.03									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.37	\$80.03	\$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	\$2.00	\$2.00									
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	\$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>\$170.00</b>	<b>\$86.56</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>\$114.68</b>										

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

INTERIM

Provider: <b>PRUITTHEALTH - OCILLA</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00142315A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5522		1.5522	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 25.86%		Nurse Hours per On-Site Day/Quality Incentive: 3.79		25.86%	1.0%	Quarterly Medicaid CMI: 1.5871		1.5871	1.5195		
							4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6166		1.6166	1.5463		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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	\$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>1.6166</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.31									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.66	\$84.31	\$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	\$0.84	\$0.84									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.37	\$3.37									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.84	\$4.74	\$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>\$184.50</b>	<b>\$89.05</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>\$125.55</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.2343	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	27.78%	1.0%	Quarterly Medicaid CMI:			1.1481	1.5195
							4.18	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1674	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility 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	\$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>1.1674</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.00									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.88	\$89.00	\$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>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	\$2.67	\$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	\$21.19	\$4.09	\$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>\$219.07</b>	<b>\$93.09</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>\$151.48</b>										

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

INTERIM

Provider: <b>PRUITTHEALTH - PALMYRA</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00142337A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4247	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	43.92%	2.5%	Quarterly Medicaid CMI:			1.4084	1.5195
							3.80	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4332	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$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>1.4332</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.04									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.94	\$111.04	\$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	\$2.78	\$2.78									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.55	\$5.55									
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	\$26.96	\$8.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$211.90</b>	<b>\$119.90</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>\$146.10</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		
													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:	1.0584	1.5126
Provider: <b>WELLSTAR PAULDING NURSING CTR</b> Prvdr ID: <b>00142359A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	0.00%	36.54%	2.5%	7.88	4.0%	1.0584	1.5126	1.5195	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>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	\$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 <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	\$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>1.0525</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.17																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.82	\$93.17	\$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	\$2.33	\$2.33																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.73	\$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	\$23.16	\$6.06	\$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>\$218.98</b>	<b>\$99.23</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>\$151.41</b>																			

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

INTERIM

Provider: <b>THE LODGE</b> Prvdr ID: <b>00142381A</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>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Growth Allowance: N/A Qtrly BIMS score: 37.25% Nurse Hours per On-Site Day/Quality Incentive: 4.75				0.00%	2.5%	Base Period Overall CMI: 1.7376 Quarterly Medicaid CMI: 1.4818 Qtrly Mcaid CMI w RUG Wght Options: 1.5085				1.7376	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	\$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	(with L&H)	\$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 (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	\$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>1.5085</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.72									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.16	\$108.72	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.72	\$2.72									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.26	\$3.26									
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	\$24.24	\$6.51	\$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>\$253.40</b>	<b>\$115.23</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>\$177.23</b>										

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

INTERIM

Provider: <b>PELHAM PARKWAY NURSING HM</b> Prvdr ID: <b>00142425A</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>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Growth Allowance: N/A		Qtrly BIMS score: 34.48%	Nurse Hours per On-Site Day/Quality Incentive: 3.49	0.00%	2.5%	3.0%	Base Period Overall CMI: 1.1687				1.1687	1.5126
									Quarterly Medicaid CMI: 1.2723				1.2723	1.5195
									Qtrly Mcaid CMI w RUG Wght Options: 1.2914				1.2914	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> Type of Facility 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	\$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>1.2914</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.16										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.62	\$109.16	\$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	\$2.73	\$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	\$24.22	\$6.53	\$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>\$218.84</b>	<b>\$115.69</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>\$151.31</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>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.7423	1.5126
							24.44%	1.0%					1.6049	1.5195
							3.25	6.0%					1.6342	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.6342</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.63										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.61	\$101.63	\$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	\$1.02	\$1.02										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.10	\$6.10										
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	\$25.10	\$7.65	\$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>\$227.71</b>	<b>\$109.28</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>\$157.96</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				
													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>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	0.00%	23.08%	5.20	2.0%	1.5805	1.7020	1.7326	1.5805	1.5126	1.5195	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$5,668,349	\$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	(with L&H)	\$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 (FRV)	\$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>1.7326</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.96																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.64	\$114.96	\$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	\$1.15	\$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	\$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>\$232.35</b>	<b>\$118.94</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>\$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	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>PINE KNOLL NURSING &amp; REHAB CTR</b>														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.6869	1.5126
Prvdr ID: <b>00142458A</b>														Qtrly BIMS score	24.69%	1.0%	Quarterly Medicaid CMI:	1.6158	1.5195
Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>														Nurse Hours per On-Site Day/Quality Incentive:	3.05	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.6442	1.5463
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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	\$7,027,286	\$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	FY20 Audited C/R Days	36,850																
	As Filed Days = 36,850																		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								36,850									
	As Filed 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	\$0.00	\$18.19	\$15.50		\$35.13	\$0.30	\$20.33	\$0.99							
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>1.6442</b>															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.73	\$0.00	\$18.19	\$15.50	\$0.00	\$30.83	\$0.30	\$8.49	\$0.99							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.03	\$97.73	\$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	\$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>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	\$22.17	\$4.44	\$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>\$194.20</b>	<b>\$102.17</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>\$132.83</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
			a	b	c	d	e	f	g	g	h	i
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>Provider: <b>CROSSVIEW CARE CENTER</b> Prvdr ID: <b>00142502A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS &amp; Nurse Hrs Data per Quarter Ending: <b>09/30/22</b></p> </div> <div style="width: 20%; text-align: center;"> <p><u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 20.29% Nurse Hours per On-Site Day/Quality Incentive: 2.81</p> </div> <div style="width: 20%; text-align: center;"> <p><u>Facility Score</u> N/A 20.29% 2.81</p> </div> <div style="width: 20%; text-align: center;"> <p><u>Add-on Percent</u> 0.00% 1.0% 3.0%</p> </div> <div style="width: 20%; text-align: center;"> <p><u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3848 Quarterly Medicaid CMI: 1.3903 Qtrly Mcaid CMI w RUG Wght Options: 1.4149</p> </div> <div style="width: 10%; text-align: center;"> <p><u>Facility Specific</u> 1.3848 1.3903 1.4149</p> </div> <div style="width: 10%; text-align: center;"> <p><u>State-wide</u> 1.5126 1.5195 1.5463</p> </div> </div>												
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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 FY20 Audited C/R Days	25,411									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,411 FY20 GL-PL Ins Rpt 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	<i>(with L&amp;H)</i>	\$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								
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 <i>(FRV)</i>	\$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>1.4149</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.87	\$87.06	\$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	\$0.87	\$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	\$2.61	\$2.61								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.11	\$4.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$175.98</b>	<b>\$91.07</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>\$119.16</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				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
<b>Provider: PINWOOD MANOR NURSING HOME &amp; REHABILITATION CNTR</b> <b>Prvdr ID: 00142513A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>												
			Growth Allowance: N/A				Base Period Overall CMI: 1.1696				1.1696	1.5126
			Qtrly BIMS score: 63.08%				Quarterly Medicaid CMI: 1.3631				1.3631	1.5195
			Nurse Hours per On-Site Day/Quality Incentive: 3.63				Qtrly Mcaid CMI w RUG Wght Options: 1.3829				1.3829	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>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									
	As Filed 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	<i>(with L&amp;H)</i>	\$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>1.3829</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.35	\$82.59	\$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	\$4.54	\$4.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.48	\$2.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.65	\$7.55	\$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>\$184.00</b>	<b>\$90.14</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>\$125.18</b>									



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

INTERIM

Provider: <b>LILLIAN G CARTER 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>00142524A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance:	N/A	Base Period Overall CMI:				1.5388	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	50.91%	Quarterly Medicaid CMI:				1.4797	1.5195	
					3.77	Qtrly Mcaid CMI w RUG Wght Options:				1.5066	1.5463	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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 (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	\$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>1.5066</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.48	\$103.22	\$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	\$5.68	\$5.68								
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	\$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>\$204.89</b>	<b>\$112.53</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>\$140.84</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							
													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 PLACE AT MARTINEZ</b> Prvdr ID: <b>00142535A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													Growth Allowance: N/A Qtrly BIMS score: 27.87% Nurse Hours per On-Site Day/Quality Incentive: 4.78			Facility Score: N/A Add-on Percent: 0.00% Add-on Percent: 1.0% Add-on Percent: 3.0%			Base Period Overall CMI: 1.3564 Quarterly Medicaid CMI: 1.2806 Qtrly Mcaid CMI w RUG Wght Options: 1.2998			1.3564	1.5126	1.2806	1.5195	1.2998	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																											
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.2998</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	\$181.80	\$92.61	\$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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.78	\$2.78																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.34	\$4.24	\$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>\$204.14</b>	<b>\$96.85</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>\$140.28</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3127	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	22.68%	1.0%	Quarterly Medicaid CMI:			1.2840	1.5195
							2.55	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3061	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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	\$5,485,891	\$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>1.3061</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$67.51									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$129.62	\$67.51	\$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	\$0.68	\$0.68									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.03	\$2.03									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.34	\$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>\$150.96</b>	<b>\$70.75</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>\$100.40</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
				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 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>1.4346</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.27	\$82.23	\$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	\$4.52	\$4.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$25.25	\$7.52	\$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>\$184.52</b>	<b>\$89.75</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>\$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		
													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>PRESBYTERIAN HOME, QUITMAN, IN</b> Prvdr ID: <b>00142579A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	0.00%	1.3823	1.5126						
													46.92%	5.5%	1.3652	1.5195						
													3.66	3.0%	1.3869	1.5463						
<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	\$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)											
<b>As Filed FY20 GL/PL Rpt</b>																						
<b>As Filed FY20 C/R</b>																						
7	As Filed Cost Center Costs (GL/PL)	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	As Filed Cost Center Costs (Taxes and Insurance)	FY20 Audited C/R								\$46,066		\$66,434										
9	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										
10	Total Nursing Facility Days	FY20 Audited C/R Days	65,896																			
11	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								65,896												
12	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	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										
13	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.3823</b>																		
14	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.79																		
15	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.79	\$0.00	\$25.81	\$23.33		\$32.62	\$0.70	\$11.61	\$1.01										
16	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
17	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	\$1.01										
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																						
18	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
19	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										
20	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3869</b>																		
21	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.50																		
22	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.34	\$106.50	\$0.00	\$24.48	\$23.33	\$0.00	\$30.83	\$0.70	\$17.49	\$1.01										
<b>Quarterly Per Diem Add-on Amounts</b>																						
23	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											
24	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.86	\$5.86																		
25	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																		
26	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00													
27	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$10.00	\$9.59	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00										
28	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$214.34</b>	<b>\$116.09</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>										
29	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$160.76</b>																			

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

INTERIM

Provider: <b>BRYANT 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>00142601A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5162	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	26.42%	1.0%	Quarterly Medicaid CMI:			1.6253	1.5195
							2.72	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6573	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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	\$3,969,426	\$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	(with L&H)	\$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 (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	\$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>1.6573</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.74									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.97	\$80.74	\$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	\$0.81	\$0.81									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.42	\$2.42									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.86	\$3.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$170.83</b>	<b>\$84.50</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>\$115.30</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: PROVIDENCE HEALTHCARE</b> <b>Prvdr ID: 00142612A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 29.85% Nurse Hours per On-Site Day/Quality Incentive: 2.59				Base Period Overall CMI: 1.5440 Quarterly Medicaid CMI: 1.6270 Qtrly Mcaid CMI w RUG Wght Options: 1.6582				Facility Specific: 1.5440 State-wide: 1.5126 1.6270 1.5195 1.6582 1.5463	
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.6582</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.84	\$113.04	\$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>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>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.39	\$3.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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>\$211.99</b>	<b>\$118.09</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>\$146.17</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5151	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	21.95%	1.0%	Quarterly Medicaid CMI:			1.2724	1.5195
							3.09	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2932	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.2932</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.68									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.64	\$75.68	\$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>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>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	\$20.53	\$2.80	\$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>\$180.17</b>	<b>\$78.48</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>\$122.30</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
<b>Provider: GREENE POINT HEALTH AND REHABILITATION</b> <b>Prvdr ID: 00142634A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	0.00%	1.4451	1.5126	25.71%	3.24	3.0%	1.2091	1.5195	1.2259	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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 <i>(FRV)</i>	\$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>1.2259</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.39																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.86	\$90.39	\$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	\$0.90	\$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	\$21.46	\$4.14	\$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>\$206.32</b>	<b>\$94.53</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>\$141.92</b>																				

