

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

INTERIM

| Provider: PARK PLACE NURSING FACILITY | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00002164A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.4271 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 26.53% | 1.0% | Quarterly Medicaid CMI: | | | 1.8878 | 1.5030 |
| | | | | | | | 3.02 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.9255 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$453,236 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4271 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.9255 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$139.81 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$222.59 | \$139.81 | \$0.00 | \$24.48 | \$19.58 | \$0.00 | \$16.95 | \$7.98 | \$12.37 | \$1.42 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$1.40 | \$1.40 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.19 | \$4.19 | | | | | | | | | |
| 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 | \$24.00 | \$6.12 | \$0.00 | \$0.00 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$246.59 | \$145.93 | \$0.00 | \$24.48 | \$19.99 | \$0.00 | \$34.42 | \$7.98 | \$12.37 | \$1.42 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$172.12 | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$55,055 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$16,955 |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$6,075,938 | \$3,456,355 | \$0 | \$619,835 | \$644,644 | \$528 | \$1,030,370 | \$55,055 | \$252,196 | \$16,955 |
| 8 | Total Nursing Facility Days | As Filed Days = 30,527 FY20 Audited C/R Days | 30,527 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 30,527 FY20 GL-PL Ins Rpt Days | | | | | | | | 30,527 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$199.02 | \$113.22 | \$0.00 | \$20.30 | \$21.13 | (with L&H) | \$33.75 | \$1.80 | \$8.26 | \$0.56 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.4815 | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$76.42 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$76.42 | \$0.00 | \$20.30 | \$21.13 | | \$33.75 | \$1.80 | \$8.26 | \$0.56 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$164.36 | \$76.42 | \$0.00 | \$20.30 | \$21.13 | | \$30.83 | \$1.80 | 13.32 (FRV) | \$0.56 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4700 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$112.34 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$200.28 | \$112.34 | \$0.00 | \$20.30 | \$21.13 | \$0.00 | \$30.83 | \$1.80 | \$13.32 | \$0.56 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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>2.0%</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 | \$21.63 | \$3.90 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$221.91 | \$116.24 | \$0.00 | \$20.52 | \$21.54 | \$0.00 | \$47.93 | \$1.80 | \$13.32 | \$0.56 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$153.61 | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$306,478 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4340 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.1848 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$103.34 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$216.95 | \$103.34 | \$0.00 | \$24.48 | \$23.60 | \$0.00 | \$26.67 | \$5.79 | \$31.26 | \$1.81 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.31 | \$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 | \$3.10 | \$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 | \$21.51 | \$3.63 | \$0.00 | \$0.00 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$238.46 | \$106.97 | \$0.00 | \$24.48 | \$24.01 | \$0.00 | \$44.14 | \$5.79 | \$31.26 | \$1.81 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$166.02 | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$60,164 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5799 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2673 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$112.18 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$222.02 | \$112.18 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$30.19 | \$1.86 | \$24.93 | \$0.76 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.37 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.80 | \$2.80 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</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 | \$23.64 | \$6.17 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$245.66 | \$118.35 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$47.66 | \$1.86 | \$24.93 | \$0.76 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$171.42 | | | | | | | | | |

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: SIGNATURE HEALTHCARE OF BUCKHEAD Prvdr ID: 00040763A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | | | | Facility Score | Add-on Percent | | | | | Facility Specific | State-wide |
| | | | | | | | N/A | 0.00% | | | | | 1.6525 | 1.5126 |
| | | | | | | | 30.21% | 2.5% | | | | | 1.8454 | 1.5030 |
| | | | | | | | 2.29 | 3.0% | | | | | 1.8809 | 1.5294 |
| Case Mix Based Rate Calculations | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$157,269 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6525 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.8809 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$157.06 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$250.42 | \$157.06 | \$0.00 | \$18.43 | \$25.10 | \$0.00 | \$30.83 | \$3.70 | \$10.71 | \$4.59 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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 | \$3.93 | \$3.93 | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$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 | \$26.90 | \$9.17 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$277.32 | \$166.23 | \$0.00 | \$18.65 | \$25.51 | \$0.00 | \$47.93 | \$3.70 | \$10.71 | \$4.59 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$195.17 | | | | | | | | | | | |

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: MAGNOLIA MANOR METHODIST NSG C Prvdr ID: 00040785A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | Growth Allowance: N/A Qtrly BIMS score: 37.50% Nurse Hours per On-Site Day/Quality Incentive: 3.74 | | | Facility Score: N/A Add-on Percent: 0.00% 2.5% 4.0% | | | Base Period Overall CMI: 1.6273 Quarterly Medicaid CMI: 1.6819 Qtrly Mcaid CMI w RUG Wght Options: 1.7156 | | | 1.6273 | 1.5126 | 1.6819 | 1.5030 | 1.7156 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvc Combined) | As Filed FY20 C/R - FY20 GL/PL Rpt | \$12,032,870 | \$6,438,724 | \$0 | \$1,245,222 | \$1,582,450 | \$0 | \$1,983,186 | | \$783,288 | \$0 | | | | | | | | | | | | | | | |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY20 C/R Audit Adjstmnts | (\$206,649) | \$46,660 | \$0 | \$0 | \$3,709 | \$6,345 | (\$223,730) | | (\$39,633) | | | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (GL/PL) | As Filed FY20 GL/PL Rpt | | | | | | | | \$224,177 | | | | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$36,353 | | | | | | | | | | | | | | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$12,086,751 | \$6,485,384 | \$0 | \$1,245,222 | \$1,586,159 | \$6,345 | \$1,759,456 | \$224,177 | \$743,655 | \$36,353 | | | | | | | | | | | | | | | |
| 8 | Total Nursing Facility Days | As Filed Days = 57,053 FY20 Audited C/R Days | 57,067 | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 57,053 FY20 GL-PL Ins Rpt Days | | | | | | | | 57,067 | | | | | | | | | | | | | | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$211.81 | \$113.65 | \$0.00 | \$21.82 | \$27.91 | (with L&H) | \$30.83 | \$3.93 | \$13.03 | \$0.64 | | | | | | | | | | | | | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.6273 | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$69.84 | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$69.84 | \$0.00 | \$21.82 | \$27.91 | | \$30.83 | \$3.93 | \$13.03 | \$0.64 | | | | | | | | | | | | | | | |
| 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 | \$173.94 | \$69.84 | \$0.00 | \$21.82 | \$27.62 | | \$30.83 | \$3.93 | 19.26 (FRV) | \$0.64 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | N/A | N/A | | | | | | | | | | | | | | | |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | \$173.94 | \$69.84 | \$0.00 | \$21.82 | \$27.62 | \$0.00 | \$30.83 | \$3.93 | \$19.26 | \$0.64 | | | | | | | | | | | | | | | |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.7156 | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$119.82 | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$223.92 | \$119.82 | \$0.00 | \$21.82 | \$27.62 | \$0.00 | \$30.83 | \$3.93 | \$19.26 | \$0.64 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.75 | \$0.53 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | \$3.00 | \$3.00 | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.79 | \$4.79 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | \$8.54 | \$8.32 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$232.46 | \$128.14 | \$0.00 | \$22.04 | \$27.62 | \$0.00 | \$30.83 | \$3.93 | \$19.26 | \$0.64 | | | | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$174.35 | | | | | | | | | | | | | | | | | | | | | | | | |

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: PINE VIEW NURSING AND REHAB CENTER Prvdr ID: 00040796A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | N/A | 0.00% | 34.33% | 2.5% | 3.19 | 4.0% | 1.4140 | 1.5126 | 1.9345 | 1.5030 | 1.9700 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$154,096 | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$30,129 | | | | | | | | | | | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$4,172,963 | \$2,136,620 | \$0 | \$477,254 | \$506,693 | \$0 | \$549,188 | \$154,096 | \$318,983 | \$30,129 | | | | | | | | | | | | |
| 8 | Total Nursing Facility Days | As Filed Days = 26,147 FY20 Audited C/R Days | 26,147 | | | | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 26,147 FY20 GL-PL Ins Rpt Days | | | | | | | | 26,147 | | | | | | | | | | | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$159.59 | \$81.72 | \$0.00 | \$18.25 | \$19.38 | <i>(with L&H)</i> | \$21.00 | \$5.89 | \$12.20 | \$1.15 | | | | | | | | | | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.4140 | | | | | | | | | | | | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$57.79 | | | | | | | | | | | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$57.79 | \$0.00 | \$18.25 | \$19.38 | | \$21.00 | \$5.89 | \$12.20 | \$1.15 | | | | | | | | | | | | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | | | | | | | | | | | | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$132.51 | \$57.79 | \$0.00 | \$18.25 | \$19.38 | | \$21.00 | \$5.89 | 9.05 <i>(FRV)</i> | \$1.15 | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.9700 | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$113.85 | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$188.57 | \$113.85 | \$0.00 | \$18.25 | \$19.38 | \$0.00 | \$21.00 | \$5.89 | \$9.05 | \$1.15 | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.85 | \$2.85 | | | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.55 | \$4.55 | | | | | | | | | | | | | | | | | | | | |
| 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 | \$26.03 | \$7.93 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$214.60 | \$121.78 | \$0.00 | \$18.47 | \$19.79 | \$0.00 | \$38.47 | \$5.89 | \$9.05 | \$1.15 | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$148.13 | | | | | | | | | | | | | | | | | | | | | |

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 |
| Provider: TWIN VIEW HEALTH AND REHAB Prvdr ID: 00040807A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | |
| | | | Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 34.85% Nurse Hours per On-Site Day/Quality Incentive: 2.23 | | | | Base Period Overall CMI: 1.4329 Quarterly Medicaid CMI: 1.6131 Qtrly Mcaid CMI w RUG Wght Options: 1.6420 | | | | Facility Specific: 1.4329 State-wide: 1.5126 1.6131 1.5030 1.6420 1.5294 | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$44,871 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4329 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6420 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$86.81 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$153.21 | \$86.81 | \$0.00 | \$10.56 | \$14.39 | \$0.00 | \$30.10 | \$1.29 | \$9.21 | \$0.85 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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 | \$2.17 | \$2.17 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.60 | \$2.60 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.40 | \$5.30 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$176.61 | \$92.11 | \$0.00 | \$10.78 | \$14.80 | \$0.00 | \$47.57 | \$1.29 | \$9.21 | \$0.85 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$119.63 | | | | | | | | | |