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

INTERIM

Provider: <b>WARRENTON 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>00142645A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5611			1.5611	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 47.22%		Nurse Hours per On-Site Day/Quality Incentive: 4.17		4.17	5.5%	Quarterly Medicaid CMI: 1.6933			1.6933	1.5195
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7264			1.7264	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.7264</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.43	\$87.13	\$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>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>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.74	\$1.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.16	\$7.06	\$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>\$195.59</b>	<b>\$94.19</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>\$133.87</b>									

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

INTERIM

Provider: <b>ORCHARD 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>00142656A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3484	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	38.98%	2.5%	Quarterly Medicaid CMI:			1.3936	1.5195
							3.22	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4186	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4186</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.88									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.19	\$101.88	\$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	\$2.55	\$2.55									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$26.27	\$8.17	\$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>\$197.46</b>	<b>\$110.05</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>\$135.27</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>1/1/2023</b>		Growth Allowance: N/A	0.00%	Base Period Overall CMI: 1.5644				1.5644	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 38.00%	2.5%	Quarterly Medicaid CMI: 1.6179				1.6179	1.5195	
				3.31	5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6461				1.6461	1.5463	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.6461</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	\$179.24	\$102.29	\$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	\$2.56	\$2.56								
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	\$26.30	\$8.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$205.54</b>	<b>\$110.49</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>\$141.33</b>									



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

INTERIM

Provider: <b>JESUP 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>00142689A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance:	N/A	Base Period Overall CMI:				1.8463	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	23.26%	Quarterly Medicaid CMI:				2.0089	1.5195	
					3.38	Qtrly Mcaid CMI w RUG Wght Options:				2.0483	1.5463	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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 FY20 Audited C/R Days	21,499									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,499 FY20 GL-PL Ins Rpt 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>2.0483</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.53	\$100.65	\$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	
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>4.0%</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	\$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>\$200.83</b>	<b>\$106.22</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>\$137.80</b>									

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

INTERIM

Provider: COLQUITT REGIONAL SENIOR CARE & REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142711A		Growth Allowance: N/A				N/A	0.00%	Base Period Overall CMI: 1.4746			1.4746	1.5126
Case Mix Per Diem Rate Effective Date: 1/1/2023		Qtrly BIMS score: 12.50%				12.50%	0.0%	Quarterly Medicaid CMI: 1.4320			1.4320	1.5195
MDS & Nurse Hrs Data per Quarter Ending: 09/30/22		Nurse Hours per On-Site Day/Quality Incentive: 3.52				3.52	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4545			1.4545	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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	\$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 = 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	\$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>1.4545</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.67	\$74.34	\$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 = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine 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	\$20.08	\$2.76	\$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>\$190.75</b>	<b>\$77.10</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>\$130.24</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>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5656			1.5656	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 33.33%		Nurse Hours per On-Site Day/Quality Incentive: 4.47		33.33%	2.5%	Quarterly Medicaid CMI: 1.7018			1.7018	1.5195
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7337			1.7337	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$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>1.7337</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.52	\$97.16	\$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>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>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.94	\$1.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.63	\$4.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$201.15</b>	<b>\$102.06</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>\$138.04</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		
Provider: <b>THE RETREAT</b> Prvdr ID: <b>00142733A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.0805	1.5126
							32.35%	2.5%					1.1832	1.5195
							4.26	3.0%					1.1987	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>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	\$4,783,963	\$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			
<b>As Filed FY20 GL/PL Rpt</b>														
<b>As Filed FY20 C/R</b>														
7	As Filed Cost Center Costs (GL/PL)	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	As Filed Cost Center Costs (Taxes and Insurance)	FY20 Audited C/R												
9	Cost Center Costs After Audit Adjustments	FY20 Audited C/R Days		19,635										
10	Total Nursing Facility Days	FY20 Audited C/R Days		19,635										
11	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								19,635				
12	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		
13	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.0805</b>										
14	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$113.46										
15	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		
16	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			
17	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>														
18	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
19	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		
20	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.1987</b>										
21	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.11										
22	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.06	\$106.11	\$0.00	\$32.46	\$27.60	\$0.00	\$30.83	\$1.20	\$8.86	\$0.00		
<b>Quarterly Per Diem Add-on Amounts</b>														
23	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			
24	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.65	\$2.65										
25	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										
26	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
27	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.94	\$5.83	\$0.00	\$0.00	\$0.01	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
28	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$230.00</b>	<b>\$111.94</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>		
29	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$159.68</b>											



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

INTERIM

Provider: <b>RIDGEWOOD MANOR 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>00142744A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A	0.00%	Base Period Overall CMI: 1.3734				1.3734	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive: 4.42		Qtrly BIMS score: 38.46%	2.5%	Quarterly Medicaid CMI: 1.1471				1.1471	1.5195	
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.1592				1.1592	1.5463	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.1592</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.51	\$102.61	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.57	\$2.57								
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	\$22.35	\$4.62	\$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>\$219.86</b>	<b>\$107.23</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>\$152.07</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: HARBORVIEW SATILLA</b> <b>Pvdr ID: 00142755A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
			Growth Allowance: N/A Qtrly BIMS score: 15.63% Nurse Hours per On-Site Day/Quality Incentive: 3.96				Add-on Percent: 0.00% 0.0% 3.0%				Base Period Overall CMI: 1.5859 Quarterly Medicaid CMI: 1.7644 Qtrly Mcaid CMI w RUG Wght Options: 1.7967		Facility Specific: 1.5859 1.7644 1.7967	State-wide: 1.5126 1.5195 1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$6,153,712	\$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 FY20 Audited C/R Days	33,029											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,029 FY20 GL-PL Ins Rpt 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>1.7967</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.45										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.66	\$103.45	\$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	\$3.10	\$3.10										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.73	\$3.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$207.39</b>	<b>\$107.08</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>\$142.72</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>ETOWAH LANDING</b> Prvdr ID: <b>00142766A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													Growth Allowance: N/A Qtrly BIMS score: 27.54% Nurse Hours per On-Site Day/Quality Incentive: 2.75			Facility Score: N/A Add-on Percent: 0.00% Add-on Percent: 1.0% Add-on Percent: 2.0%			Base Period Overall CMI: 1.5049 Quarterly Medicaid CMI: 1.6876 Qtrly Mcaid CMI w RUG Wght Options: 1.7197			1.5049	1.5126	1.6876	1.5195	1.7197	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																											
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$5,200,529	\$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>1.7197</b>																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.92																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.54	\$98.92	\$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	\$0.99	\$0.99																							
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	\$21.60	\$3.50	\$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>\$191.14</b>	<b>\$102.42</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>\$130.53</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: ROBERTA HEALTH AND REHAB</b> <b>Prvdr ID: 00142777A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6138	1.5126
							36.17%	2.5%					1.8063	1.5195
							2.82	3.0%					1.8400	1.5463
<b>Case Mix Based Rate Calculations</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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 (FRV)	\$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>1.8400</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.89										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.36	\$80.89	\$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	\$2.02	\$2.02										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.43	\$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	\$22.71	\$4.98	\$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>\$170.07</b>	<b>\$85.87</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>\$114.73</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>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Growth Allowance: N/A		Qtrly BIMS score: 41.79%	Nurse Hours per On-Site Day/Quality Incentive: 3.00	0.00%	2.5%	3.0%	Base Period Overall CMI: 1.0400				1.0400	1.5126
		Qtrly Medicaid CMI: 1.0618		Qtrly Mcaid CMI w RUG Wght Options: 1.0736								1.0618	1.5195	
												1.0736	1.5463	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>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	\$11,553,696	\$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>1.0736</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.04										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.05	\$95.04	\$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 ((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	\$2.38	\$2.38										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.85	\$2.85										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.55	\$5.23	\$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>\$215.60</b>	<b>\$100.27</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>\$148.88</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>WINDER HEALTH CARE &amp; REHAB CTR</b> Prvdr ID: <b>00142854A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													Growth Allowance: N/A Qtrly BIMS score: 31.46% Nurse Hours per On-Site Day/Quality Incentive: 3.60			Facility Score: N/A Add-on Percent: 0.00% Add-on Percent: 2.5% Add-on Percent: 3.0%			Base Period Overall CMI: 1.5330 Quarterly Medicaid CMI: 1.5051 Qtrly Mcaid CMI w RUG Wght Options: 1.5325			1.5330	1.5126	1.5051	1.5195	1.5325	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																											
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.5325</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	\$165.53	\$85.87	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.15	\$2.15																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.58	\$2.58																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.14	\$5.26	\$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>\$188.67</b>	<b>\$91.13</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>\$128.68</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:	Facility Score	Add-on Percent
Provider: <b>DADE HEALTH AND REHAB</b> Prvdr ID: <b>00142865A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													Growth Allowance: N/A Qtrly BIMS score: 45.95% Nurse Hours per On-Site Day/Quality Incentive: 2.82			Facility Score: N/A Add-on Percent: 0.00% 5.5% 3.0%			Base Period Overall CMI: 1.6277 Quarterly Medicaid CMI: 1.6297 Qtrly Mcaid CMI w RUG Wght Options: 1.6606			1.6277	1.5126	1.6297	1.5195	1.6606	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																											
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$3,532,907	\$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>1.6606</b>																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.78																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.53	\$101.78	\$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>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	\$3.05	\$3.05																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.28	\$9.18	\$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>\$204.81</b>	<b>\$110.96</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>\$140.78</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
				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	\$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	FY20 Audited C/R Days		15,668								
	As Filed Days = 15,668											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								15,668		
	As Filed Days = 15,668											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 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	\$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>1.5943</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.22	\$118.01	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$6.49	\$6.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.54	\$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	\$28.66	\$10.56	\$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>\$224.88</b>	<b>\$128.57</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>\$155.84</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: SEARS MANOR NURSING HOME</b> <b>Prvdr ID: 00142898A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>															
			Growth Allowance: N/A Qtrly BIMS score: 25.49% Nurse Hours per On-Site Day/Quality Incentive: 3.42				Add-on Percent: 0.00% 1.0% 3.0%				Facility Score: N/A 25.49% 3.42		Facility Specific: 1.5115 1.6001 1.6280		State-wide: 1.5126 1.5195 1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>															
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.6280</b>											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.08											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.34	\$143.08	\$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>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>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.29	\$4.29											
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	\$23.70	\$6.19	\$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>\$262.04</b>	<b>\$149.27</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>\$183.71</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.1469	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	21.05%	1.0%	Quarterly Medicaid CMI:			0.9752	1.5195
							2.80	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			0.9862	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility 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	\$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>0.9862</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.30									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.06	\$87.30	\$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>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	\$20.59	\$3.49	\$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>\$209.65</b>	<b>\$90.79</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>\$144.41</b>										

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

INTERIM

Provider: <b>VISTA 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>00142931A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6276	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	46.25%	5.5%	Quarterly Medicaid CMI:			1.5261	1.5195
							3.40	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5531	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	45,686										
	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 (FRV)	\$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>1.5531</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.66									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.89	\$97.66	\$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>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	\$28.88	\$10.78	\$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>\$221.77</b>	<b>\$108.44</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>\$153.50</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>ROSS MEMORIAL HEALTH CARE CTR</b> Prvdr ID: <b>00142942A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>												
			Growth Allowance: N/A				Base Period Overall CMI: 1.4429				1.5126	
			Qtrly BIMS score: 38.46%				Quarterly Medicaid CMI: 1.1682				1.5195	
			Nurse Hours per On-Site Day/Quality Incentive: 3.44				Qtrly Mcaid CMI w RUG Wght Options: 1.1813				1.5463	
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.1813</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.77	\$104.57	\$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	\$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	\$22.39	\$4.70	\$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>\$220.16</b>	<b>\$109.27</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>\$152.30</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3692	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	22.47%	1.0%	Quarterly Medicaid CMI:			1.4794	1.5195
							2.99	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5058	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.5058</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.51									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.14	\$106.51	\$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	\$1.07	\$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	\$5.33	\$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	\$25.03	\$6.93	\$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>\$201.17</b>	<b>\$113.44</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>\$138.05</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: GOLD CITY HEALTH AND REHAB</b> <b>Prvdr ID: 00142975A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6453	1.5126
							15.15%	0.0%					1.5821	1.5195
							2.60	2.0%					1.6093	1.5463
<b>Case Mix Based Rate 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	\$4,493,685	\$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>1.6093</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.12										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$133.23	\$76.12	\$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>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	\$1.52	\$1.52										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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>\$153.38</b>	<b>\$78.17</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>\$102.21</b>											

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

INTERIM

Provider: <b>SIGNATURE HEALTHCARE OF MARIETTA</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00142986A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.8200		1.8200	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 26.25%		Nurse Hours per On-Site Day/Quality Incentive: 2.71		26.25%	1.0%	Quarterly Medicaid CMI: 1.7556		1.7556	1.5195		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7890		1.7890	1.5463		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$12,198,848	\$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>1.7890</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	\$213.58	\$122.26	\$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	\$1.22	\$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	\$23.15	\$5.42	\$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>\$236.73</b>	<b>\$127.68</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>\$164.72</b>										

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

INTERIM

Provider: <b>PRUITTHEALTH - FAIRBURN</b> Prvdr ID: <b>00142997A</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>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Growth Allowance: N/A Qtrly BIMS score: 24.49% Nurse Hours per On-Site Day/Quality Incentive: 3.18				N/A	0.00% 1.0% 5.0%	Base Period Overall CMI: 1.5591 Quarterly Medicaid CMI: 1.5459 Qtrly Mcaid CMI w RUG Wght Options: 1.5752			1.5591 1.5459 1.5752	1.5126 1.5195 1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.5752</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.51	\$119.81	\$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>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	\$5.99	\$5.99								
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	\$25.82	\$7.72	\$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>\$236.33</b>	<b>\$127.53</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>\$164.42</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: SMITH MEDICAL NURSING CARE CTR</b> <b>Prvdr ID: 00143008A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 39.29% Nurse Hours per On-Site Day/Quality Incentive: 2.48				Base Period Overall CMI: 0.9803 Quarterly Medicaid CMI: 1.0139 Qtrly Mcaid CMI w RUG Wght Options: 1.0255				Facility Specific: 0.9803 State-wide: 1.5126 1.0139 1.5195 1.0255 1.5463	
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$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>1.0255</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$46.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$108.43	\$46.58	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
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	\$19.79	\$1.69	\$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>\$128.22</b>	<b>\$48.27</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>\$83.34</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				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: SOCIAL CIRCLE NSG &amp; REHAB CTR</b> <b>Prvdr ID: 00143041A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 19.51% Nurse Hours per On-Site Day/Quality Incentive: 3.07				Base Period Overall CMI: 1.6425 Quarterly Medicaid CMI: 1.8185 Qtrly Mcaid CMI w RUG Wght Options: 1.8543				Facility Specific: 1.6425 State-wide: 1.5126 1.8185 1.5195 1.8543 1.5463	
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$4,424,993	\$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>1.8543</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.98	\$129.54	\$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>2.0%</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	\$20.85	\$3.12	\$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>\$232.83</b>	<b>\$132.66</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>\$161.80</b>									

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

INTERIM

Provider: <b>PRUITTHEALTH - GRIFFIN</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00143052A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4376	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	31.82%	2.5%	Quarterly Medicaid CMI:			1.4664	1.5195
							3.09	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4934	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4934</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.16									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.87	\$104.16	\$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>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>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.25	\$6.25									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.48	\$9.38	\$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>\$215.35</b>	<b>\$113.54</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>\$148.69</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: SPARTA HEALTH AND REHABILITATION</b> <b>Prvdr ID: 00143063A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.1991	1.5126
							31.71%	2.5%					1.1639	1.5195
							3.15	5.0%					1.1808	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.1808</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.62										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.35	\$91.62	\$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>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>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	\$25.13	\$7.40	\$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>\$197.48</b>	<b>\$99.02</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>\$135.29</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>FULTON CENTER FOR REHABILITATION LLC</b>														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.6327	1.5126
Prvdr ID: <b>00143074A</b>														Qtrly BIMS score	26.92%	1.0%	Quarterly Medicaid CMI:	1.8304	1.5195
Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>														Nurse Hours per On-Site Day/Quality Incentive:	4.26	5.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.8655	1.5463
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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	\$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																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed 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>1.8655</b>															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.75															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.01	\$92.75	\$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	\$0.00							
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.64	\$4.64															
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	\$6.10	\$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>\$196.21</b>	<b>\$98.85</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>\$134.33</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5460	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	11.84%	0.0%	Quarterly Medicaid CMI:			1.6955	1.5195
							4.76	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7276	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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>1.7276</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.08									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.49	\$99.08	\$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	\$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	\$21.60	\$3.50	\$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>\$193.09</b>	<b>\$102.58</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>\$131.99</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>1/1/2023</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>09/30/22</b>		Qtrly BIMS score: 44.44%		Nurse Hours per On-Site Day/Quality Incentive: 2.96		44.44%	2.5%	Quarterly Medicaid CMI: 1.4285		1.4285	1.5195		
							4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4507		1.4507	1.5463		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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>1.4507</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.82									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.10	\$97.82	\$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	\$2.45	\$2.45									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.91	\$3.91									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.99	\$6.89	\$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>\$209.09</b>	<b>\$104.71</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>\$143.99</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4936	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	17.95%	0.0%	Quarterly Medicaid CMI:			1.3008	1.5195
							3.15	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3201	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$145.74	\$62.61	\$0.00	\$18.33	\$20.97		\$30.83	\$1.60	11.04 (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	\$145.74	\$62.61	\$0.00	\$18.33	\$20.97	\$0.00	\$30.83	\$1.60	\$11.04	\$0.36	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3201</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.65									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.78	\$82.65	\$0.00	\$18.33	\$20.97	\$0.00	\$30.83	\$1.60	\$11.04	\$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	\$3.31	\$3.31									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.57	\$3.84	\$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>\$187.35</b>	<b>\$86.49</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>\$11.04</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>\$127.69</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	\$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 As Filed Days = 23,384	FY20 Audited C/R Days	23,384									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,384	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 (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	\$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>1.1995</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.69	\$102.49	\$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	\$2.56	\$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	\$23.26	\$6.16	\$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>\$222.95</b>	<b>\$108.65</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>\$154.39</b>									

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

INTERIM

Provider: <b>EAGLE 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>00143151A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5685	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	37.14%	2.5%	Quarterly Medicaid CMI:			1.5168	1.5195
							3.64	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5426	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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	\$4,516,192	\$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	(with L&H)	\$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 (FRV)	\$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>1.5426</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.05									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.88	\$105.05	\$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	\$2.63	\$2.63									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.25	\$5.25									
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	\$26.14	\$8.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$219.02</b>	<b>\$113.46</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>\$151.44</b>										

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

INTERIM

Provider: <b>ARROWHEAD 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>00143162A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.8985	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	61.19%	5.5%	Quarterly Medicaid CMI:			2.1990	1.5195
							3.00	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.2428	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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	\$6,755,231	\$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>2.2428</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.27									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.60	\$90.27	\$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	\$4.96	\$4.96									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.71	\$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	\$25.93	\$8.20	\$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>\$196.53</b>	<b>\$98.47</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>\$134.57</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:
Provider: <b>PRUITTHEALTH - SUNRISE</b> Prvdr ID: <b>00143173A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													Facility Score	State-wide								
													N/A	25.00%	3.41	0.00%	1.0%	5.0%	Base Period Overall CMI:	1.5395	1.5126	
													25.00%	3.41	0.00%	1.0%	5.0%	Quarterly Medicaid CMI:	1.5150	1.5195		
													3.41	0.00%	1.0%	5.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.5424	1.5463			
CASE MIX BASED RATE CALCULATIONS													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	\$3,556,579	\$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>1.5424</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.03																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.81	\$104.03	\$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>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>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.20	\$5.20																		
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	\$24.87	\$6.77	\$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>\$209.68</b>	<b>\$110.80</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>\$144.44</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>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.3942		1.3942	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 42.86%		Nurse Hours per On-Site Day/Quality Incentive: 3.88		42.86%	2.5%	Quarterly Medicaid CMI: 1.4274		1.4274	1.5195		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4522		1.4522	1.5463		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4522</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.20									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.26	\$86.20	\$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	\$2.16	\$2.16									
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	\$23.38	\$5.28	\$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>\$176.64</b>	<b>\$91.48</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>\$119.66</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5309	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	17.46%	0.0%	Quarterly Medicaid CMI:			1.4580	1.5195
							3.02	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4832	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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	\$5,055,949	\$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>1.4832</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.76									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.05	\$99.76	\$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>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	\$23.62	\$5.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$208.67</b>	<b>\$105.28</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>\$143.68</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>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.3726			1.3726	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 17.07%		Nurse Hours per On-Site Day/Quality Incentive: 3.31		17.07%	0.0%	Quarterly Medicaid CMI: 1.3720			1.3720	1.5195
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3939			1.3939	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.3939</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.04	\$104.74	\$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	\$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	\$23.81	\$5.77	\$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>\$218.85</b>	<b>\$110.51</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>\$151.31</b>									

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

INTERIM

Provider: <b>TATTNALL 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>00143228A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3240	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	24.24%	1.0%	Quarterly Medicaid CMI:			1.2441	1.5195
							2.58	1.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2634	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,190								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	(with L&H)	\$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 (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	\$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>1.2634</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$63.23									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$120.95	\$63.23	\$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	\$0.63	\$0.63									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.63	\$0.63									
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	\$19.89	\$1.79	\$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>\$140.84</b>	<b>\$65.02</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>\$92.81</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		
													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>THOMSON HEALTH AND REHABILITATION</b> Prvdr ID: <b>00143261A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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	37.50%	3.22	4.0%	1.3970	1.5126		
																			1.6516	1.5195		
																			1.6813	1.5463		
			a	b	c	d	e	f	g	g	h	i										
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$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	FY20 Audited C/R Days	38,952																			
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								38,952												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.05	\$105.26	\$0.00	\$18.47	\$21.89	(with L&H)	\$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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.35																		
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 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	\$149.24	\$75.35	\$0.00	\$18.47	\$21.89		\$19.98	\$3.16	9.33 (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	\$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>1.6813</b>																		
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.69																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.58	\$126.69	\$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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$5.07	\$5.07																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.87	\$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>\$227.45</b>	<b>\$135.46</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>\$157.76</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
				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	\$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 (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	\$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>1.5745</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.88	\$106.67	\$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>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	\$3.20	\$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	\$24.50	\$6.40	\$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>\$209.38</b>	<b>\$113.07</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>\$144.21</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>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.6814		1.6814	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 30.99%		Nurse Hours per On-Site Day/Quality Incentive: 2.59		30.99%	2.5%	Quarterly Medicaid CMI: 1.9149		1.9149	1.5195		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.9505		1.9505	1.5463		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$6,051,426	\$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>1.9505</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.77									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.78	\$107.77	\$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>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>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	\$24.18	\$6.45	\$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>\$203.96</b>	<b>\$114.22</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>\$140.15</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>PRUITTHEALTH - TOCCOA</b>														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.4304	1.5126	
Prvdr ID: <b>00143305A</b>														Qtrly BIMS score	24.44%	1.0%	Quarterly Medicaid CMI:	1.3335	1.5195	
Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>														Nurse Hours per On-Site Day/Quality Incentive:	3.15	5.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.3529	1.5463	
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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	\$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>1.3529</b>																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.66																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.32	\$94.66	\$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	\$0.95	\$0.95																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$24.31	\$6.21	\$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>\$192.63</b>	<b>\$100.87</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>\$131.65</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	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	
Provider: <b>OXLEY PARK HEALTH AND REHABILITATION</b>														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.3753	1.5126
Prvdr ID: <b>00143316A</b>														Qtrly BIMS score	31.48%	2.5%	Quarterly Medicaid CMI:	1.3281	1.5195
Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>														Nurse Hours per On-Site Day/Quality Incentive:	3.60	6.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.3531	1.5463
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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	\$6,048,653	\$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																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed 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>1.3531</b>															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.49															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.53	\$94.49	\$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	\$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>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.67	\$5.67															
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	\$26.66	\$8.56	\$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>\$202.19</b>	<b>\$103.05</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>\$138.82</b>																

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

INTERIM

Provider: <b>PRUITTHEALTH - PEAKE</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00143327A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5683	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	22.11%	1.0%	Quarterly Medicaid CMI:			1.5659	1.5195
							2.85	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5940	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$8,426,274	\$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	FY20 Audited C/R Days	39,271										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,601	FY20 GL-PL Ins Rpt Days								39,271			
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>1.5940</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.10									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.01	\$121.10	\$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	\$1.21	\$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	\$6.06	\$6.06									
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	\$25.53	\$7.80	\$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>\$244.54</b>	<b>\$128.90</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>\$170.58</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
Provider: <b>CHATUGE REGIONAL NURSING HOME</b> Prvdr ID: <b>00143338A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	27.69%	3.59	1.5434	1.5520	1.5785	1.5126	1.5195	1.5463		
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>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>1.5785</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.32																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.35	\$124.32	\$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>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>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	\$22.97	\$5.50	\$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>\$246.32</b>	<b>\$129.82</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>\$171.92</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	\$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>1.6802</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.53	\$108.93	\$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	\$5.99	\$5.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>7.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.63	\$7.63								
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	\$32.25	\$14.15	\$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>\$228.78</b>	<b>\$123.08</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>\$158.76</b>									