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: | 1.7560 | 1.5126 |
| Provider: A.G. RHODES HOME WESLEY WOODS Prvdr ID: 00040818A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | 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: | 1.7560 | 1.5126 |
| Add-on Data and Percentages Growth Allowance: N/A 0.00% Qtrly BIMS score 40.79% 2.5% Nurse Hours per On-Site Day/Quality Incentive: 4.33 3.0% | | | | | | | | | | | | | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | | | | | |
| Case Mix Index (CMI) Data Base Period Overall CMI: 1.7560 1.5126 Quarterly Medicaid CMI: 1.6769 1.5030 Qtrly Mcaid CMI w RUG Wght Options: 1.7075 1.5294 | | | | | | | | | | | | | 1.7560 | 1.5126 | | | | | | | | |
| Facility Specific: 1.6769 1.5030 State-wide: 1.7075 1.5294 | | | | | | | | | | | | | 1.6769 | 1.5030 | | | | | | | | |
| Qtrly Mcaid CMI w RUG Wght Options: 1.7075 1.5294 | | | | | | | | | | | | | 1.7075 | 1.5294 | | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$151,671 | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.7560 | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7075 | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$137.06 | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$239.63 | \$137.06 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$30.83 | \$3.21 | \$15.91 | \$0.52 | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$3.43 | \$3.43 | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.11 | \$4.11 | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$25.17 | \$8.07 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$264.80 | \$145.13 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$47.93 | \$3.21 | \$15.91 | \$0.52 | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$185.78 | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: PRUITTHEALTH - AUSTELL | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00059276A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5951 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 28.00% | 1.0% | Quarterly Medicaid CMI: | | | 1.3941 | 1.5030 |
| | | | | | | | 3.18 | 6.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.4172 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$252,839 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5951 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4172 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$94.68 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$183.20 | \$94.68 | \$0.00 | \$18.19 | \$23.09 | \$0.00 | \$27.12 | \$5.94 | \$12.49 | \$1.69 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <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>6.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$5.68 | \$5.68 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$25.26 | \$7.16 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$208.46 | \$101.84 | \$0.00 | \$18.41 | \$23.50 | \$0.00 | \$44.59 | \$5.94 | \$12.49 | \$1.69 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$143.52 | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | |
| 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 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$124,185 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3765 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4091 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$92.34 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$185.11 | \$92.34 | \$0.00 | \$24.48 | \$19.27 | \$0.00 | \$30.83 | \$2.26 | \$15.90 | \$0.03 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.94 | \$0.53 | \$0.00 | \$0.00 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.31 | \$2.31 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.62 | \$4.62 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$24.97 | \$7.46 | \$0.00 | \$0.00 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$210.08 | \$99.80 | \$0.00 | \$24.48 | \$19.68 | \$0.00 | \$47.93 | \$2.26 | \$15.90 | \$0.03 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$144.74 | | | | | | | | | |

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

INTERIM

| Provider: THE BELL MINOR HOME Prvdr ID: 00059397A | | 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: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Growth Allowance: N/A Qtrly BIMS score: 39.68% Nurse Hours per On-Site Day/Quality Incentive: 3.14 | | | | N/A | 0.00% | Base Period Overall CMI: 1.6685 Quarterly Medicaid CMI: 1.5285 Qtrly Mcaid CMI w RUG Wght Options: 1.5582 | | | | 1.6685 | 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 | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$198,478 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6685 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5582 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$86.60 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$174.39 | \$86.60 | \$0.00 | \$17.97 | \$17.22 | \$0.00 | \$30.83 | \$6.21 | \$13.66 | \$1.90 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.17 | \$2.17 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.60 | \$2.60 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.03 | \$5.30 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$197.42 | \$91.90 | \$0.00 | \$18.19 | \$17.63 | \$0.00 | \$47.93 | \$6.21 | \$13.66 | \$1.90 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$135.24 | | | | | | | | | | |

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: AZALEA HEALTH AND REHABILITATION CENTER Prvdr ID: 00059441A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | 1.7115 | 1.5126 | | | | | | |
| | | | | | | | | | | | | | Qtrly BIMS score | 28.85% | 1.0% | Quarterly Medicaid CMI: | 1.7511 | 1.5030 | | | | | | |
| | | | | | | | | | | | | | Nurse Hours per On-Site Day/Quality Incentive: | 2.65 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | 1.7847 | 1.5294 | | | | | | |
| | | | a | b | c | d | e | f | g | g | h | i | | | | | | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | |
| Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$4,288 | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | | | | | | | | \$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 | | 1.7115 | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7847 | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$102.53 | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$186.63 | \$102.53 | \$0.00 | \$19.12 | \$18.51 | \$0.00 | \$30.83 | \$0.14 | \$13.76 | \$1.74 | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | \$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 | \$3.08 | \$3.08 | | | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$22.37 | \$4.64 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$209.00 | \$107.17 | \$0.00 | \$19.34 | \$18.92 | \$0.00 | \$47.93 | \$0.14 | \$13.76 | \$1.74 | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$143.93 | | | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: NORTH DECATUR HEALTH AND REHABILITATION CENTER | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide |
|---|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|
| Prvdr ID: 00059452A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | Growth Allowance: N/A | | N/A | 0.00% | Base Period Overall CMI: 1.6977 | | | 1.6977 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Qtrly BIMS score: 37.21% | | Nurse Hours per On-Site Day/Quality Incentive: 2.93 | | 37.21% | 2.5% | Quarterly Medicaid CMI: 1.5193 | | | 1.5193 | 1.5030 |
| | | | | | | | | Qtrly Mcaid CMI w RUG Wght Options: 1.5464 | | | 1.5464 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance |
| | | | a | b | c | d | e | f | g | g | h | i |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$12,438 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6977 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5464 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$96.97 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$173.91 | \$96.97 | \$0.00 | \$16.68 | \$16.11 | \$0.00 | \$30.83 | \$0.50 | \$10.98 | \$1.84 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$2.42 | \$2.42 | | | | | | | | |
| 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 | \$22.62 | \$4.89 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$196.53 | \$101.86 | \$0.00 | \$16.90 | \$16.52 | \$0.00 | \$47.93 | \$0.50 | \$10.98 | \$1.84 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$134.57 | | | | | | | | | |

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: PRUITTHEALTH - AUGUSTA | | | | | | | | | | | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | 1.4672 | 1.5126 | |
| Prvdr ID: 00059463A | | | | | | | | | | | | | | Qtrly BIMS score | 21.13% | 1.0% | Quarterly Medicaid CMI: | 1.5660 | 1.5030 | |
| Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | | | | | | | | | | | Nurse Hours per On-Site Day/Quality Incentive: | 2.73 | 4.0% | Qtrly Mcaid CMI w RUG Wght Options: | 1.5941 | 1.5294 | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | | | | | | |
| | | | a | b | c | d | e | f | g | g | h | i | | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | | | | | | | | |
| Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$203,794 | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed 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 | | 1.4672 | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5941 | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$116.90 | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$207.36 | \$116.90 | \$0.00 | \$18.96 | \$23.11 | \$0.00 | \$28.82 | \$6.98 | \$11.13 | \$1.46 | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <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>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.68 | \$4.68 | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$24.48 | \$6.38 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$231.84 | \$123.28 | \$0.00 | \$19.18 | \$23.52 | \$0.00 | \$46.29 | \$6.98 | \$11.13 | \$1.46 | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$161.06 | | | | | | | | | | | | | | | | | |

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: BOLINGREEN HEALTH AND REHABILITATION Prvdr ID: 00059485A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | 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% | | 25.45% | 3.40 | 3.0% | 1.4813 | 1.5126 | |
| | | | | | | | | | | | | | | | | | | | | 1.5434 | 1.5030 | |
| | | | | | | | | | | | | | | | | | | | | 1.5687 | 1.5294 | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | a | b | c | d | e | f | g | g | h | i |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | |
| | Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| | Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | |
| 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$63,960 | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | | | | | | | | | | \$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 | | | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed 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 | | 1.4813 | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | |
| | Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5687 | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$104.59 | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$189.53 | \$104.59 | \$0.00 | \$21.06 | \$20.71 | \$0.00 | \$30.83 | \$1.70 | \$10.31 | \$0.33 | | | | | | | | | | |
| | Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$211.98 | \$109.31 | \$0.00 | \$21.28 | \$21.12 | \$0.00 | \$47.93 | \$1.70 | \$10.31 | \$0.33 | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$146.16 | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | Add-on Data and Percentages | | | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | | |
|--|--|---|-----------------|---|---|--|---|---|---|-----------------------|-----------------------|---------------------|-----------------------------|----------------|-------------------|---------------------------|--|--------------------------|-------------------------|-------------------------------------|--------|--------|
| | | | | | | | | | | | | | Facility Score | Add-on Percent | Growth Allowance: | Qtrly BIMS score | Nurse Hours per On-Site Day/Quality Incentive: | Base Period Overall CMI: | Quarterly Medicaid CMI: | Qtrly Mcaid CMI w RUG Wght Options: | 1.4357 | 1.5126 |
| Provider: BROWN HEALTH AND REHABILITATION Prvdr ID: 00059562A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | N/A | 0.00% | 40.54% | 2.5% | 3.14 | 3.0% | 1.4699 | 1.5030 | 1.4956 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$54,119 | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4357 | | | | | | | | | | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$71.57 | | | | | | | | | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$71.57 | \$0.00 | \$20.61 | \$28.86 | | \$32.58 | \$1.64 | \$9.35 | \$0.77 | | | | | | | | | | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | | | | | | | | | | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$170.98 | \$71.57 | \$0.00 | \$20.61 | \$27.62 | | \$30.83 | \$1.64 | 17.94 <i>(FRV)</i> | \$0.77 | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4956 | | | | | | | | | | | | | | | | | | |
| 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 | \$206.45 | \$107.04 | \$0.00 | \$20.61 | \$27.62 | \$0.00 | \$30.83 | \$1.64 | \$17.94 | \$0.77 | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.75 | \$0.53 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>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 | \$23.74 | \$6.42 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$230.19 | \$113.46 | \$0.00 | \$20.83 | \$27.62 | \$0.00 | \$47.93 | \$1.64 | \$17.94 | \$0.77 | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$159.82 | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: CARROLLTON NURSING & REHAB CTR | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00059661A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5699 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 27.14% | 1.0% | Quarterly Medicaid CMI: | | | 1.6130 | 1.5030 |
| | | | | | | | 2.88 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.6428 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$108,998 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$46,885 | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$8,114,623 | \$4,063,346 | \$0 | \$770,965 | \$737,641 | \$0 | \$1,272,446 | \$108,998 | \$1,114,342 | \$46,885 | |
| 8 | Total Nursing Facility Days | As Filed Days = 41,877 FY20 Audited C/R Days | 41,877 | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 41,877 FY20 GL-PL Ins Rpt Days | | | | | | | | 41,877 | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$193.77 | \$97.03 | \$0.00 | \$18.41 | \$17.61 | (with L&H) | \$30.39 | \$2.60 | \$26.61 | \$1.12 | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.5699 | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$61.81 | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$61.81 | \$0.00 | \$18.41 | \$17.61 | | \$30.39 | \$2.60 | \$26.61 | \$1.12 | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$140.38 | \$61.81 | \$0.00 | \$18.41 | \$17.61 | | \$30.39 | \$2.60 | 8.44 (FRV) | \$1.12 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | N/A | N/A | |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | \$140.38 | \$61.81 | \$0.00 | \$18.41 | \$17.61 | \$0.00 | \$30.39 | \$2.60 | \$8.44 | \$1.12 | |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.6428 | | | | | | | | | |
| 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 | \$180.11 | \$101.54 | \$0.00 | \$18.41 | \$17.61 | \$0.00 | \$30.39 | \$2.60 | \$8.44 | \$1.12 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.49 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.33 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$1.02 | \$1.02 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.05 | \$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 | \$22.66 | \$4.60 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.43 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$202.77 | \$106.14 | \$0.00 | \$18.63 | \$18.02 | \$0.00 | \$47.82 | \$2.60 | \$8.44 | \$1.12 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$139.25 | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$53,495 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.2699 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4627 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$109.44 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$188.24 | \$109.44 | \$0.00 | \$17.07 | \$21.66 | \$0.00 | \$26.47 | \$1.65 | \$11.04 | \$0.91 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>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>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.28 | \$3.28 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.00 | \$4.90 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$211.24 | \$114.34 | \$0.00 | \$17.29 | \$22.07 | \$0.00 | \$43.94 | \$1.65 | \$11.04 | \$0.91 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$145.61 | | | | | | | | | |