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

INTERIM

Provider: <b>BERRIEN NURSING CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00143382A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5416	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	45.59%	5.5%	Quarterly Medicaid CMI:			1.5940	1.5195
							3.32	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6229	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.6229</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.65									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.70	\$94.65	\$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>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.21	\$5.21									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2.84									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.68	\$8.58	\$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>\$208.38</b>	<b>\$103.23</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>\$143.46</b>										

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

INTERIM

Provider: <b>TWIN OAKS CONVALESCENT CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00143393A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4509	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	29.31%	1.0%	Quarterly Medicaid CMI:			1.4660	1.5195
							4.23	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4912	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility 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	\$7,155,135	\$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 (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	\$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>1.4912</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.61									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.56	\$99.61	\$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	\$1.00	\$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	\$21.84	\$4.52	\$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>\$234.40</b>	<b>\$104.13</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>\$162.98</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>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.2038	1.5126
							36.84%	2.5%					1.4612	1.5195
							3.24	3.0%					1.4888	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>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 (FRV)	\$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>1.4888</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.79										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.96	\$131.79	\$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	\$3.29	\$3.29										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.95	\$3.95										
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	\$24.71	\$7.24	\$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>\$261.67</b>	<b>\$139.03</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>\$183.43</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>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5414			1.5414	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 18.37%		Nurse Hours per On-Site Day/Quality Incentive: 4.59		18.37%	0.0%	Quarterly Medicaid CMI: 1.5964			1.5964	1.5195
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6237			1.6237	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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	\$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>1.6237</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.18	\$119.93	\$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	\$2.40	\$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	\$21.03	\$2.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$221.21</b>	<b>\$122.86</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>\$153.08</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
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$8,137,739	\$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 FY20 Audited C/R Days	31,428									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,428 FY20 GL-PL Ins Rpt 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>1.9674</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$172.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$256.43	\$172.46	\$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>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	\$3.45	\$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	\$22.08	\$3.98	\$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>\$278.51</b>	<b>\$176.44</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>\$196.06</b>									

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

INTERIM

Provider: <b>WAYCROSS 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>00143459A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4332	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	29.55%	1.0%	Quarterly Medicaid CMI:			1.5743	1.5195
							3.48	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6050	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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	\$4,228,907	\$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>1.6050</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.47									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.47	\$111.47	\$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	\$1.11	\$1.11									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.69	\$6.69									
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	\$26.06	\$8.33	\$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>\$221.53</b>	<b>\$119.80</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>\$153.32</b>										

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

INTERIM

Provider: <b>WASHINGTON CO EXTENDED CARE FACILITY</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00143481A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.1503	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	33.33%	2.5%	Quarterly Medicaid CMI:			1.2268	1.5195
							0.00	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2469	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility 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	\$4,073,023	\$2,254,640	\$0	\$688,331	\$143,999	\$172,466	\$841,228		(\$27,641)	\$0	
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)		\$124,887		
	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	FY20 Audited C/R Days	20,837										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,837	FY20 GL-PL Ins Rpt Days								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>1.2469</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.38									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.40	\$110.38	\$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	\$2.76	\$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	\$22.70	\$4.97	\$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>\$221.10</b>	<b>\$115.35</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>\$153.00</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> 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>1.8441</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$148.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.63	\$148.28	\$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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.48	\$1.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.97	\$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	\$22.89	\$4.98	\$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>\$259.52</b>	<b>\$153.26</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>\$181.82</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>1/1/2023</b>		Growth Allowance:	N/A	Base Period Overall CMI:				1.5249	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	30.22%	Quarterly Medicaid CMI:				1.7828	1.5195	
					3.63	Qtrly Mcaid CMI w RUG Wght Options:				1.8164	1.5463	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$12,432,207	\$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>1.8164</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$145.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.90	\$145.55	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.64	\$3.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine 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	\$26.52	\$8.54	\$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>\$261.42</b>	<b>\$154.09</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>\$183.24</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	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.7734</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$156.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.74	\$156.98	\$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	\$3.92	\$3.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.14	\$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	\$24.75	\$7.06	\$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>\$269.49</b>	<b>\$164.04</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>\$189.29</b>									

Quarterly Case Mix Per Diem Calculation

Interim

Provider: <b>PruittHealth - Seaside, LLC</b>				Facility Score	Add-on Percent			Facility Specific	State-wide
Prvdr ID: <b>00143536A</b>			<u>Add-on Data and Percentages</u>	N/A	0.00%		<u>Case Mix Index (CMI) Data</u>	1.6972	1.5126
H/B ?: No	Case Mix Per Diem Rate Effective Date: <b>01/01/23</b>		Growth Allowance:	31.6%	2.5%		Base Period Overall CMI:	1.7086	1.5215
	MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		BIMS:	3.34	5.0%		Quarterly Medicaid CMI:	1.7413	1.5482
			Nurse Hours per On-Site Day/Quality Incentive:				Qtrly Mcaid CMI w RUG Wght Options:		

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>												
	<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>1.7413</b>							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$146.43								
	Quarterly Medicaid CMA Allowed Per Diem		\$250.60	\$146.43		\$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)		\$3.66	\$3.66								
	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%		\$7.32	\$7.32								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$28.08									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$278.68</b>	<b>\$157.41</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>\$196.18</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:	1.5838	1.5126	
Provider: <b>WILDWOOD HEALTH AND REHAB</b> Prvdr ID: <b>00143547A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	0.00%	43.33%	2.5%	2.69	3.0%	1.5838	1.4811	1.5078	1.5195	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.5078</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.74																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.09	\$90.74	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.27	\$2.27																			
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	\$23.62	\$5.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00											
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$200.71</b>	<b>\$96.26</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>\$137.71</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				
													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>SOUTHLAND HEALTHCARE AND REHAB CENTER</b> Prvdr ID: <b>00143558A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	0.00%	1.4736	1.5126	12.50%	0.0%	1.6681	1.5195	3.05	2.0%	1.6979	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	<i>(with L&amp;H)</i>	\$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 <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	\$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>1.6979</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	\$158.15	\$87.71	\$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	\$1.75	\$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	\$20.38	\$2.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00												
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$178.53</b>	<b>\$89.99</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>\$121.07</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>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.6214		1.6214	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 30.95%		Nurse Hours per On-Site Day/Quality Incentive: 2.57		30.95%	2.5%	Quarterly Medicaid CMI: 1.3889		1.3889	1.5195		
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4131		1.4131	1.5463		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4131</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.20									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.81	\$81.20	\$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	\$2.03	\$2.03									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.06	\$4.06									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.35	\$6.62	\$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>\$198.16</b>	<b>\$87.82</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>\$135.80</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
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$6,032,530	\$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)	<b>As Filed FY20 GL/PL Rpt</b>								\$246,757		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY20 C/R</b>										\$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 FY20 GL-PL Ins Rpt Days								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 (FRV)	\$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>1.4783</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.25	\$121.31	\$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>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>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.64	\$3.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.93	\$7.20	\$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>\$243.18</b>	<b>\$128.51</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>\$169.56</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: WRIGHTSVILLE MANOR HEALTH AND REHAB</b> <b>Prvdr ID: 00143602A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													Growth Allowance: N/A Qtrly BIMS score: 45.45% Nurse Hours per On-Site Day/Quality Incentive: 3.45			Facility Score: N/A Add-on Percent: 0.00% 5.5% 3.0%			Base Period Overall CMI: 1.6759 Quarterly Medicaid CMI: 1.6703 Qtrly Mcaid CMI w RUG Wght Options: 1.7021			1.6759	1.5126	1.6703	1.5195	1.7021	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																											
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$5,220,261	\$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 Srvc	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 Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.13																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	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 Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$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>1.7021</b>																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.13																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.82	\$92.13	\$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>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.07	\$5.07																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.76	\$2.76																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.46	\$8.36	\$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>\$189.28</b>	<b>\$100.49</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>\$129.14</b>																								



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

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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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5446	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	61.29%	5.5%	Quarterly Medicaid CMI:			1.5377	1.5195
							3.23	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5635	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.5635</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	\$172.61	\$97.59	\$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	\$5.37	\$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	\$28.88	\$10.78	\$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>\$201.49</b>	<b>\$108.37</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>\$138.29</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>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5566			1.5566	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 43.43%		Nurse Hours per On-Site Day/Quality Incentive: 3.20		43.43%	2.5%	Quarterly Medicaid CMI: 1.5134			1.5134	1.5195
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5374			1.5374	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.5374</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.61	\$97.26	\$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	\$2.43	\$2.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.86	\$4.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.92	\$7.82	\$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>\$204.53</b>	<b>\$105.08</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>\$140.57</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	State-wide	Nurse Hours per On-Site Day/Quality Incentive:
Provider: <b>PRUITTHEALTH - LILBURN</b> Prvdr ID: <b>00145527A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													Growth Allowance: N/A Qtrly BIMS score: 36.67% Nurse Hours per On-Site Day/Quality Incentive: 2.70			Facility Score: N/A Add-on Percent: 0.00% 2.5% 5.0%			Base Period Overall CMI: 1.5251 Quarterly Medicaid CMI: 1.5148 Qtrly Mcaid CMI w RUG Wght Options: 1.5417			1.5251	1.5126	1.5195	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																									
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.5417</b>																					
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.36																					
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.60	\$105.36	\$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	\$2.63	\$2.63																					
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.27	\$5.27																					
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	\$26.53	\$8.43	\$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>\$214.13</b>	<b>\$113.79</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>\$147.77</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	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:	1.4320	1.5126
Provider: <b>QUINTON MEMORIAL HC &amp; REHAB CENTER</b> Prvdr ID: <b>00150279A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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:	1.4320	1.5126
													12.00%	0.0%	4.57	3.0%	1.1398	1.5195	1.1559	1.5463		
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$9,789,087	\$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																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed 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	\$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>1.1559</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	\$204.80	\$102.32	\$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>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	\$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>\$225.60</b>	<b>\$105.39</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>\$156.38</b>																			



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

INTERIM

Provider: <b>CHRISTIAN CITY 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>00158034A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5538			1.5538	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 29.85%		Nurse Hours per On-Site Day/Quality Incentive: 3.46		3.46	1.0%	Quarterly Medicaid CMI: 1.4636			1.4636	1.5195
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4872			1.4872	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	(with L&H)	\$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 (FRV)	\$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>1.4872</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.07	\$111.61	\$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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.58	\$5.58								
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	\$7.86	\$7.23	\$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>\$211.93</b>	<b>\$118.84</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>\$158.95</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5067	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	19.67%	0.0%	Quarterly Medicaid CMI:			1.0965	1.5195
							4.32	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1082	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.1082</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.64									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.79	\$89.64	\$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>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	\$20.05	\$2.32	\$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>\$193.84</b>	<b>\$91.96</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>\$132.56</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: HART CARE CENTER</b> <b>Pvdr ID: 00167857A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6765	1.5126
							32.14%	2.5%					1.5039	1.5195
							3.47	3.0%					1.5291	1.5463
<b>Case Mix Based Rate Calculations</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$5,684,055	\$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>1.5291</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.26										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.15	\$95.26	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.38	\$2.38										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine 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	\$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>\$179.02</b>	<b>\$101.03</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>\$121.44</b>											

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

INTERIM

Provider: <b>PARKSIDE POST ACUTE 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>00169199A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5385		1.5385	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 38.39%		Nurse Hours per On-Site Day/Quality Incentive: 4.08		38.39%	2.5%	Quarterly Medicaid CMI: 1.5283		1.5283	1.5195		
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5523		1.5523	1.5463		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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	\$11,552,594	\$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>1.5523</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.67									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.18	\$107.67	\$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	\$2.69	\$2.69									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.15	\$2.15									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.10	\$5.37	\$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>\$222.28</b>	<b>\$113.04</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>\$153.89</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: WOODSTOCK NURSING &amp; REHAB CTR</b> <b>Prvdr ID: 00171212A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	35.29%	3.54	N/A	2.5%	2.0%	1.8368	1.6934	1.7253	1.5126	1.5195	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	As Filed Days = 50,157 FY20 Audited C/R Days	50,157																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 50,157 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>1.7253</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.41																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.18	\$128.41	\$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	\$3.21	\$3.21																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.57	\$2.57																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.04	\$6.31	\$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>\$233.22</b>	<b>\$134.72</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>\$162.09</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5412	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	24.47%	1.0%	Quarterly Medicaid CMI:			1.7897	1.5195
							3.26	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8244	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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	\$5,203,202	\$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>1.8244</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.10									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.01	\$89.10	\$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	\$1.78	\$1.78									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.30	\$3.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$184.31</b>	<b>\$92.30</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>\$125.41</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7203	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	27.94%	1.0%	Quarterly Medicaid CMI:			1.5660	1.5195
							3.42	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5950	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.5950</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.60									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.42	\$107.60	\$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	\$5.38	\$5.38									
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	\$25.09	\$6.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$215.51</b>	<b>\$114.59</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>\$148.81</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
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.6113</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.32	\$103.72	\$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	\$5.19	\$5.19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.41	\$8.31	\$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>\$211.73</b>	<b>\$112.03</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>\$145.97</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4670	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	25.00%	1.0%	Quarterly Medicaid CMI:			1.5028	1.5195
							3.14	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5280	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.5280</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.62									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.79	\$96.62	\$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	\$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	\$4.83	\$4.83									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.43	\$6.33	\$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>\$200.22</b>	<b>\$102.95</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>\$137.34</b>										

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

INTERIM

Provider: <b>FLORENCE HAND HOME</b> Prvdr ID: <b>00207083A</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>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Growth Allowance: N/A		Facility Score: 25.00%	Add-on Percent: 0.00%	Base Period Overall CMI: 1.2277				1.2277	1.5126		
		Qtrly BIMS score: 4.29		Facility Score: 25.00%	Add-on Percent: 1.0%	Quarterly Medicaid CMI: 1.2283				1.2283	1.5195		
		Nurse Hours per On-Site Day/Quality Incentive: 4.29		Facility Score: 25.00%	Add-on Percent: 3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2450				1.2450	1.5463		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>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	\$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 FY20 Audited C/R Days	48,089										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 48,089 FY20 GL-PL Ins Rpt Days								48,089			
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>1.2450</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.21									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.86	\$110.21	\$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	\$1.10	\$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	\$3.31	\$3.31									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.73	\$4.41	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$237.59</b>	<b>\$114.62</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>\$165.37</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
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$6,799,886	\$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>1.9323</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.44	\$84.27	\$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	
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>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	\$22.43	\$4.33	\$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>\$174.87</b>	<b>\$88.60</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>\$118.33</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: HIGH SHOALS HEALTH AND REHABILITATION</b> <b>Prvdr ID: 00212814A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>															
				<b>Add-on Data and Percentages</b> Growth Allowance: N/A Qtrly BIMS score: 44.44% Nurse Hours per On-Site Day/Quality Incentive: 3.14			<b>Facility Score</b> Add-on Percent: 0.00% 2.5% 6.0%			<b>Case Mix Index (CMI) Data</b> Base Period Overall CMI: 1.2780 Quarterly Medicaid CMI: 1.1254 Qtrly Mcaid CMI w RUG Wght Options: 1.1403			<b>Facility Specific</b> 1.2780 1.1254 1.1403		<b>State-wide</b> 1.5126 1.5195 1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>															
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$5,781,551	\$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>1.1403</b>											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.54											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.18	\$87.54	\$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	\$2.19	\$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	\$5.25	\$5.25											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.70	\$7.97	\$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>\$201.88</b>	<b>\$95.51</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>\$138.59</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>1/1/2023</b>		Growth Allowance:	N/A	Base Period Overall CMI:				1.3478	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	33.33%	Quarterly Medicaid CMI:				1.4603	1.5195	
					2.69	Qtrly Mcaid CMI w RUG Wght Options:				1.4849	1.5463	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4849</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.08	\$108.17	\$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	\$2.70	\$2.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.41	\$5.41								
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	\$26.74	\$8.64	\$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>\$209.82</b>	<b>\$116.81</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>\$144.54</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 EXTENDED CARE-WESTWOOD</b>														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.4488	1.5126	
Prvdr ID: <b>00219359A</b>														Qtrly BIMS score	33.33%	2.5%	Quarterly Medicaid CMI:	1.4187	1.5195	
Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>														Nurse Hours per On-Site Day/Quality Incentive:	4.53	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.4417	1.5463	
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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	\$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>1.4417</b>																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.46																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.58	\$110.46	\$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	\$2.76	\$2.76																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.31	\$3.31																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.70	\$6.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00								
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$205.28</b>	<b>\$117.06</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>\$141.14</b>																	

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

**INTERIM**

Provider: <b>COMER 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>00220448A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.4328			1.4328	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 48.44%		Nurse Hours per On-Site Day/Quality Incentive: 2.95		48.44%	5.5%	Quarterly Medicaid CMI: 1.4584			1.4584	1.5195
							6.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4843			1.4843	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4843</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.39	\$95.81	\$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	\$5.27	\$5.27								
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	\$29.28	\$11.55	\$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>\$207.67</b>	<b>\$107.36</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>\$142.93</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	35.06%	2.5%	Quarterly Medicaid CMI:	1.6516	1.5195	
Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>														Nurse Hours per On-Site Day/Quality Incentive:	2.91	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.6816	1.5463	
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes											
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
<b>Base Period 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>1.6816</b>																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.54																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.29	\$105.54	\$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	\$2.64	\$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	\$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>\$193.73</b>	<b>\$111.88</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>\$132.47</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>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.6003		1.6003	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 45.90%		Nurse Hours per On-Site Day/Quality Incentive: 3.03		3.03	5.5%	Quarterly Medicaid CMI: 1.7890		1.7890	1.5195		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8234		1.8234	1.5463		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$4,644,089	\$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>1.8234</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	\$164.01	\$91.48	\$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>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.03	\$5.03									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$26.40	\$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>\$190.41</b>	<b>\$99.78</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>\$129.98</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4584	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	22.92%	1.0%	Quarterly Medicaid CMI:			1.4518	1.5195
							3.28	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4775	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4775</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.92									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.60	\$95.92	\$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	\$0.96	\$0.96									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.80	\$4.80									
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	\$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>\$198.99</b>	<b>\$102.21</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>\$136.42</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6452	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	23.81%	1.0%	Quarterly Medicaid CMI:			1.5742	1.5195
							3.19	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6016	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$9,527,747	\$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>1.6016</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.66									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.84	\$105.66	\$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>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	\$3.17	\$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	\$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>\$203.70</b>	<b>\$110.42</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>\$139.95</b>										

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

INTERIM

Provider: <b>MANOR CARE REHABILITATION CENTER - MARIETTA</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00236211A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.6045			1.6045	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 13.73%		Qtrly BIMS score: 13.73%		13.73%	0.0%	Quarterly Medicaid CMI: 1.1836			1.1836	1.5195
		Nurse Hours per On-Site Day/Quality Incentive: 3.09		Nurse Hours per On-Site Day/Quality Incentive: 3.09		3.09	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.1957			1.1957	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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 (FRV)	\$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>1.1957</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.12	\$102.22	\$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	\$2.04	\$2.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.30	\$2.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$211.42</b>	<b>\$104.79</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>\$145.74</b>									



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

INTERIM

Provider: <b>PRUITHEALTH - SAVANNAH</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>00238323A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.6824		1.6824	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive: 3.98		Qtrly BIMS score: 50.00%		50.00%	5.5%	Quarterly Medicaid CMI: 1.6990		1.6684	1.5195		
				Nurse Hours per On-Site Day/Quality Incentive: 3.98		3.98	5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6990		1.6990	1.5463		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$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	41,162										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,162								41,162			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY20		<b>1.6824</b>									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.51									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 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	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.6990</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.80									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.11	\$119.80	\$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 ((Stdnd - Alwdj) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.59	\$6.59									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.99	\$5.99									
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	\$30.84	\$13.11	\$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>\$259.95</b>	<b>\$132.91</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>\$182.14</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
				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	\$3,121,897	\$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	(with L&H)	\$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 (FRV)	\$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	N/A	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>1.8503</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	\$175.90	\$92.81	\$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	\$0.93	\$0.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.86	\$1.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.42	\$3.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$197.32</b>	<b>\$96.13</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>\$135.17</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7182	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	30.36%	2.5%	Quarterly Medicaid CMI:			1.6571	1.5195
							3.01	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6875	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.6875</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.56									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.14	\$115.56	\$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	\$2.89	\$2.89									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.31	\$2.31									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.46	\$5.73	\$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>\$217.60</b>	<b>\$121.29</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>\$150.38</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>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5193		1.5193	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 27.14%		Nurse Hours per On-Site Day/Quality Incentive: 3.11		27.14%	1.0%	Quarterly Medicaid CMI: 1.4436		1.4436	1.5195		
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4667		1.4667	1.5463		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4667</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.90									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.35	\$103.90	\$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>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>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.20	\$5.20									
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	\$24.87	\$6.77	\$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>\$221.22</b>	<b>\$110.67</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>\$153.09</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>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.6788			1.6788	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 13.33%		Nurse Hours per On-Site Day/Quality Incentive: 3.29		3.29	0.0%	Quarterly Medicaid CMI: 1.5983			1.5983	1.5195
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6271			1.6271	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.6271</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.79	\$93.70	\$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	\$4.69	\$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	\$22.95	\$5.22	\$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>\$224.74</b>	<b>\$98.92</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>\$155.73</b>									

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

INTERIM

Provider: <b>PRUITTHEALTH - DECATUR</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00252942A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5439		1.5439	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 20.93%		Nurse Hours per On-Site Day/Quality Incentive: 3.05		20.93%	1.0%	Quarterly Medicaid CMI: 1.4726		1.4726	1.5195		
							4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4977		1.4977	1.5463		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4977</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.12									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.80	\$109.12	\$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>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>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.36	\$4.36									
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	\$24.08	\$5.98	\$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>\$225.88</b>	<b>\$115.10</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>\$156.59</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>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.4138		1.4138	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 33.33%		Nurse Hours per On-Site Day/Quality Incentive: 2.70		33.33%	2.5%	Quarterly Medicaid CMI: 1.5467		1.5467	1.5195		
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5730		1.5730	1.5463		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.5730</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.62									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.36	\$97.62	\$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	\$2.44	\$2.44									
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	\$25.95	\$7.85	\$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>\$198.31</b>	<b>\$105.47</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>\$135.91</b>										

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

INTERIM

Provider: <b>PRUITTHEALTH - WEST ATLANTA</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00256088A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance:	N/A	Base Period Overall CMI:				1.3403	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	18.07%	Quarterly Medicaid CMI:				1.6723	1.5195	
					2.73	Qtrly Mcaid CMI w RUG Wght Options:				1.7008	1.5463	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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	\$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 (FRV)	\$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>1.7008</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.49	\$137.49	\$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>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	\$6.87	\$6.87								
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	\$25.50	\$7.40	\$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>\$249.99</b>	<b>\$144.89</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>\$174.67</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
				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	\$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>2.1876</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.15	\$81.77	\$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	\$0.82	\$0.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.27	\$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	\$22.35	\$4.62	\$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>\$171.50</b>	<b>\$86.39</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>\$115.80</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5993	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	25.93%	1.0%	Quarterly Medicaid CMI:			1.6055	1.5195
							3.52	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6343	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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 FY20 Audited C/R Days	23,896										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,896 FY20 GL-PL Ins Rpt Days								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>1.6343</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.42									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.11	\$108.42	\$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	\$1.08	\$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	\$5.42	\$5.42									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.93	\$7.03	\$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>\$218.04</b>	<b>\$115.45</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>\$150.71</b>										

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

INTERIM

Provider: <b>LAGRANGE 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>00270245A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5438			1.5438	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 40.00%		Nurse Hours per On-Site Day/Quality Incentive: 2.33		2.33	2.5%	Quarterly Medicaid CMI: 1.5756			1.5756	1.5195
							1.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6050			1.6050	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	As Filed Days = 32,985 FY20 Audited C/R Days	32,985									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,985 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	(with L&H)	\$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 (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	\$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>1.6050</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.30	\$97.70	\$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>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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.98	\$0.98								
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	\$22.05	\$3.95	\$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>\$200.35</b>	<b>\$101.65</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>\$137.44</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>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5516			1.5516	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 32.73%		Nurse Hours per On-Site Day/Quality Incentive: 3.06		32.73%	2.5%	Quarterly Medicaid CMI: 1.4063			1.4063	1.5195
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4308			1.4308	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$4,438,482	\$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>1.4308</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$68.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$135.41	\$68.71	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.72	\$1.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.37	\$1.37								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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>\$157.13</b>	<b>\$72.33</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>\$105.02</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	Quarterly Medicaid CMI:
<b>Provider: WILLOWOOD HEALTHCARE AND REHABILITATION</b> <b>Prvdr ID: 00271829A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	25.88%	2.52	1.6442	1.9257	1.5126	1.5195	1.5463		
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	<i>(with L&amp;H)</i>	\$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 <i>(FRV)</i>	\$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	\$0.00	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>1.9641</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.23																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.65	\$101.23	\$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>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	\$3.04	\$3.04																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.68	\$4.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$195.33</b>	<b>\$105.81</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>\$133.67</b>																			