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

INTERIM

| Provider: HAZELHURST COURT CARE AND REHABILITATION CENTER | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00059705A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5051 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 20.83% | 1.0% | Quarterly Medicaid CMI: | | | 1.5398 | 1.5030 |
| | | | | | | | 2.75 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.5676 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$38,854 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5051 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5676 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$76.89 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$139.86 | \$76.89 | \$0.00 | \$13.45 | \$14.76 | \$0.00 | \$25.33 | \$1.63 | \$7.11 | \$0.69 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <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 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$161.57 | \$80.50 | \$0.00 | \$13.67 | \$15.17 | \$0.00 | \$42.80 | \$1.63 | \$7.11 | \$0.69 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$108.35 | | | | | | | | | | |

Quarterly Case Mix Per Diem Calculation

Interim

| Provider: Southwell Health and Rehab Prvdr ID: 00059826A H/B ?: Yes Case Mix Per Diem Rate Effective Date: 07/01/22 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | <u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 29.8% Nurse Hours per On-Site Day/Quality Incentive: 2.83 | | | Facility Score: N/A Add-on Percent: 0.00% 1.0% 3.0% | <u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2685 Quarterly Medicaid CMI: 1.3872 Qtrly Mcaid CMI w RUG Wght Options: 1.4074 | | | Facility Specific: 1.2685 1.3872 1.4074 | State-wide: 1.5126 1.5462 1.5738 | |
|---|-------------|------------------------|---|------------------|------------------|--|---|------------------------|-------------------|---|--|---------------------|
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
| | | | a | b | c | d | e | f | g | | h | i |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| Cost Center Peer Groups per Selected Options | | | | | | | | | | | | |
| Type of Facility within Peer Group | | | | | | | | | | | | |
| Bed Size Range within Peer Group | | | | | | | | | | | | |
| Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | | |
| Peer Group Standards: Percentile | | | | | | | | | | | | |
| Peer Group Standards: Multiplier | | | | | | | | | | | | |
| Efficiency Measures (Maximums) | | | | | | | | | | | | |
| Per Diem Costs and Add-ons | | | | | | | | | | | | |
| GL-PL- Insurance Costs | | | | | | | | | | | | |
| Total Nursing Facility Days GL-PL Ins. Rpt | | | | | | | | | | | | |
| Standard Per Diem (After CMA for Routine Srvcs) | | | | | | | | | | | | |
| Allowed @ 95% of Std | | | | | | | | | | | | |
| Growth Allowance 0.0% | | | | | | | | | | | | |
| CMA Allowed Per Diem (After Growth Allowance) | | | | | | | | | | | | |
| Quarterly Facility Case Mix Index for Medicaid Residents | | | | | | | | | | | | |
| Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | | | | | | | | | | | | |
| Quarterly Medicaid CMA Allowed Per Diem | | | | | | | | | | | | |
| Quarterly Per Diem Add-On Amounts | | | | | | | | | | | | |
| BIMS Add-on Per Diem = 1.0% to Routine Srvcs) | | | | | | | | | | | | |
| Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% | | | | | | | | | | | | |
| Nursing Home Provider Fee | | | | | | | | | | | | |
| Total Quarterly Per Diem Add-On Amounts | | | | | | | | | | | | |
| Quarterly Case Mix Based Per Diem Rate | | | | | | | | | | | | |
| Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75% | | | | | | | | | | | | |

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

INTERIM

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | Add-on Data and Percentages | | Case Mix Index (CMI) Data | | Facility Specific | State-wide | | | | | |
|--|--|------------------------------------|-----------------|---|---|---|---|---|---|-----------------------|----------------------|---------------------|---|----------------|---------------------------|-------------------------|-------------------|------------|--|--|--|--|--|
| | | | | | | | | | | | | | Facility Score | Add-on Percent | Base Period Overall CMI: | Quarterly Medicaid CMI: | Facility Specific | State-wide | | | | | |
| Provider: CORDELE HEALTH AND REHABILITATION Prvdr ID: 00059892A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | Growth Allowance: N/A | 0.00% | 1.7846 | 1.5126 | | | | | | | |
| | | | | | | | | | | | | | Qtrly BIMS score: 18.75% | 0.0% | 1.8415 | 1.5030 | | | | | | | |
| | | | | | | | | | | | | | Nurse Hours per On-Site Day/Quality Incentive: 3.80 | 2.0% | 1.8766 | 1.5294 | | | | | | | |
| | | | a | b | c | d | e | f | g | g | h | i | | | | | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>Hosp Based</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | |
| Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$93,118 | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | | | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed 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 | | 1.7846 | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.8766 | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$166.12 | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$258.45 | \$166.12 | \$0.00 | \$25.47 | \$22.19 | \$0.00 | \$30.83 | \$4.10 | \$9.51 | \$0.23 | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.63 | \$0.00 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <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 | \$3.32 | \$3.32 | | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.05 | \$3.32 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$279.50 | \$169.44 | \$0.00 | \$25.69 | \$22.60 | \$0.00 | \$47.93 | \$4.10 | \$9.51 | \$0.23 | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$196.80 | | | | | | | | | | | | | | | | | | | | |

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 | | |
| Provider: DUBLINAIR HEALTH & REHAB Prvdr ID: 00059947A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | Growth Allowance: N/A Qtrly BIMS score: 37.31% Nurse Hours per On-Site Day/Quality Incentive: 3.29 | | | | Add-on Percent: 0.00% 2.5% 3.0% | | | | Base Period Overall CMI: 1.5371 Quarterly Medicaid CMI: 1.5611 Qtrly Mcaid CMI w RUG Wght Options: 1.5913 | | Facility Specific: 1.5371 1.5611 1.5913 | State-wide: 1.5126 1.5030 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$77,326 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5371 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5913 | | | | | | | | | | |
| 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 | \$146.29 | \$82.80 | \$0.00 | \$16.16 | \$15.33 | \$0.00 | \$19.68 | \$1.74 | \$9.24 | \$1.34 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | |
| 21 | BIMS Add-on Per Diem = <u>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>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 | \$23.18 | \$5.08 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$169.47 | \$87.88 | \$0.00 | \$16.38 | \$15.74 | \$0.00 | \$37.15 | \$1.74 | \$9.24 | \$1.34 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$114.28 | | | | | | | | | | | |

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

INTERIM

| Provider: RIVER TOWNE CENTER Prvdr ID: 00082684A | | 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: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Growth Allowance: N/A Qtrly BIMS score: 43.44% Nurse Hours per On-Site Day/Quality Incentive: 3.12 | | | | 3.12 | 0.00% 2.5% 3.0% | Base Period Overall CMI: 1.7644 Quarterly Medicaid CMI: 1.9065 Qtrly Mcaid CMI w RUG Wght Options: 1.9439 | | | 1.7644 1.9065 1.9439 | 1.5126 1.5030 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance |
| | | | a | b | c | d | e | f | g | g | h | i |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$188,288 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.7644 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.9439 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$103.30 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$180.52 | \$103.30 | \$0.00 | \$16.62 | \$14.84 | \$0.00 | \$30.83 | \$4.85 | \$8.20 | \$1.88 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.58 | \$2.58 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>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 | \$23.94 | \$6.21 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$204.46 | \$109.51 | \$0.00 | \$16.84 | \$15.25 | \$0.00 | \$47.93 | \$4.85 | \$8.20 | \$1.88 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$140.52 | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | |
| 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 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$27,379 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | FY20 Audited C/R Days | 17,251 | | | | | | | | | |
| | As Filed Days = 17,251 | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | FY20 GL-PL Ins Rpt Days | | | | | | | | 17,251 | | |
| | As Filed 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 | | 1.4977 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4418 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$75.12 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$153.44 | \$75.12 | \$0.00 | \$17.05 | \$21.09 | \$0.00 | \$28.51 | \$1.59 | \$9.02 | \$1.06 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$1.88 | \$1.88 | | | | | | | | |
| 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 | \$22.76 | \$4.66 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$176.20 | \$79.78 | \$0.00 | \$17.27 | \$21.50 | \$0.00 | \$45.98 | \$1.59 | \$9.02 | \$1.06 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$119.33 | | | | | | | | | |