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

INTERIM

Provider: <b>CRESTVIEW HEALTH &amp; REHAB CTR</b> Prvdr ID: <b>00273567A</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>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Growth Allowance: N/A		Qtrly BIMS score: 32.30%	Nurse Hours per On-Site Day/Quality Incentive: 2.64	0.00%	2.5%	3.0%	Base Period Overall CMI: 1.1622				1.1622	1.5126
		Qtrly Medicaid CMI: 1.4005		Qtrly Mcaid CMI w RUG Wght Options: 1.4239								1.4005	1.5195	
												1.4239	1.5463	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>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 (FRV)	\$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>1.4239</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.04										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.66	\$126.04	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.15	\$3.15										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.78	\$3.78										
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	\$7.15	\$6.93	\$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>\$227.81</b>	<b>\$132.97</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>\$170.86</b>											

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

INTERIM

Provider: <b>CRISP REGIONAL 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>00274128A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7817	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	30.61%	2.5%	Quarterly Medicaid CMI:			1.7246	1.5195
							3.73	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7584	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>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	\$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>1.7584</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$155.64									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$252.68	\$155.64	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.89	\$3.89									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$25.89	\$8.57	\$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>\$278.57</b>	<b>\$164.21</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>\$196.10</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:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.5549	1.5126				
Provider: <b>THOMASVILLE HEALTH &amp; REHAB, LLC</b> Prvdr ID: <b>00277604A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	0.00%	1.5549	1.5126								
													39.29%	2.5%	1.6550	1.5195								
													3.45	3.0%	1.6873	1.5463								
													Nurse Hours per On-Site Day/Quality Incentive:											
			a	b	c	d	e	f	g	g	h	i												
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	FY20 Audited C/R Days	15,702																					
	As Filed Days = 15,702																							
	Total Nursing Facility Days GL-PL Ins. Rpt	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>1.6873</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.29																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.30	\$83.29	\$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	\$2.08	\$2.08																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.50	\$2.50																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.21	\$5.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00												
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$189.51</b>	<b>\$88.40</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>\$129.31</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	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>DELMAR GARDENS OF SMYRNA</b>														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.3619	1.5126
Prvdr ID: <b>00296271A</b>														Qtrly BIMS score	18.42%	0.0%	Quarterly Medicaid CMI:	1.3219	1.5195
Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>														Nurse Hours per On-Site Day/Quality Incentive:	3.32	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.3411	1.5463
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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	\$7,484,730	\$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 As Filed Days = 37,074	FY20 Audited C/R Days	37,074																
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,074	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 (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	\$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>1.3411</b>															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.93															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.80	\$104.93	\$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>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	\$3.15	\$3.15															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.56	\$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>\$222.36</b>	<b>\$108.61</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>\$153.95</b>																

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

INTERIM

Provider: <b>NHC HEALTHCARE FT OGLETHORPE</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00344759A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.2636			1.2636	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 30.34%		Nurse Hours per On-Site Day/Quality Incentive: 3.94		3.94	2.5%	Quarterly Medicaid CMI: 1.1611			1.1611	1.5195
							4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.1772			1.1772	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE 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	\$7,998,624	\$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>1.1772</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.84	\$93.63	\$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>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>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.75	\$3.75								
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	\$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>\$197.56</b>	<b>\$100.25</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>\$135.35</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
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE 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	\$9,989,402	\$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	(with L&H)	\$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 (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	\$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>1.7406</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$154.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$260.13	\$154.08	\$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	\$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	\$3.85	\$3.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.62	\$4.62								
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	\$8.47	\$8.47	\$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>\$268.60</b>	<b>\$162.55</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>\$201.45</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3991	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	34.69%	2.5%	Quarterly Medicaid CMI:			1.1401	1.5195
							2.94	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1549	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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	\$4,782,275	\$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>1.1549</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	\$177.26	\$87.08	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.18	\$2.18									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.35	\$4.35									
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	\$24.79	\$7.06	\$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>\$202.05</b>	<b>\$94.14</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>\$138.71</b>										



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

INTERIM

Provider: <b>QUIET OAKS HEALTH CARE CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00370851A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.4189			1.4189	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 73.47%		Nurse Hours per On-Site Day/Quality Incentive: 3.35		3.35	5.5%	Quarterly Medicaid CMI: 1.4698			1.4698	1.5195
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4991			1.4991	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	FY20 Audited C/R Days	20,457									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,457	FY20 GL-PL Ins Rpt 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								
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 (FRV)	\$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	\$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>1.4991</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	\$190.48	\$95.82	\$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>\$218.76</b>	<b>\$106.41</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>\$151.25</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	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: WESTWOOD HEALTHCARE AND REHABILITATION</b> <b>Prvdr ID: 00370862A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													Growth Allowance: N/A Qtrly BIMS score: 37.25% Nurse Hours per On-Site Day/Quality Incentive: 2.91			Facility Score: N/A Add-on Percent: 0.00% 2.5% 3.0%			Base Period Overall CMI: 1.6741 Quarterly Medicaid CMI: 1.9886 Qtrly Mcaid CMI w RUG Wght Options: 2.0283			1.6741	1.5126	1.9886	1.5195	2.0283	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																											
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$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	(with L&H)	\$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 (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	\$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>2.0283</b>																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.67																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.94	\$106.67	\$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	\$2.67	\$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	\$3.20	\$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	\$24.13	\$6.40	\$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>\$219.07</b>	<b>\$113.07</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>\$151.48</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	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	28.00%	1.0%	Quarterly Medicaid CMI:	1.2587	1.5195
Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>														Nurse Hours per On-Site Day/Quality Incentive:	2.54	5.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.2771	1.5463
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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	\$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>1.2771</b>															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.24															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.64	\$109.24	\$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	\$1.09	\$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	\$5.46	\$5.46															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.19	\$7.08	\$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>\$235.83</b>	<b>\$116.32</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>\$164.05</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	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:	1.3570	1.5126					
Provider: <b>DELMAR GARDENS OF GWINNETT</b> Prvdr ID: <b>00395161A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													Growth Allowance: N/A Qtrly BIMS score: 12.50% Nurse Hours per On-Site Day/Quality Incentive: 2.75			Add-on Percent: 0.00% 0.0% 3.0%			Base Period Overall CMI: 1.3570 Quarterly Medicaid CMI: 1.3398 Qtrly Mcaid CMI w RUG Wght Options: 1.3577			1.3570	1.5126	1.5195	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																									
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.3577</b>																					
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.18																					
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.15	\$120.18	\$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	\$3.61	\$3.61																					
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.71	\$3.61	\$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>\$243.86</b>	<b>\$123.79</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>\$170.07</b>																						



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

INTERIM

Provider: <b>FAYETTEVILLE CENTER FOR NURSING &amp; HEALING LLC</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00399737A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5284	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	26.26%	1.0%	Quarterly Medicaid CMI:			1.8598	1.5195
							3.85	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8965	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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	\$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>1.8965</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.57									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.70	\$122.57	\$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	\$1.23	\$1.23									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.45	\$2.45									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.31	\$4.21	\$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>\$223.01</b>	<b>\$126.78</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>\$154.43</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: LAKE CROSSING HEALTH CENTER</b> <b>Prvdr ID: 00403939A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 59.32% Nurse Hours per On-Site Day/Quality Incentive: 3.16				Base Period Overall CMI: 1.4319 Quarterly Medicaid CMI: 1.4176 Qtrly Mcaid CMI w RUG Wght Options: 1.4419				Facility Specific: 1.4319 State-wide: 1.5126 1.4176 1.5195 1.4419 1.5463	
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$6,231,700	\$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>1.4419</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.41	\$77.39	\$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	\$4.26	\$4.26								
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	\$24.84	\$7.11	\$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>\$180.25</b>	<b>\$84.50</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>\$122.36</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:	1.4214	1.5126
<b>Provider: TOWNSEND PARK HEALTH AND REHABILITATION</b> <b>Prvdr ID: 00404995A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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:	1.4214	1.5126
													46.15%	5.5%	3.47	4.0%	1.4382	1.5195	1.4627	1.5463		
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$8,100,838	\$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	As Filed Days = 38,139 FY20 Audited C/R Days	38,139																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,139 FY20 GL-PL Ins Rpt Days								38,139												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	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 Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.15																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	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 Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$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>1.4627</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.85																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.74	\$112.85	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$6.21	\$6.21																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.51	\$4.51																		
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	\$28.98	\$11.25	\$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>\$234.72</b>	<b>\$124.10</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>\$163.22</b>																			

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

INTERIM

Provider: <b>FOUR 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>00405292A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4501	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	57.45%	5.5%	Quarterly Medicaid CMI:			1.3645	1.5195
							3.60	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3850	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE 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	\$4,744,810	\$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 (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	\$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>1.3850</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.19									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.21	\$81.19	\$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	\$4.47	\$4.47									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.87	\$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	\$27.97	\$9.87	\$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>\$187.18</b>	<b>\$91.06</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>\$127.56</b>										



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

INTERIM

Provider: <b>SOUTHLAND 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>00409054A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6287	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	22.37%	1.0%	Quarterly Medicaid CMI:			1.6278	1.5195
							3.59	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6562	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.6562</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.79									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.02	\$104.79	\$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>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>\$218.47</b>	<b>\$109.51</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>\$151.03</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>1/1/2023</b>		Growth Allowance: N/A		0.00%	Base Period Overall CMI: 1.6201			1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 40.48%		2.5%		Quarterly Medicaid CMI: 1.4727			1.5195			
		Nurse Hours per On-Site Day/Quality Incentive: 2.96		5.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.4995			1.5463			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4995</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.50	\$87.32	\$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	\$2.18	\$2.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$25.18	\$7.08	\$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>\$200.68</b>	<b>\$94.40</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>\$137.69</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:	1.7015	1.5126		
<b>Provider: CHERRY BLOSSOM HEALTH AND REHABILITATION</b> <b>Prvdr ID: 00413509A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	0.00%	50.94%	5.5%	3.49	5.0%	1.7015	1.5126	1.3955	1.5195	1.4191	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$4,850,584	\$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 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	\$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 <i>(FRV)</i>	\$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>1.4191</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.22																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.94	\$85.22	\$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	\$4.69	\$4.69																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.26	\$4.26																				
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	\$27.21	\$9.48	\$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>\$197.15</b>	<b>\$94.70</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>\$135.04</b>																					

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

INTERIM

Provider: <b>LEGACY HEALTH AND REHABILITATION</b> Prvdr ID: <b>00415522A</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>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>			Growth Allowance: N/A Qtrly BIMS score: 45.45% Nurse Hours per On-Site Day/Quality Incentive: 3.36				0.00%	5.5%	4.0%	Base Period Overall CMI: 1.2889 Quarterly Medicaid CMI: 1.3527 Qtrly Mcaid CMI w RUG Wght Options: 1.3773			1.2889	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	\$3,805,823	\$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>1.3773</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.92										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.88	\$121.92	\$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>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.71	\$6.71										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.88	\$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	\$28.91	\$11.59	\$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>\$266.79</b>	<b>\$133.51</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>\$187.27</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>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.4785			1.4785	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 83.33%		Nurse Hours per On-Site Day/Quality Incentive: 3.31		3.31	5.5%	Quarterly Medicaid CMI: 1.3444			1.3444	1.5195
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3618			1.3618	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.3618</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.75	\$105.29	\$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	\$5.79	\$5.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.16	\$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	\$27.58	\$9.48	\$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>\$231.33</b>	<b>\$114.77</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>\$160.67</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
<b>Provider: SANDY SPRINGS HEALTH AND REHABILITATION</b> <b>Prvdr ID: 00426214A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	0.00%	1.6181	1.5126	34.94%	2.5%	1.8424	1.5195	4.68	3.0%	1.8789	1.5463
<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	\$10,017,451	\$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>1.8789</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.11																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.85	\$131.11	\$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	\$3.28	\$3.28																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.93	\$3.93																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.47	\$7.74	\$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>\$249.32</b>	<b>\$138.85</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>\$174.17</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5450	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	45.45%	5.5%	Quarterly Medicaid CMI:			1.4875	1.5195
							2.96	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5146	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.5146</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.95									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.68	\$95.95	\$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>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.28	\$5.28									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.80	\$4.80									
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	\$28.71	\$10.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$208.39</b>	<b>\$106.56</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>\$143.47</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:	1.4295	1.5126
Provider: <b>HILL HAVEN NURSING HOME</b> Prvdr ID: <b>00448456A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	0.00%	60.38%	3.78	3.0%	1.4295	1.5126	1.5195	1.5463	
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	FY20 Audited C/R Days	23,192																			
	As Filed Days = 23,192																					
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								23,192												
	As Filed 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	<i>(with L&amp;H)</i>	\$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 <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	\$0.00	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>1.2793</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.92																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.39	\$74.92	\$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	\$4.12	\$4.12																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.25	\$2.25																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.00	\$6.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$174.39</b>	<b>\$81.82</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>\$117.97</b>																			