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: AUTUMN LANE HEALTH AND REHABILITATION Prvdr ID: 00082992A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | 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% | | 27.14% | 3.53 | 3.0% | | 1.3872 | 1.5126 |
| | | | | | | | | | | | | | | | | | | | | | 1.4108 | 1.5030 |
| | | | | | | | | | | | | | | | | | | | | | 1.4350 | 1.5294 |
| | | | a | b | c | d | e | f | g | g | h | i | | | | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$41,085 | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3872 | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4350 | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$99.72 | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$218.47 | \$99.72 | \$0.00 | \$20.22 | \$25.63 | \$0.00 | \$30.83 | \$1.57 | \$35.08 | \$5.42 | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$1.00 | \$1.00 | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.99 | \$2.99 | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$22.25 | \$4.52 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$240.72 | \$104.24 | \$0.00 | \$20.44 | \$26.04 | \$0.00 | \$47.93 | \$1.57 | \$35.08 | \$5.42 | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$167.72 | | | | | | | | | | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$127,466 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$78,758 |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$11,788,700 | \$5,351,365 | \$0 | \$739,617 | \$761,257 | (\$6,331) | \$2,237,649 | \$127,466 | \$2,498,919 | \$78,758 |
| 8 | Total Nursing Facility Days | As Filed Days = 40,085 FY20 Audited C/R Days | 40,085 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 40,085 FY20 GL-PL Ins Rpt Days | | | | | | | | 40,085 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$294.08 | \$133.50 | \$0.00 | \$18.45 | \$18.83 | (with L&H) | \$55.82 | \$3.18 | \$62.34 | \$1.96 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.8647 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.9220 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$137.60 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$221.59 | \$137.60 | \$0.00 | \$18.45 | \$18.83 | \$0.00 | \$30.83 | \$3.18 | \$10.74 | \$1.96 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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 | \$4.13 | \$4.13 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$22.39 | \$4.66 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$243.98 | \$142.26 | \$0.00 | \$18.67 | \$19.24 | \$0.00 | \$47.93 | \$3.18 | \$10.74 | \$1.96 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$170.16 | | | | | | | | | |

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: GREEN ACRES HEALTH AND REHABILITATION Prvdr ID: 00083014A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | |
| | | | | | | | Facility Score: N/A | Add-on Percent: 0.00% | Base Period Overall CMI: 1.3811 | | | | 1.5126 |
| | | | | | | | Qtrly BIMS score: 33.33% | 2.5% | Quarterly Medicaid CMI: 1.3997 | | | | 1.5030 |
| | | | | | | | Nurse Hours per On-Site Day/Quality Incentive: 3.57 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: 1.4229 | | | | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$52,195 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3811 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4229 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$104.46 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$188.61 | \$104.46 | \$0.00 | \$19.59 | \$21.32 | \$0.00 | \$29.28 | \$1.76 | \$11.15 | \$1.05 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$2.61 | \$2.61 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.13 | \$3.13 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$24.37 | \$6.27 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$212.98 | \$110.73 | \$0.00 | \$19.81 | \$21.73 | \$0.00 | \$46.75 | \$1.76 | \$11.15 | \$1.05 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$146.91 | | | | | | | | | | |

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: ABERCORN REHABILITATION CENTER Prvdr ID: 00083025A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | |
| | | | Growth Allowance: N/A Qtrly BIMS score: 32.08% Nurse Hours per On-Site Day/Quality Incentive: 2.94 | | | | Add-on Percent: 0.00% 2.5% 5.0% | | | | Base Period Overall CMI: 1.6277 Quarterly Medicaid CMI: 1.5208 Qtrly Mcaid CMI w RUG Wght Options: 1.5462 | | 1.5126 | 1.5030 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$166,492 | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6277 | | | | | | | | | | | |
| 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 | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5462 | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$85.37 | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$166.94 | \$85.37 | \$0.00 | \$16.32 | \$15.09 | \$0.00 | \$30.83 | \$5.47 | \$11.37 | \$2.49 | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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 | \$2.13 | \$2.13 | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$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 | \$24.66 | \$6.93 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$191.60 | \$92.30 | \$0.00 | \$16.54 | \$15.50 | \$0.00 | \$47.93 | \$5.47 | \$11.37 | \$2.49 | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$130.88 | | | | | | | | | | | | |

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

INTERIM

| Provider: LYNN HAVEN HEALTH AND REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00083036A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5685 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 44.90% | 2.5% | Quarterly Medicaid CMI: | | | 1.6696 | 1.5030 |
| | | | | | | | 3.10 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.7014 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$40,885 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5685 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7014 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$106.03 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$200.62 | \$106.03 | \$0.00 | \$20.83 | \$27.62 | \$0.00 | \$30.83 | \$1.60 | \$12.44 | \$1.27 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$2.65 | \$2.65 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.18 | \$3.18 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.68 | \$6.36 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$224.30 | \$112.39 | \$0.00 | \$21.05 | \$27.62 | \$0.00 | \$47.93 | \$1.60 | \$12.44 | \$1.27 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$155.40 | | | | | | | | | | |

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

INTERIM

| Provider: MAGNOLIA MANOR OF COLUMBUS NURSING CENTER - EAST | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|---|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00083047A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.6935 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 27.71% | 1.0% | Quarterly Medicaid CMI: | | | 1.6342 | 1.5030 |
| | | | | | | | 4.48 | 4.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.6654 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$213,208 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6935 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6654 | | | | | | | | | |
| 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 | \$196.33 | \$105.05 | \$0.00 | \$22.37 | \$22.11 | \$0.00 | \$30.83 | \$4.73 | \$10.71 | \$0.53 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.20 | \$4.20 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.51 | \$5.78 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$219.84 | \$110.83 | \$0.00 | \$22.59 | \$22.52 | \$0.00 | \$47.93 | \$4.73 | \$10.71 | \$0.53 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$152.06 | | | | | | | | | | |

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

INTERIM

| Provider: THE CENTER FOR ADVANCED REHAB AT PARKSIDE | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00083102A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.8876 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 19.72% | 0.0% | Quarterly Medicaid CMI: | | | 1.9443 | 1.5030 |
| | | | | | | | 2.63 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.9832 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$124,716 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.8876 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.9832 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$119.31 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$217.81 | \$119.31 | \$0.00 | \$19.93 | \$18.43 | \$0.00 | \$30.83 | \$2.92 | \$22.83 | \$3.56 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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 | \$3.58 | \$3.58 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.84 | \$4.11 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$239.65 | \$123.42 | \$0.00 | \$20.15 | \$18.84 | \$0.00 | \$47.93 | \$2.92 | \$22.83 | \$3.56 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$166.91 | | | | | | | | | | |

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

INTERIM

| Provider: MAGNOLIA MANOR OF COLUMBUS NURSING CENTER - WEST | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|---|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00083124A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.6208 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 34.62% | 2.5% | Quarterly Medicaid CMI: | | | 1.6489 | 1.5030 |
| | | | | | | | 3.74 | 4.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.6809 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$173,722 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6208 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6809 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$94.42 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$174.06 | \$94.42 | \$0.00 | \$20.80 | \$19.16 | \$0.00 | \$23.49 | \$3.96 | \$11.53 | \$0.70 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <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>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.78 | \$3.78 | | | | | | | | | |
| 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 | \$24.77 | \$6.67 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$198.83 | \$101.09 | \$0.00 | \$21.02 | \$19.57 | \$0.00 | \$40.96 | \$3.96 | \$11.53 | \$0.70 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$136.30 | | | | | | | | | | |

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: PIONEER HEALTH OF CENTRAL GEORGIA Prvdr ID: 00083135A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | N/A | 24.14% | 2.37 | N/A | 1.4920 | 1.4240 | 1.4509 | 1.5126 | 1.5030 | 1.5294 | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$51,743 | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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&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 | | 1.4920 | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4509 | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$82.92 | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$147.80 | \$82.92 | \$0.00 | \$12.27 | \$13.96 | \$0.00 | \$26.38 | \$1.83 | \$9.72 | \$0.72 | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <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>1.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$0.83 | \$0.83 | | | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$20.29 | \$2.19 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$168.09 | \$85.11 | \$0.00 | \$12.49 | \$14.37 | \$0.00 | \$43.85 | \$1.83 | \$9.72 | \$0.72 | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$113.24 | | | | | | | | | | | | | | | | | | | | | |

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: NHC HEALTHCARE ROSSVILLE Prvdr ID: 00083146A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | |
| | | | Growth Allowance: N/A | | | | Base Period Overall CMI: 1.1945 | | | | 1.1945 | 1.5126 |
| | | | Qtrly BIMS score: 33.75% | | | | Quarterly Medicaid CMI: 1.3665 | | | | 1.3665 | 1.5030 |
| | | | Nurse Hours per On-Site Day/Quality Incentive: 3.76 | | | | Qtrly Mcaid CMI w RUG Wght Options: 1.3896 | | | | 1.3896 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$161,600 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.1945 | | | | | | | | |
| 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 <i>(FRV)</i> | \$1.50 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.3896 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$122.02 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$204.99 | \$122.02 | \$0.00 | \$21.10 | \$16.35 | \$0.00 | \$28.56 | \$4.73 | \$10.73 | \$1.50 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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 | \$3.05 | \$3.05 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.66 | \$3.66 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$25.34 | \$7.24 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$230.33 | \$129.26 | \$0.00 | \$21.32 | \$16.76 | \$0.00 | \$46.03 | \$4.73 | \$10.73 | \$1.50 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$159.92 | | | | | | | | | |

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

INTERIM

| Provider: SIGNATURE HEALTHCARE OF SAVANNAH | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00083157A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.6025 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 21.98% | 1.0% | Quarterly Medicaid CMI: | | | 1.7008 | 1.5030 |
| | | | | | | | 2.64 | 4.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.7343 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$154,338 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6025 | | | | | | | | | |
| 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 | \$146.84 | \$67.81 | \$0.00 | \$17.76 | \$14.81 | | \$30.83 | \$4.11 | 10.01 (FRV) | \$1.51 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | N/A | N/A | |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | \$146.84 | \$67.81 | \$0.00 | \$17.76 | \$14.81 | \$0.00 | \$30.83 | \$4.11 | \$10.01 | \$1.51 | |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.7343 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$117.60 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$196.63 | \$117.60 | \$0.00 | \$17.76 | \$14.81 | \$0.00 | \$30.83 | \$4.11 | \$10.01 | \$1.51 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$1.18 | \$1.18 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.70 | \$4.70 | | | | | | | | | |
| 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 | \$24.14 | \$6.41 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$220.77 | \$124.01 | \$0.00 | \$17.98 | \$15.22 | \$0.00 | \$47.93 | \$4.11 | \$10.01 | \$1.51 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$152.75 | | | | | | | | | | |

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: MUSCOGEE MANOR & REHABILITATION CTR Prvdr ID: 00083223A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | Growth Allowance: N/A Qtrly BIMS score: 37.62% Nurse Hours per On-Site Day/Quality Incentive: 5.08 | | | Facility Score: N/A Add-on Percent: 0.00% 2.5% 2.0% | | | Base Period Overall CMI: 1.4632 Quarterly Medicaid CMI: 1.4477 Qtrly Mcaid CMI w RUG Wght Options: 1.4718 | | | 1.4632 | 1.5126 | 1.4477 | 1.5030 | 1.4718 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$182,193 | | | | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$26,313 | | | | | | | | | | | | | | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$10,627,236 | \$6,644,938 | \$0 | \$1,043,153 | \$1,300,115 | (\$5,225) | \$1,167,333 | \$182,193 | \$268,416 | \$26,313 | | | | | | | | | | | | | | | |
| 8 | Total Nursing Facility Days | As Filed Days = 40,208 FY20 Audited C/R Days | 40,208 | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 40,208 FY20 GL-PL Ins Rpt Days | | | | | | | | 40,208 | | | | | | | | | | | | | | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$264.29 | \$165.26 | \$0.00 | \$25.94 | \$32.20 | (with L&H) | \$29.03 | \$4.53 | \$6.68 | \$0.65 | | | | | | | | | | | | | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.4632 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4718 | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$130.28 | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$239.14 | \$130.28 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$29.03 | \$4.53 | \$22.55 | \$0.65 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$3.26 | \$3.26 | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.61 | \$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 | \$23.34 | \$5.87 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$262.48 | \$136.15 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$46.50 | \$4.53 | \$22.55 | \$0.65 | | | | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$184.04 | | | | | | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: TUCKER WELLNESS AND REHABILITATION CENTER | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00083267A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5704 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 27.94% | 1.0% | Quarterly Medicaid CMI: | | | 1.8545 | 1.5030 |
| | | | | | | | 3.00 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.8913 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$101,373 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5704 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.8913 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$113.40 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$191.44 | \$113.40 | \$0.00 | \$16.72 | \$19.00 | \$0.00 | \$26.91 | \$2.43 | \$11.02 | \$1.96 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <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 | \$3.40 | \$3.40 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.16 | \$5.06 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$214.60 | \$118.46 | \$0.00 | \$16.94 | \$19.41 | \$0.00 | \$44.38 | \$2.43 | \$11.02 | \$1.96 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$148.13 | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$147,187 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5112 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6541 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$91.55 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$185.77 | \$91.55 | \$0.00 | \$19.48 | \$27.11 | \$0.00 | \$29.53 | \$6.05 | \$10.56 | \$1.49 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.50 | \$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 | \$5.04 | \$5.04 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$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 | \$28.22 | \$10.15 | \$0.00 | \$0.22 | \$0.38 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$213.99 | \$101.70 | \$0.00 | \$19.70 | \$27.49 | \$0.00 | \$47.00 | \$6.05 | \$10.56 | \$1.49 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$147.67 | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$122,823 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4769 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6946 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$94.52 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$164.36 | \$94.52 | \$0.00 | \$19.09 | \$12.71 | \$0.00 | \$21.85 | \$2.88 | \$10.41 | \$2.90 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>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>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 | \$23.83 | \$5.73 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$188.19 | \$100.25 | \$0.00 | \$19.31 | \$13.12 | \$0.00 | \$39.32 | \$2.88 | \$10.41 | \$2.90 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$128.32 | | | | | | | | | |

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: ROSE CITY HEALTH AND REHABILITATION CENTER Prvdr ID: 00083311A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | N/A | 0.00% | N/A | 36.96% | 2.29 | 2.0% | 1.7194 | 1.4995 | 1.5250 | 1.5126 | 1.5030 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvc Combined) | As Filed FY20 C/R - FY20 GL/PL Rpt | \$4,179,234 | \$2,085,816 | \$0 | \$472,238 | \$381,191 | \$0 | \$686,778 | | \$553,211 | \$0 | | | | | | | | | | | | |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY20 C/R Audit Adjstmnts | \$58,383 | (\$3,859) | \$0 | \$0 | \$1,021 | \$1,378 | \$88,409 | | (\$28,566) | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (GL/PL) | As Filed FY20 GL/PL Rpt | | | | | | | | \$153,817 | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$28,745 | | | | | | | | | | | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$4,420,179 | \$2,081,957 | \$0 | \$472,238 | \$382,212 | \$1,378 | \$775,187 | \$153,817 | \$524,645 | \$28,745 | | | | | | | | | | | | |
| 8 | Total Nursing Facility Days | As Filed Days = 22,599 FY20 Audited C/R Days | 22,599 | | | | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 22,599 FY20 GL-PL Ins Rpt Days | | | | | | | | 22,599 | | | | | | | | | | | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$195.60 | \$92.13 | \$0.00 | \$20.90 | \$16.97 | (with L&H) | \$34.30 | \$6.81 | \$23.22 | \$1.27 | | | | | | | | | | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.7194 | | | | | | | | | | | | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$53.58 | | | | | | | | | | | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$53.58 | \$0.00 | \$20.90 | \$16.97 | | \$34.30 | \$6.81 | \$23.22 | \$1.27 | | | | | | | | | | | | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | | | | | | | | | | | | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$141.40 | \$53.58 | \$0.00 | \$20.90 | \$16.97 | | \$30.83 | \$6.81 | 11.04 <i>(FRV)</i> | \$1.27 | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | N/A | N/A | | | | | | | | | | | | |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | \$141.40 | \$53.58 | \$0.00 | \$20.90 | \$16.97 | \$0.00 | \$30.83 | \$6.81 | \$11.04 | \$1.27 | | | | | | | | | | | | |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.5250 | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$81.71 | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$169.53 | \$81.71 | \$0.00 | \$20.90 | \$16.97 | \$0.00 | \$30.83 | \$6.81 | \$11.04 | \$1.27 | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.04 | \$2.04 | | | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>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 | \$21.93 | \$4.20 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$191.46 | \$85.91 | \$0.00 | \$21.12 | \$17.38 | \$0.00 | \$47.93 | \$6.81 | \$11.04 | \$1.27 | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$130.77 | | | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: THE A.G. RHODES HOME, INC. | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00140005A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5785 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 67.02% | 5.5% | Quarterly Medicaid CMI: | | | 1.7885 | 1.5030 |
| | | | | | | | 4.53 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.8229 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$139,645 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5785 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.8229 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$159.25 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$262.54 | \$159.25 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$30.83 | \$2.95 | \$16.95 | \$0.46 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$8.76 | \$8.76 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.78 | \$4.78 | | | | | | | | | |
| 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 | \$31.17 | \$14.07 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$293.71 | \$173.32 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$47.93 | \$2.95 | \$16.95 | \$0.46 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$207.46 | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$33,470 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4893 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 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 | \$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 | | 1.6327 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$79.01 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$153.41 | \$79.01 | \$0.00 | \$15.61 | \$17.00 | \$0.00 | \$30.83 | \$1.54 | \$8.22 | \$1.20 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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 | \$0.79 | \$0.79 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$1.58 | \$1.58 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$20.63 | \$2.90 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$174.04 | \$81.91 | \$0.00 | \$15.83 | \$17.41 | \$0.00 | \$47.93 | \$1.54 | \$8.22 | \$1.20 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$117.71 | | | | | | | | | |

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: PRUITTHEALTH - GREENVILLE Prvdr ID: 00140038A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | 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% | 27.45% | 2.79 | 5.0% | 1.3143 | 1.5126 | 1.1616 | 1.5030 | 1.1818 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | a | b | c | d | e | f | g | g | h | i | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | |
| | Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | |
| | Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$230,248 | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | | | | | | | | | | | | \$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 | FY20 Audited C/R Days | 33,626 | | | | | | | | | | | | | | | | | | | | |
| | As Filed Days = 33,626 | | | | | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | FY20 GL-PL Ins Rpt Days | | | | | | | | 33,626 | | | | | | | | | | | | | |
| | As Filed 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 | | 1.3143 | | | | | | | | | | | | | | | | | | | |
| 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 | \$1.37 | | | | | | | | | | | |
| | | | | | | | | | | | (FRV) | | | | | | | | | | | | |
| | Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.1818 | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$70.54 | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$142.83 | \$70.54 | \$0.00 | \$11.67 | \$21.71 | \$0.00 | \$19.90 | \$6.85 | \$10.79 | \$1.37 | | | | | | | | | | | |
| | Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$0.71 | \$0.71 | | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.53 | \$3.53 | | | | | | | | | | | | | | | | | | | |
| 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 | \$22.87 | \$4.77 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$165.70 | \$75.31 | \$0.00 | \$11.89 | \$22.12 | \$0.00 | \$37.37 | \$6.85 | \$10.79 | \$1.37 | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$111.45 | | | | | | | | | | | | | | | | | | | | |