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

INTERIM

Provider: <b>A.G. RHODES HOME, INC - COBB</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00493292A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7794	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	38.71%	2.5%	Quarterly Medicaid CMI:			1.8304	1.5195
							4.18	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8644	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.8644</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$151.78									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$253.53	\$151.78	\$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	\$3.79	\$3.79									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.59	\$7.59									
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	\$29.01	\$11.91	\$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>\$282.54</b>	<b>\$163.69</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>\$199.08</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>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.6660		1.6660	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 39.29%		Nurse Hours per On-Site Day/Quality Incentive: 3.20		3.20	2.5%	Quarterly Medicaid CMI: 1.4611		1.4611	1.5195		
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4842		1.4842	1.5463		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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>1.4842</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.94									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.97	\$81.94	\$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	\$2.05	\$2.05									
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	\$22.31	\$4.22	\$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>\$188.28</b>	<b>\$86.16</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>\$128.39</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>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	0.00%	28.69%	4.40	3.0%	1.5348	1.7022	1.7331	1.5126	1.5195	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$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	<i>(with L&amp;H)</i>	\$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>1.7331</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.30																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.65	\$117.30	\$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	\$1.17	\$1.17																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.52	\$3.52																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10														
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.32	\$5.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00											
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$223.97</b>	<b>\$122.52</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>\$155.15</b>																				

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

INTERIM

Provider: <b>JONESBORO NURSING AND REHABILITATION CENTER</b> Prvdr ID: <b>00531033A</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>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>			Growth Allowance: N/A Qtrly BIMS score: 22.12% Nurse Hours per On-Site Day/Quality Incentive: 2.90				0.00%	1.0%	Base Period Overall CMI: 1.6332 Quarterly Medicaid CMI: 1.6274 Qtrly Mcaid CMI w RUG Wght Options: 1.6572			1.5126	1.5195	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$8,740,142	\$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 Adjstmnts	(\$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 Srvc	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 Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.85										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	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 Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$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>1.6572</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.04										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.77	\$124.04	\$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>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>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.72	\$3.72										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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>\$229.99</b>	<b>\$129.53</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>\$159.67</b>											



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

INTERIM

Provider: <b>MAPLE RIDGE HEALTH CARE CENTER</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00534619A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.6288			1.6288	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 57.78%		Nurse Hours per On-Site Day/Quality Incentive: 3.41		57.78%	5.5%	Quarterly Medicaid CMI: 1.8578			1.8578	1.5195
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8943			1.8943	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.8943</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.89	\$107.10	\$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	\$5.89	\$5.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.21	\$3.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.36	\$9.63	\$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>\$227.25</b>	<b>\$116.73</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>\$157.61</b>									

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

INTERIM

Provider: <b>ROSEMONT AT STONE MOUNTAIN</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00587331A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.6470			1.6470	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 64.23%		Nurse Hours per On-Site Day/Quality Incentive: 3.11		3.11	5.5%	Quarterly Medicaid CMI: 1.9661			1.9661	1.5195
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 2.0051			2.0051	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE 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	\$9,619,977	\$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>2.0051</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.50	\$109.02	\$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	\$6.00	\$6.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.27	\$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	\$27.90	\$9.80	\$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>\$209.40</b>	<b>\$118.82</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>\$144.23</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>BAYVIEW NURSING HOME</b> Prvdr ID: <b>00624951A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	0.00%	45.45%	3.87	3.0%	1.4596	1.4193	1.4458	1.5126	1.5195	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																							
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$0.00	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>1.4458</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.85																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.02	\$99.85	\$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	\$5.49	\$5.49																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$27.12	\$9.02	\$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>\$235.14</b>	<b>\$108.87</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>\$163.53</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	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	
Provider: <b>BRIARWOOD HEALTH AND REHABILITATION CENTER</b>														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.7138	1.5126
Prvdr ID: <b>00706813A</b>														Qtrly BIMS score	38.00%	2.5%	Quarterly Medicaid CMI:	1.6601	1.5195
Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>														Nurse Hours per On-Site Day/Quality Incentive:	3.87	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.6899	1.5463
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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	\$7,705,788	\$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																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,511																	
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	\$3.57							
											(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	\$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>1.6899</b>															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.98															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.47	\$109.98	\$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	\$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>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	\$24.31	\$6.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00							
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$231.78</b>	<b>\$116.56</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>\$161.01</b>																



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

INTERIM

Provider: <b>LEE 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>00712665A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6712	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	21.28%	1.0%	Quarterly Medicaid CMI:			1.3833	1.5195
							3.23	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4075	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$4,166,310	\$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 FY20 Audited C/R Days	20,609										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,609 FY20 GL-PL Ins Rpt 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>1.4075</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.77									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.11	\$85.77	\$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		
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	\$4.29	\$4.29									
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	\$23.41	\$5.68	\$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>\$201.52</b>	<b>\$91.45</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>\$138.32</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:		
Provider: <b>BRYAN COUNTY HLTH &amp; REHAB CTR</b> Prvdr ID: <b>00715569A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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	58.21%	3.54	5.0%	1.6622	1.5126		
																			1.6252	1.5195		
																			1.6573	1.5463		
<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	\$6,398,203	\$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																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed 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	\$0.00	\$19.76	\$22.65		\$25.05	\$6.28	\$11.10	\$3.41										
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	\$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>1.6573</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.29	\$0.00	\$19.76	\$22.65	\$0.00	\$25.05	\$6.28	\$13.08	\$3.41										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.52	\$108.29	\$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	\$0.00										
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.96	\$5.96																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.41	\$5.41																		
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	\$30.00	\$11.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$228.52</b>	<b>\$120.19</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>\$158.57</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: THUNDERBOLT TRANSITIONAL CARE &amp; REHAB CENTER</b> <b>Prvdr ID: 00727801A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.5492	1.5126
							25.00%	1.0%					1.5825	1.5195
							2.50	1.0%					1.6100	1.5463
<b>Case Mix Based Rate Calculations</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$9,084,687	\$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 FY20 Audited C/R Days	44,849											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 44,849 FY20 GL-PL Ins Rpt Days								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>1.6100</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.66										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.96	\$101.66	\$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			
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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.02	\$1.02										
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	\$20.67	\$2.57	\$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>\$204.63</b>	<b>\$104.23</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>\$140.65</b>											

Quarterly Case Mix Per Diem Rate Calculations

Interim

Provider: <b>Northside Gwinnett Extended Care Center</b>	Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data		Facility Specific	State-wide
Pvdr ID: <b>00781382A</b>	Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI:		1.7126	1.5126
H/B?: Yes	Case Mix Per Diem Rate Effective Date: <b>01/01/23</b>	BIMS	0.0%	0.0%	Quarterly Medicaid CMI:		1.5195	1.5294
	MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>	Nurse Hours per On-Site Day/Quality Incentive: 9.77	9.77	1.0%	Qtrly Mcaid CMI w RUG Wght Options:		1.5463	1.5030

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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>Base Period Per Diem Allowed Amounts</b>											
	Net Historical Cost <b>2019</b>	FY2019 C/R - FY 2019 GL-PL Rpt		6,271,543		1,198,625	572,970	965,334	1,950,526	0	1,095,040	0
	Inflation (July 2020) @ 1.60%			100,345		19,178	24,613		31,208			0
	Patient Days	FY 2019 Cost Rpt		30,289		30,289	30,289		30,289		30,289	30,289
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 19 GL-PL Ins Rpt Days								0		
	Inflated NHC/ Patient Days			210.37		40.21	51.60		65.43	0.00	36.15	0.00
	Base Period Facility CMI for all Residents			<b>1.7126</b>								
	Routine Services Case Mix Adjusted Net Per Diem			\$122.84								
	Net Per Diems After Case Mix Adjustments		\$316.22	\$122.84		\$40.21	\$51.60		\$65.43	\$0.00	\$36.15	0.00
	Per Diem Standards			\$88.52		\$32.46	\$27.62		\$30.83			
	Base Period Case Mix Adjusted Allowed Per Diem		\$192.74	\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	13.31	0.00
	<b>Quarterly Per Diem Rate Prior to Add-Ons</b>										(FRV Rate)	
	Growth Allowance 0.00%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem After Growth Allowance		\$192.74	\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	\$13.31	\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			<b>1.5463</b>								
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$136.88								
	Quarterly Medicaid CMA Allowed Per Diem		\$241.10	\$136.88		\$32.46	\$27.62		\$30.83	\$0.00	\$13.31	\$0.00
	<b>Quarterly Per Diem Add-On Amounts</b>											
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)		\$0.00	0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0%		\$1.37	1.37								
	Nursing Home Provider Fee		\$ 17.10					\$ 17.10				
	Total Quarterly Per Diem Add-On Amounts		\$18.47									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$259.57</b>	<b>\$138.25</b>		<b>\$32.46</b>	<b>\$27.62</b>		<b>\$47.93</b>	<b>\$0.00</b>	<b>\$13.31</b>	<b>\$0.00</b>
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$181.85										



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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7555	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	16.00%	0.0%	Quarterly Medicaid CMI:			1.7151	1.5195
							2.63	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7466	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.7466</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.65									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.30	\$114.65	\$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>2.0%</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	\$20.55	\$2.82	\$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>\$227.85</b>	<b>\$117.47</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>\$158.06</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: THE D. SCOTT HUDGENS CENTER FOR SKILLED NURSING</b> <b>Prvdr ID: 000815493B</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
			Growth Allowance: N/A Qtrly BIMS score: 54.17% Nurse Hours per On-Site Day/Quality Incentive: 4.99				Add-on Percent: 0.00% 5.5% 3.0%				Base Period Overall CMI: 1.4372 Quarterly Medicaid CMI: 1.3282 Qtrly Mcaid CMI w RUG Wght Options: 1.3481		Facility Specific: 1.4372 1.3282 1.3481	State-wide: 1.5126 1.5195 1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$2,996,300	\$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 (FRV)	\$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>1.3481</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.33										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.59	\$119.33	\$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	\$6.56	\$6.56										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.58	\$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	\$27.24	\$10.14	\$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>\$254.83</b>	<b>\$129.47</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>\$178.30</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>1/1/2023</b>		Growth Allowance:	N/A	Base Period Overall CMI:				1.5321	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	33.33%	Quarterly Medicaid CMI:				1.3564	1.5195	
					2.91	Qtrly Mcaid CMI w RUG Wght Options:				1.3774	1.5463	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	\$7,748,003	\$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>1.3774</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.97	\$117.91	\$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>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>3.0%</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	\$24.53	\$7.02	\$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>\$247.50</b>	<b>\$124.93</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>\$172.80</b>									

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

INTERIM

Provider: <b>SENIOR CARE CENTER - BRUNSWICK</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>000830827B</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4206	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	23.16%	1.0%	Quarterly Medicaid CMI:			1.3115	1.5195
							4.46	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3324	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.3324</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.94									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.18	\$117.94	\$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	\$1.18	\$1.18									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.54	\$3.54									
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	\$5.13	\$4.72	\$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>\$213.31</b>	<b>\$122.66</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>\$159.98</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:	1.8005	1.5126
<b>Provider: ROSELANE HEALTH AND REHABILITATION CENTER</b> <b>Prvdr ID: 00831751A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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:	1.8005	1.5126
													31.33%	2.5%	3.17	2.0%	1.7178	1.5195	1.7495	1.5463		
<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	\$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>1.7495</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.11																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.45	\$118.11	\$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>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>2.0%</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	\$23.57	\$5.84	\$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>\$226.02</b>	<b>\$123.95</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>\$156.69</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>1/1/2023</b>		Growth Allowance:	N/A	Base Period Overall CMI:				1.5131	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	21.15%	Quarterly Medicaid CMI:				1.3296	1.5195	
					5.40	Qtrly Mcaid CMI w RUG Wght Options:				1.3508	1.5463	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.3508</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.83	\$119.57	\$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	\$1.20	\$1.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.59	\$3.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.30	\$4.79	\$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>\$252.13</b>	<b>\$124.36</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>\$176.27</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6191	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	23.19%	1.0%	Quarterly Medicaid CMI:			1.5186	1.5195
							4.24	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5462	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.5462</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.83									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.51	\$106.83	\$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	\$1.07	\$1.07									
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	\$22.53	\$4.80	\$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>\$220.04</b>	<b>\$111.63</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>\$152.21</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
													N/A	46.67%	3.71	N/A	1.4786	1.4946	1.5218	1.5126	1.5195	1.5463	
													0.00%	3.0%	1.4786	1.4946	1.5218	1.5126	1.5195	1.5463			
													0.00%	3.0%	1.4786	1.4946	1.5218	1.5126	1.5195	1.5463			
<b>CASE MIX BASED RATE 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	\$6,589,851	\$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 Srvc	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 Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.06																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	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 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	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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>1.5218</b>																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.40																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.81	\$91.40	\$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 =	Ln 19 Col b x CPS Add-on	\$5.03	\$5.03																			
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$26.40	\$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>\$204.21</b>	<b>\$99.70</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>\$140.33</b>																				