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: PRUITTHEALTH - CREEKSIDE Prvdr ID: 00140049A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | N/A | 0.00% | 0.00% | 0.00 | 0.00% | 0.0% | 0.00 | 1.0% | 1.4763 | 1.5030 | 1.5294 | 1.5126 | 1.5030 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$148,048 | | | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | <i>(with L&H)</i> | \$16.96 | \$4.34 | \$12.33 | \$0.41 | | | | | | | | | | | | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.4763 | | | | | | | | | | | | | | | | | | | | | | |
| 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 <i>(FRV)</i> | \$0.41 | | | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5294 | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$122.11 | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$191.02 | \$122.11 | \$0.00 | \$15.97 | \$20.38 | \$0.00 | \$16.96 | \$4.34 | \$10.85 | \$0.41 | | | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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>1.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$1.22 | \$1.22 | | | | | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$19.85 | \$1.75 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$210.87 | \$123.86 | \$0.00 | \$16.19 | \$20.79 | \$0.00 | \$34.43 | \$4.34 | \$10.85 | \$0.41 | | | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$145.33 | | | | | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: BRENTWOOD HEALTH AND REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00140071A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.3432 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 25.58% | 1.0% | Quarterly Medicaid CMI: | | | 1.3570 | 1.5030 |
| | | | | | | | 3.20 | 5.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.3794 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$54,535 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3432 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.3794 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$104.14 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$188.91 | \$104.14 | \$0.00 | \$20.06 | \$19.67 | \$0.00 | \$30.43 | \$2.00 | \$11.63 | \$0.98 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.46 | \$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 | \$1.04 | \$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 | \$5.21 | \$5.21 | | | | | | | | | |
| 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 | \$24.81 | \$6.78 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.40 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$213.72 | \$110.92 | \$0.00 | \$20.28 | \$20.08 | \$0.00 | \$47.83 | \$2.00 | \$11.63 | \$0.98 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$147.47 | | | | | | | | | | |

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: WESTMINSTER COMMONS Prvdr ID: 00140082A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | | | | Facility Score | Add-on Percent | | | | | Facility Specific | State-wide |
| | | | | | | | N/A | 0.00% | | | | | 1.3786 | 1.5126 |
| | | | | | | | 16.13% | 0.0% | | | | | 1.3598 | 1.5030 |
| | | | | | | | 3.57 | 3.0% | | | | | 1.3825 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$172,277 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3786 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.3825 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$110.23 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$192.98 | \$110.23 | \$0.00 | \$15.23 | \$22.25 | \$0.00 | \$28.12 | \$6.55 | \$8.24 | \$2.36 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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 | \$3.31 | \$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 | \$21.94 | \$3.84 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$214.92 | \$114.07 | \$0.00 | \$15.45 | \$22.66 | \$0.00 | \$45.59 | \$6.55 | \$8.24 | \$2.36 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$148.37 | | | | | | | | | | | |

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

INTERIM

| Provider: APPLING NURSING AND REHABILITATION PAVILION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|--------------------------------------|--------------------------------------|----------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00140093A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.1345 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 32.86% | 2.5% | Quarterly Medicaid CMI: | | | 1.0763 | 1.5030 |
| | | | | | | | 1.56 | 2.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.0907 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility 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 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$300,427 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.1345 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.0907 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$86.39 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$207.90 | \$86.39 | \$0.00 | \$29.73 | \$25.15 | \$0.00 | \$30.83 | \$8.19 | \$26.75 | \$0.86 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.16 | \$2.16 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$1.73 | \$1.73 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$22.15 | \$4.42 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$230.05 | \$90.81 | \$0.00 | \$29.95 | \$25.56 | \$0.00 | \$47.93 | \$8.19 | \$26.75 | \$0.86 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$159.71 | | | | | | | | | | |

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

INTERIM

| Provider: PRUITTHEALTH - ASHBURN Prvdr ID: 00140104A | | 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: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Growth Allowance: N/A Qtrly BIMS score: 39.53% Nurse Hours per On-Site Day/Quality Incentive: 3.29 | | | | N/A | 0.00% 2.5% 5.0% | Base Period Overall CMI: 1.6839 Quarterly Medicaid CMI: 1.5461 Qtrly Mcaid CMI w RUG Wght Options: 1.5754 | | | | 1.6839 1.5461 1.5754 | 1.5126 1.5030 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$154,956 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6839 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5754 | | | | | | | | | |
| 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 | \$201.90 | \$110.21 | \$0.00 | \$18.08 | \$27.62 | \$0.00 | \$26.59 | \$7.56 | \$10.46 | \$1.38 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.12 | \$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 | \$2.76 | \$2.76 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$5.51 | \$5.51 | | | | | | | | | |
| 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 | \$26.49 | \$8.80 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$228.39 | \$119.01 | \$0.00 | \$18.30 | \$27.62 | \$0.00 | \$44.06 | \$7.56 | \$10.46 | \$1.38 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$158.47 | | | | | | | | | | |

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 | | |
| Provider: PRUITTHEALTH - BROOKHAVEN Prvdr ID: 00140115A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | Growth Allowance: N/A Qtrly BIMS score: 23.38% Nurse Hours per On-Site Day/Quality Incentive: 3.19 | | | | Add-on Percent: 0.00% 1.0% 5.0% | | | | Base Period Overall CMI: 1.7843 Quarterly Medicaid CMI: 1.3756 Qtrly Mcaid CMI w RUG Wght Options: 1.3977 | | Facility Specific: 1.7843 1.3756 1.3977 | State-wide: 1.5126 1.5030 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$321,188 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.7843 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.3977 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$95.27 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$188.36 | \$95.27 | \$0.00 | \$18.69 | \$24.04 | \$0.00 | \$30.83 | \$6.45 | \$10.73 | \$2.35 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | | |
| 21 | BIMS Add-on Per Diem = <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 | \$23.97 | \$6.24 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$212.33 | \$101.51 | \$0.00 | \$18.91 | \$24.45 | \$0.00 | \$47.93 | \$6.45 | \$10.73 | \$2.35 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$146.42 | | | | | | | | | | | |

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: THE OAKS - ATHENS SKILLED NURSING Prvdr ID: 00140126A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | |
| | | | Growth Allowance: N/A Qtrly BIMS score: 24.64% Nurse Hours per On-Site Day/Quality Incentive: 2.96 | | | | Add-on Percent: 0.00% 1.0% 4.0% | | | | Base Period Overall CMI: 1.6540 Quarterly Medicaid CMI: 1.5615 Qtrly Mcaid CMI w RUG Wght Options: 1.5877 | | 1.5126 | 1.5030 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$301,786 | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6540 | | | | | | | | | | | |
| 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 | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5877 | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$118.25 | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$239.61 | \$118.25 | \$0.00 | \$20.48 | \$27.62 | \$0.00 | \$30.83 | \$6.70 | \$28.68 | \$7.05 | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.75 | \$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 | \$1.18 | \$1.18 | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.73 | \$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 | \$23.76 | \$6.44 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$263.37 | \$124.69 | \$0.00 | \$20.70 | \$27.62 | \$0.00 | \$47.93 | \$6.70 | \$28.68 | \$7.05 | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$184.70 | | | | | | | | | | | | |

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

INTERIM

| Provider: EAST LAKE ARBOR Prvdr ID: 00140137A | | 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: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Growth Allowance: N/A | | Qtrly BIMS score: 29.87% | Nurse Hours per On-Site Day/Quality Incentive: 3.59 | 0.00% | 1.0% | 3.0% | Base Period Overall CMI: 1.7779 | | | | 1.7779 | 1.5126 |
| | | Qtrly Medicaid CMI: 1.7378 | | Qtrly Mcaid CMI w RUG Wght Options: 1.7720 | | | | | | | | 1.5030 | 1.5294 | |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | | |
| | | | a | b | c | d | e | f | g | g | h | i | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$157,354 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.7779 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7720 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$92.23 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$170.16 | \$92.23 | \$0.00 | \$15.91 | \$15.53 | \$0.00 | \$30.83 | \$4.94 | \$10.16 | \$0.56 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$0.92 | \$0.92 | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>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 | \$21.95 | \$4.22 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$192.11 | \$96.45 | \$0.00 | \$16.13 | \$15.94 | \$0.00 | \$47.93 | \$4.94 | \$10.16 | \$0.56 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$131.26 | | | | | | | | | | | |

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 | |
| Provider: AUTUMN BREEZE HEALTH AND REHAB Prvdr ID: 00140159A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 47.14% Nurse Hours per On-Site Day/Quality Incentive: 2.51 | | | Facility Score: N/A Add-on Percent: 0.00% 5.5% 3.0% | | Case Mix Index (CMI) Data Base Period Overall CMI: 1.5298 Quarterly Medicaid CMI: 1.5642 Qtrly Mcaid CMI w RUG Wght Options: 1.5946 | | | Facility Specific: 1.5298 1.5642 1.5946 | | State-wide: 1.5126 1.5030 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$87,394 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5298 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5946 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$88.77 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$163.89 | \$88.77 | \$0.00 | \$16.00 | \$19.47 | \$0.00 | \$25.50 | \$2.87 | \$9.81 | \$1.47 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | |
| 21 | BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$4.88 | \$4.88 | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.66 | \$2.66 | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$26.17 | \$8.07 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$190.06 | \$96.84 | \$0.00 | \$16.22 | \$19.88 | \$0.00 | \$42.97 | \$2.87 | \$9.81 | \$1.47 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$129.72 | | | | | | | | | | | |

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

INTERIM

| Provider: THE OAKS - CARROLLTON SKILLED NURSING | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00140181A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.6135 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 28.57% | 1.0% | Quarterly Medicaid CMI: | | | 1.5181 | 1.5030 |
| | | | | | | | 3.65 | 5.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.5457 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$85,620 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6135 | | | | | | | | | |
| 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 | \$171.24 | \$66.93 | \$0.00 | \$16.42 | \$25.32 | | \$30.83 | \$6.07 | 20.03 (FRV) | \$5.64 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | N/A | N/A | |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | \$171.24 | \$66.93 | \$0.00 | \$16.42 | \$25.32 | \$0.00 | \$30.83 | \$6.07 | \$20.03 | \$5.64 | |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.5457 | | | | | | | | | |
| 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 | \$207.76 | \$103.45 | \$0.00 | \$16.42 | \$25.32 | \$0.00 | \$30.83 | \$6.07 | \$20.03 | \$5.64 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$1.03 | \$1.03 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$5.17 | \$5.17 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$24.46 | \$6.73 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$232.22 | \$110.18 | \$0.00 | \$16.64 | \$25.73 | \$0.00 | \$47.93 | \$6.07 | \$20.03 | \$5.64 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$161.34 | | | | | | | | | | |

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: BAPTIST VILLAGE, INC. Prvdr ID: 00140203A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | Growth Allowance: N/A Qtrly BIMS score: 30.00% Nurse Hours per On-Site Day/Quality Incentive: 4.39 | | | Facility Score: N/A Add-on Percent: 0.00% 2.5% 3.0% | | | Base Period Overall CMI: 1.3719 Quarterly Medicaid CMI: 1.5061 Qtrly Mcaid CMI w RUG Wght Options: 1.5343 | | | 1.3719 | 1.5126 | 1.5061 | 1.5030 | 1.5343 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$141,441 | | | | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3719 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5343 | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$135.82 | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$239.87 | \$135.82 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$30.83 | \$1.76 | \$18.61 | \$0.75 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$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) | \$0.00 | | | | | | \$0.00 | | | | | | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$7.47 | \$7.47 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$247.34 | \$143.29 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$30.83 | \$1.76 | \$18.61 | \$0.75 | | | | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$185.51 | | | | | | | | | | | | | | | | | | | | | | | | |

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: THE OAKS - BETHANY SKILLED NURSING | | | | | | | | | | | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | 1.5256 | 1.5126 | |
| Prvdr ID: 00140258A | | | | | | | | | | | | | | Qtrly BIMS score | 37.36% | 2.5% | Quarterly Medicaid CMI: | 1.5705 | 1.5030 | |
| Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | | | | | | | | | | | Nurse Hours per On-Site Day/Quality Incentive: | 3.26 | 5.0% | Qtrly Mcaid CMI w RUG Wght Options: | 1.6011 | 1.5294 | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | | | | | | |
| | | | a | b | c | d | e | f | g | g | h | i | | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$343,323 | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 52,619 | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 52,619 | | | | | | | | | 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 | | 1.5256 | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6011 | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$100.05 | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$181.96 | \$100.05 | \$0.00 | \$16.94 | \$21.08 | \$0.00 | \$21.41 | \$6.52 | \$13.67 | \$2.29 | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.50 | \$2.50 | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$5.00 | \$5.00 | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$26.13 | \$8.03 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$208.09 | \$108.08 | \$0.00 | \$17.16 | \$21.49 | \$0.00 | \$38.88 | \$6.52 | \$13.67 | \$2.29 | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$143.24 | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: PRUITTHEALTH - BETHANY | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00140269A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.6508 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 30.88% | 2.5% | Quarterly Medicaid CMI: | | | 1.4837 | 1.5030 |
| | | | | | | | 2.84 | 6.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.5085 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$208,441 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6508 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5085 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$95.08 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$178.95 | \$95.08 | \$0.00 | \$15.85 | \$20.34 | \$0.00 | \$25.33 | \$7.00 | \$13.94 | \$1.41 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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>6.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$5.70 | \$5.70 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$26.71 | \$8.61 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$205.66 | \$103.69 | \$0.00 | \$16.07 | \$20.75 | \$0.00 | \$42.80 | \$7.00 | \$13.94 | \$1.41 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$141.42 | | | | | | | | | | |

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 | | | |
| Provider: CUMMING HEALTH & REHAB Prvdr ID: 00140302A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | |
| | | | Growth Allowance: N/A Qtrly BIMS score: 45.24% Nurse Hours per On-Site Day/Quality Incentive: 3.91 | | | | Add-on Percent: 0.00% 5.5% 3.0% | | | | Facility Score: N/A 45.24% 3.91 | | Facility Specific: 1.6735 1.3139 1.3377 | | State-wide: 1.5126 1.5030 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$143,937 | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6735 | | | | | | | | | | | |
| 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 | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.3377 | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$118.41 | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$216.15 | \$118.41 | \$0.00 | \$24.48 | \$26.18 | \$0.00 | \$28.77 | \$5.55 | \$11.35 | \$1.41 | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.78 | \$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 | \$6.51 | \$6.51 | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.55 | \$3.55 | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$27.94 | \$10.06 | \$0.00 | \$0.00 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$244.09 | \$128.47 | \$0.00 | \$24.48 | \$26.59 | \$0.00 | \$46.24 | \$5.55 | \$11.35 | \$1.41 | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$170.24 | | | | | | | | | | | | |

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: | 1.3694 | 1.5355 | 1.5616 | 1.5126 | 1.5030 | 1.5294 | | | | |
| | | | | | | | | | | | | | a | b | c | d | e | f | g | g | h | i | | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$304,356 | | | | | | | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | | | | | | | | | | \$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 | | 1.3694 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5616 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$110.08 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$181.94 | \$110.08 | \$0.00 | \$13.90 | \$18.34 | \$0.00 | \$23.46 | \$5.76 | \$9.07 | \$1.33 | | | | | | | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | | | | | | | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <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 | \$24.68 | \$6.58 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$206.62 | \$116.66 | \$0.00 | \$14.12 | \$18.75 | \$0.00 | \$40.93 | \$5.76 | \$9.07 | \$1.33 | | | | | | | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$142.14 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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: RIVERSIDE HEALTH AND REHABILITATION Prvdr ID: 00140346A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | N/A | 0.00% | 14.00% | 3.14 | 6.0% | 1.4317 | 1.4204 | 1.4453 | 1.5126 | 1.5030 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$38,610 | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4317 | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4453 | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$97.10 | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$185.08 | \$97.10 | \$0.00 | \$21.29 | \$23.55 | \$0.00 | \$30.83 | \$1.53 | \$10.38 | \$0.40 | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$0.00 | \$0.00 | | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$5.83 | \$5.83 | | | | | | | | | | | | | | | | | | | |
| 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 | \$24.09 | \$6.36 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$209.17 | \$103.46 | \$0.00 | \$21.51 | \$23.96 | \$0.00 | \$47.93 | \$1.53 | \$10.38 | \$0.40 | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$144.05 | | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: BONTERRA TRANSITIONAL CARE & REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00140357A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.3779 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 33.64% | 2.5% | Quarterly Medicaid CMI: | | | 1.5447 | 1.5030 |
| | | | | | | | 2.59 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.5715 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$225,874 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3779 | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$64.63 | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$64.63 | \$0.00 | \$16.37 | \$17.00 | | \$29.55 | \$6.01 | \$29.91 | \$1.42 | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$145.03 | \$64.63 | \$0.00 | \$16.37 | \$17.00 | | \$29.55 | \$6.01 | 10.05 (FRV) | \$1.42 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5715 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$101.57 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$181.97 | \$101.57 | \$0.00 | \$16.37 | \$17.00 | \$0.00 | \$29.55 | \$6.01 | \$10.05 | \$1.42 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$2.54 | \$2.54 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$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 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$206.19 | \$107.69 | \$0.00 | \$16.59 | \$17.41 | \$0.00 | \$47.02 | \$6.01 | \$10.05 | \$1.42 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$141.82 | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$402,204 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.7329 | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$60.23 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$60.23 | \$0.00 | \$15.65 | \$15.09 | | \$34.28 | \$8.48 | \$31.65 | \$1.47 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$141.11 | \$60.23 | \$0.00 | \$15.65 | \$15.09 | | \$30.83 | \$8.48 | 9.36 (FRV) | \$1.47 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7124 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$103.14 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$184.02 | \$103.14 | \$0.00 | \$15.65 | \$15.09 | \$0.00 | \$30.83 | \$8.48 | \$9.36 | \$1.47 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <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 | \$2.06 | \$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 | \$20.32 | \$2.59 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$204.34 | \$105.73 | \$0.00 | \$15.87 | \$15.50 | \$0.00 | \$47.93 | \$8.48 | \$9.36 | \$1.47 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$140.43 | | | | | | | | | |

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

INTERIM

| Provider: PRUITTHEALTH - VIRGINIA PARK | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00140401A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5927 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 28.09% | 1.0% | Quarterly Medicaid CMI: | | | 1.5038 | 1.5030 |
| | | | | | | | 3.05 | 5.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.5305 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$260,780 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5927 | | | | | | | | | |
| 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 | \$162.24 | \$74.54 | \$0.00 | \$16.23 | \$23.51 | | \$28.26 | \$6.61 | 11.32 (FRV) | \$1.77 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | N/A | N/A | |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | \$162.24 | \$74.54 | \$0.00 | \$16.23 | \$23.51 | \$0.00 | \$28.26 | \$6.61 | \$11.32 | \$1.77 | |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.5305 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$114.08 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$201.78 | \$114.08 | \$0.00 | \$16.23 | \$23.51 | \$0.00 | \$28.26 | \$6.61 | \$11.32 | \$1.77 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$1.14 | \$1.14 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$5.70 | \$5.70 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$25.47 | \$7.37 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$227.25 | \$121.45 | \$0.00 | \$16.45 | \$23.92 | \$0.00 | \$45.73 | \$6.61 | \$11.32 | \$1.77 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$157.61 | | | | | | | | | | |

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: BRIGHTMOOR NURSING CENTER, LLC Prvdr ID: 00140412A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | N/A | 0.00% | 34.25% | 2.5% | 3.07 | 3.0% | 1.5710 | 1.4880 | 1.5140 | 1.5126 | 1.5030 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$183,002 | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5710 | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5140 | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$114.50 | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$217.33 | \$114.50 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$24.75 | \$4.24 | \$18.45 | \$3.29 | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.90 | \$0.53 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.37 | | \$0.00 | | | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.86 | \$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 | \$3.44 | \$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 | \$24.30 | \$6.83 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$241.63 | \$121.33 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$42.22 | \$4.24 | \$18.45 | \$3.29 | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$168.40 | | | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: BROWN'S HEALTH & REHAB CENTER | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00140434A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5869 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 15.69% | 0.0% | Quarterly Medicaid CMI: | | | 1.4655 | 1.5030 |
| | | | | | | | 2.91 | 2.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.4915 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$34,009 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5869 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4915 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$67.70 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$141.31 | \$67.70 | \$0.00 | \$15.02 | \$16.00 | \$0.00 | \$27.79 | \$1.60 | \$12.16 | \$1.04 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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 | \$1.35 | \$1.35 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$19.98 | \$1.88 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$161.29 | \$69.58 | \$0.00 | \$15.24 | \$16.41 | \$0.00 | \$45.26 | \$1.60 | \$12.16 | \$1.04 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$108.14 | | | | | | | | | | |