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

INTERIM

Provider: <b>CANDLER SKILLED NURSING UNIT</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: <b>00870911A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5463	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	0.00%	0.0%	Quarterly Medicaid CMI:			1.5195	1.5195
							6.86	0.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5463	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>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	\$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 FY20 Audited C/R Days	3,294										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 3,294 FY20 GL-PL Ins Rpt Days								3,294			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	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 Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5463</b>									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$189.62									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$189.62	\$0.00	\$20.26	\$61.08		\$114.12	\$5.93	\$91.87	\$1.76	
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	\$186.26	\$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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5463</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.88									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.62	\$136.88	\$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 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	\$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>\$251.94</b>	<b>\$136.88</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>\$176.13</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	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>LAUREL PARK AT HENRY MED CTR</b> Prvdr ID: <b>00908553A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													Growth Allowance: N/A Qtrly BIMS score: 29.79% Nurse Hours per On-Site Day/Quality Incentive: 3.67			Facility Score: N/A Add-on Percent: 0.00% Add-on Percent: 1.0% Add-on Percent: 5.0%			Base Period Overall CMI: 1.6602 Quarterly Medicaid CMI: 1.5317 Qtrly Mcaid CMI w RUG Wght Options: 1.5565			1.6602	1.5126	1.5317	1.5195	1.5565	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																											
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.5565</b>																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.61																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.48	\$126.61	\$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	\$1.27	\$1.27																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.33	\$6.33																							
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	\$25.45	\$8.13	\$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>\$254.93</b>	<b>\$134.74</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>\$178.37</b>																								

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

INTERIM

Provider: <b>ATRIUM HEALTH NAVICENT BALDWIN</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00947658A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance:	N/A	Base Period Overall CMI:				1.5463	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	0.00%	Quarterly Medicaid CMI:				1.5195	1.5195	
					6.69	Qtrly Mcaid CMI w RUG Wght Options:				1.5463	1.5463	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>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	\$2,314,384	\$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	
	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 FY20 Audited C/R Days	4,001									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 4,001 FY20 GL-PL Ins Rpt Days								4,001		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	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 Case Mix Index for All Residents	from 4 qtrs of FY20		<b>1.5463</b>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$168.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$168.30	\$0.00	\$39.73	\$42.45		\$178.36	\$23.25	\$34.43	\$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	\$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 = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5463</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$270.80	\$136.88	\$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 = <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	\$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>\$287.90</b>	<b>\$136.88</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>\$203.10</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	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
<b>Provider: ZEBULON PARK HEALTH AND REHABILITATION</b> <b>Prvdr ID: 003125041B</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													Growth Allowance: N/A Qtrly BIMS score: 25.00% Nurse Hours per On-Site Day/Quality Incentive: 3.62			Facility Score: N/A Add-on Percent: 0.00% Add-on Percent: 1.0% Add-on Percent: 5.0%			Base Period Overall CMI: 1.4513 Quarterly Medicaid CMI: 1.5535 Qtrly Mcaid CMI w RUG Wght Options: 1.5798			1.4513	1.5126	1.5535	1.5195	1.5798	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																											
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.5798</b>																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.71																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.65	\$120.71	\$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	\$1.21	\$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	\$25.51	\$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>\$255.16</b>	<b>\$128.49</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>\$178.55</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>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>															
				<b>Add-on Data and Percentages</b> Growth Allowance: N/A Qtrly BIMS score: 7.41% Nurse Hours per On-Site Day/Quality Incentive: 2.89			<b>Facility Score</b> Add-on Percent: 0.00% 0.0% 3.0%			<b>Case Mix Index (CMI) Data</b> Base Period Overall CMI: 1.5403 Quarterly Medicaid CMI: 1.4713 Qtrly Mcaid CMI w RUG Wght Options: 1.4991			<b>Facility Specific</b> 1.5403 1.4713 1.4991		<b>State-wide</b> 1.5126 1.5195 1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>															
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4991</b>											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.12											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.06	\$127.12	\$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>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	\$21.44	\$4.34	\$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>\$270.50</b>	<b>\$131.46</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>\$190.05</b>												

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

INTERIM

Provider: <b>STEVENS 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>003143404A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6429	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	5.00%	0.0%	Quarterly Medicaid CMI:			1.4183	1.5195
							3.26	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4405	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed 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	(with L&H)	\$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 (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	\$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>1.4405</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	\$220.51	\$104.38	\$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>6.0%</u> (to Routine Srvc)	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	\$23.89	\$6.79	\$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>\$244.40</b>	<b>\$111.17</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>\$170.48</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5440	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	35.48%	2.5%	Quarterly Medicaid CMI:			1.5757	1.5195
							3.84	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6049	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.6049</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.25									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.39	\$128.25	\$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>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>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	\$27.88	\$10.15	\$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>\$274.27</b>	<b>\$138.40</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>\$192.88</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:	1.3682	1.5126
Provider: <b>HARRINGTON PARK HEALTH AND REHABILITATION</b> Prvdr ID: <b>003165726A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													33.33%	0.00%	2.5%	5.0%	1.3309	1.5195	1.3517	1.5463		
<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	\$4,878,830	\$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>1.3517</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.65																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.97	\$119.65	\$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>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>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	\$26.48	\$8.97	\$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>\$265.45</b>	<b>\$128.62</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>\$186.26</b>																			



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

INTERIM

Provider: <b>BUDD TERRACE AT WESLEY WOODS</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>003167547A</b>		Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b>		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.3224		1.3224	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Qtrly BIMS score: 24.39%		Nurse Hours per On-Site Day/Quality Incentive: 1.91		1.91	1.0%	Quarterly Medicaid CMI: 1.2062		1.2062	1.5195		
								Qtrly Mcaid CMI w RUG Wght Options: 1.2242		1.2242	1.5463		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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 As Filed Days = 68,828	FY20 Audited C/R Days	68,828										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 68,828	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	(with L&H)	\$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 (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	\$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>1.2242</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.37									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.37	\$108.37	\$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	\$1.08	\$1.08									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.08	\$1.08									
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	\$19.26	\$2.16	\$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>\$227.63</b>	<b>\$110.53</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>\$157.90</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>1/1/2023</b>				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7348	1.5126
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	31.11%	2.5%	Quarterly Medicaid CMI:			1.7566	1.5195
							3.91	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7916	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.7916</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.83									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.01	\$121.83	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.05	\$3.05									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.31	\$7.31									
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	\$28.62	\$10.89	\$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>\$253.63</b>	<b>\$132.72</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>\$177.40</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>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.5946	1.5126
							21.95%	1.0%					1.4707	1.5195
							3.28	3.0%					1.4958	1.5463
<b>Case Mix Based Rate Calculations</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.4958</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.19										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.68	\$92.19	\$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>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>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.77										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.31	\$4.22	\$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>\$205.99</b>	<b>\$96.41</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>\$141.67</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			
				a	b	c	d	e	f	g	g	h	i		
<b>Provider: ADVANCED HEALTH AND REHAB OF TWIGGS COUNTY</b> <b>Prvdr ID: 003185378A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>															
				<b>Add-on Data and Percentages</b> Growth Allowance: N/A Qtrly BIMS score: 39.18% Nurse Hours per On-Site Day/Quality Incentive: 3.39			<b>Facility Score</b> Add-on Percent: 0.00% 2.5% 3.0%			<b>Case Mix Index (CMI) Data</b> Base Period Overall CMI: 1.5787 Quarterly Medicaid CMI: 1.5792 Qtrly Mcaid CMI w RUG Wght Options: 1.6085			<b>Facility Specific</b> 1.5787 1.5792 1.6085		<b>State-wide</b> 1.5126 1.5195 1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>															
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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 (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	\$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>1.6085</b>											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.87											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.11	\$116.87	\$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	\$2.92	\$2.92											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.51	\$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	\$24.69	\$6.96	\$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>\$225.80</b>	<b>\$123.83</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>\$156.53</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
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE 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	\$7,431,256	\$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>1.4942</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.97	\$132.27	\$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	\$7.27	\$7.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.61	\$6.61								
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	\$31.61	\$13.88	\$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>\$262.58</b>	<b>\$146.15</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>\$184.11</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	
			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>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													
			<b>Add-on Data and Percentages</b> Growth Allowance: N/A Qtrly BIMS score: 28.07% Nurse Hours per On-Site Day/Quality Incentive: 3.01			<b>Facility Score</b> Add-on Percent: 0.00% 1.0% 3.0%		<b>Case Mix Index (CMI) Data</b> Base Period Overall CMI: 1.5553 Quarterly Medicaid CMI: 1.7962 Qtrly Mcaid CMI w RUG Wght Options: 1.8306			<b>Facility Specific</b> 1.5553 1.7962 1.8306		<b>State-wide</b> 1.5126 1.5195 1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.8306</b>									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.85									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.58	\$116.85	\$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	\$1.17	\$1.17									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.51	\$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	\$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>\$226.89</b>	<b>\$122.06</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>\$157.34</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>BOSTICK NURSING CENTER</b> Prvdr ID: <b>003192286A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	0.00%	21.35%	2.73	1.2273	1.4303	1.4582	1.5126	1.5195	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	<i>(with L&amp;H)</i>	\$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>1.4582</b>																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.76																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.45	\$110.76	\$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>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	\$23.06	\$4.96	\$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>\$223.51</b>	<b>\$115.72</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>\$154.81</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:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide
Provider: <b>GLEN EAGLE HEALTHCARE AND REHAB</b> Prvdr ID: <b>003214231A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>													N/A	0.00%	1.5752	1.5126	34.48%	2.5%	1.4565	1.5195	2.92	3.0%	1.4824	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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 FY20 Audited C/R Days	20,739																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,739 FY20 GL-PL Ins Rpt Days								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	<i>(with L&amp;H)</i>	\$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 <i>(FRV)</i>	\$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>1.4824</b>																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.42																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.20	\$74.42	\$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	\$1.86	\$1.86																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$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>\$167.92</b>	<b>\$79.04</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>\$113.12</b>																					



Quarterly Case Mix Per Diem Calculation

Interim

Provider: <b>MeSun 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>003245344A</b>			Growth Allowance:			N/A	0.00%	Base Period Overall CMI:			Use Stwd	1.5126
H/B ? : <b>No</b>			BIMS:			80.0%	5.5%	Quarterly Medicaid CMI:			1.3710	1.5215
Case Mix Per Diem Rate Effective Date: <b>01/01/23</b>			Nurse Hours per On-Site Day/Quality Incentive:			5.14	0.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3940	1.5482
MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</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>												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

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>01/01/23</b>			BIMS: 37.1%	2.5%			1.5643	1.5215
	MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>	Nurse Hours per On-Site Day/Quality Incentive: 4.07			5.0%		Qtrly Mcaid CMI w RUG Wght Options:	1.5915	1.5482

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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>1.5915</b>							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$133.83								
	Quarterly Medicaid CMA Allowed Per Diem		\$244.78	\$133.83		\$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)		\$3.35	\$3.35								
	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%		\$6.69	\$6.69								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$27.14									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$271.92</b>	<b>\$143.87</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>\$191.11</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
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.6977</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.55	\$114.19	\$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	\$1.14	\$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)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.05	\$3.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$226.60</b>	<b>\$118.14</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>\$157.13</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>GLENWOOD HEALTHCARE</b> Prvdr ID: <b>701562744A</b> Case Mix Per Diem Rate Effective Date: <b>1/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>09/30/22</b>														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.5617	1.5126
							36.84%	2.5%					1.5000	1.5195
							2.97	3.0%					1.5258	1.5463
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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	FY20 Audited C/R Days	16,563											
	As Filed Days = 16,563													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								16,563				
	As Filed 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>1.5258</b>										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.31										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.95	\$77.31	\$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	\$1.93	\$1.93										
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	\$22.88	\$4.78	\$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>\$176.83</b>	<b>\$82.09</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>\$119.80</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
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>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>1.6767</b>								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.02	\$86.12	\$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	\$4.74	\$4.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.44	\$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	\$26.81	\$8.71	\$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>\$185.83</b>	<b>\$94.83</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>\$126.55</b>									