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: PRUITTHEALTH - LANIER Prvdr ID: 00140456A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | Facility Score | Add-on Percent | Growth Allowance: | Qtrly BIMS score | Nurse Hours per On-Site Day/Quality Incentive: | Base Period Overall CMI: | Quarterly Medicaid CMI: | Qtrly Mcaid CMI w RUG Wght Options: | Facility Specific | State-wide |
| | | | | | | | | | | | | | N/A | 0.00% | | 23.53% | 2.55 | 5.0% | 1.5781 | 1.5126 | | |
| | | | | | | | | | | | | | | | | | | | 1.5308 | 1.5030 | | |
| | | | | | | | | | | | | | | | | | | | 1.5569 | 1.5294 | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | a | b | c | d | e | f | g | g | h | i |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$237,427 | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | | | | | | | 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 | | 1.5781 | | | | | | | | | | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$66.13 | | | | | | | | | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$66.13 | \$0.00 | \$17.59 | \$22.12 | | \$29.58 | \$7.67 | \$13.47 | \$1.56 | | | | | | | | | | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | | | | | | | | | | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$152.65 | \$66.13 | \$0.00 | \$17.59 | \$22.12 | | \$29.58 | \$7.67 | 8.00 (FRV) | \$1.56 | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5569 | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$102.96 | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$189.48 | \$102.96 | \$0.00 | \$17.59 | \$22.12 | \$0.00 | \$29.58 | \$7.67 | \$8.00 | \$1.56 | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$1.03 | \$1.03 | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$5.15 | \$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 | \$24.81 | \$6.71 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$214.29 | \$109.67 | \$0.00 | \$17.81 | \$22.53 | \$0.00 | \$47.05 | \$7.67 | \$8.00 | \$1.56 | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$147.89 | | | | | | | | | | | | | | | | | | | |

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: CHURCH HOME REHABILITATION AND HEALTHCARE Prvdr ID: 00140467A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | N/A | 0.00% | 26.83% | 3.58 | 1.4950 | 1.4760 | 1.5040 | 1.5126 | 1.5030 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$40,888 | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | <i>(with L&H)</i> | \$30.27 | \$1.65 | \$14.79 | \$0.76 | | | | | | | | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.4950 | | | | | | | | | | | | | | | | | | |
| 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 <i>(FRV)</i> | \$0.76 | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5040 | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$102.26 | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$207.53 | \$102.26 | \$0.00 | \$24.48 | \$19.44 | \$0.00 | \$30.27 | \$1.65 | \$28.67 | \$0.76 | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.31 | \$0.53 | \$0.00 | \$0.00 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <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>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.09 | \$4.09 | | | | | | | | | | | | | | | | | | |
| 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 | \$23.52 | \$5.64 | \$0.00 | \$0.00 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$231.05 | \$107.90 | \$0.00 | \$24.48 | \$19.85 | \$0.00 | \$47.74 | \$1.65 | \$28.67 | \$0.76 | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$160.46 | | | | | | | | | | | | | | | | | | | |

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: CALHOUN NURSING HOME Prvdr ID: 00140478A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | |
| | | | Growth Allowance: N/A | | | | Base Period Overall CMI: 1.7573 | | | | 1.7573 | 1.5126 |
| | | | Qtrly BIMS score: 41.51% | | | | Quarterly Medicaid CMI: 1.7071 | | | | 1.7071 | 1.5030 |
| | | | Nurse Hours per On-Site Day/Quality Incentive: 3.96 | | | | Qtrly Mcaid CMI w RUG Wght Options: 1.7410 | | | | 1.7410 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$105,043 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | <i>(with L&H)</i> | \$19.21 | \$4.98 | \$8.85 | \$0.82 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.7573 | | | | | | | | |
| 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 | \$151.91 | \$76.04 | \$0.00 | \$17.83 | \$19.87 | | \$19.21 | \$4.98 | 13.16 <i>(FRV)</i> | \$0.82 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | \$151.91 | \$76.04 | \$0.00 | \$17.83 | \$19.87 | \$0.00 | \$19.21 | \$4.98 | \$13.16 | \$0.82 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.7410 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$132.39 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$208.26 | \$132.39 | \$0.00 | \$17.83 | \$19.87 | \$0.00 | \$19.21 | \$4.98 | \$13.16 | \$0.82 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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 | \$3.31 | \$3.31 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$5.30 | \$5.30 | | | | | | | | |
| 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 | \$27.24 | \$9.14 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$235.50 | \$141.53 | \$0.00 | \$18.05 | \$20.28 | \$0.00 | \$36.68 | \$4.98 | \$13.16 | \$0.82 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$163.80 | | | | | | | | | |

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: | 1.4146 | 1.5126 |
| Provider: CANTON CENTER FOR NURSING AND HEALING LLC Prvdr ID: 00140511A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | 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: | 1.4146 | 1.5126 |
| Add-on Data and Percentages: Growth Allowance: N/A, Qtrly BIMS score: 45.65%, Nurse Hours per On-Site Day/Quality Incentive: 3.83 | | | | | | | | | | | | | Case Mix Index (CMI) Data: Base Period Overall CMI: 1.4146, Quarterly Medicaid CMI: 1.4223, Qtrly Mcaid CMI w RUG Wght Options: 1.4468 | Facility Specific: 1.4146 | State-wide: 1.5126 | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$96,681 | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$47,634 | | | | | | | | | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$6,758,245 | \$3,535,068 | \$0 | \$762,903 | \$1,012,687 | \$0 | \$1,221,649 | \$96,681 | \$81,623 | \$47,634 | | | | | | | | | | |
| 8 | Total Nursing Facility Days | As Filed Days = 29,380 FY20 Audited C/R Days | 29,380 | | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 29,380 FY20 GL-PL Ins Rpt Days | | | | | | | | 29,380 | | | | | | | | | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$230.03 | \$120.32 | \$0.00 | \$25.97 | \$34.47 | (with L&H) | \$41.58 | \$3.29 | \$2.78 | \$1.62 | | | | | | | | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.4146 | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4468 | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$123.05 | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$223.06 | \$123.05 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$30.83 | \$3.29 | \$12.17 | \$1.62 | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$6.77 | \$6.77 | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.46 | \$2.46 | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$26.86 | \$9.76 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$249.92 | \$132.81 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$47.93 | \$3.29 | \$12.17 | \$1.62 | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$174.62 | | | | | | | | | | | | | | | | | | | |

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: UNIVERSITY NURSING & REHAB CTR Prvdr ID: 00140533A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | Growth Allowance: N/A Qtrly BIMS score: 23.46% Nurse Hours per On-Site Day/Quality Incentive: 2.68 | | | Facility Score: N/A Add-on Percent: 0.00% 1.0% 2.0% | | | Base Period Overall CMI: 1.5039 Quarterly Medicaid CMI: 1.6195 Qtrly Mcaid CMI w RUG Wght Options: 1.6492 | | | 1.5039 | 1.5126 | 1.6195 | 1.5030 | 1.6492 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$80,767 | | | | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5039 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6492 | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$121.48 | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$200.13 | \$121.48 | \$0.00 | \$18.29 | \$17.78 | \$0.00 | \$30.83 | \$2.25 | \$8.02 | \$1.48 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.43 | \$2.43 | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.90 | \$4.17 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$222.03 | \$125.65 | \$0.00 | \$18.51 | \$18.19 | \$0.00 | \$47.93 | \$2.25 | \$8.02 | \$1.48 | | | | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$153.70 | | | | | | | | | | | | | | | | | | | | | | | | |

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: CALHOUN HEALTH CARE CENTER Prvdr ID: 00140577A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | Growth Allowance: N/A Qtrly BIMS score: 35.29% Nurse Hours per On-Site Day/Quality Incentive: 2.98 | | | Facility Score: N/A Add-on Percent: 0.00% 2.5% 2.0% | | | Base Period Overall CMI: 1.5628 Quarterly Medicaid CMI: 1.7252 Qtrly Mcaid CMI w RUG Wght Options: 1.7587 | | | 1.5628 | 1.5126 | 1.7252 | 1.5030 | 1.7587 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$152,753 | | | | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5628 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7587 | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$91.89 | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$176.83 | \$91.89 | \$0.00 | \$20.42 | \$17.42 | \$0.00 | \$30.83 | \$5.43 | \$9.33 | \$1.51 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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 | \$2.30 | \$2.30 | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$1.84 | \$1.84 | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$22.40 | \$4.67 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$199.23 | \$96.56 | \$0.00 | \$20.64 | \$17.83 | \$0.00 | \$47.93 | \$5.43 | \$9.33 | \$1.51 | | | | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$136.60 | | | | | | | | | | | | | | | | | | | | | | | | |

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: CAMELLIA HEALTH & REHABILITATION Prvdr ID: 00140588A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | Growth Allowance: N/A Qtrly BIMS score: 35.00% Nurse Hours per On-Site Day/Quality Incentive: 3.67 | | | Facility Score: N/A Add-on Percent: 0.00% 2.5% 3.0% | | | Base Period Overall CMI: 1.5059 Quarterly Medicaid CMI: 1.7083 Qtrly Mcaid CMI w RUG Wght Options: 1.7406 | | | 1.5059 | 1.5126 | 1.7083 | 1.5030 | 1.7406 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$48,918 | | | | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5059 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7406 | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$116.90 | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$201.73 | \$116.90 | \$0.00 | \$21.61 | \$20.37 | \$0.00 | \$29.64 | \$2.23 | \$9.91 | \$1.07 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$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 | \$25.06 | \$6.96 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$226.79 | \$123.86 | \$0.00 | \$21.83 | \$20.78 | \$0.00 | \$47.11 | \$2.23 | \$9.91 | \$1.07 | | | | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$157.27 | | | | | | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: FORT GAINES HEALTH AND REHAB | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | | Facility Specific | State-wide |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|------------|
| Prvdr ID: 00140599A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | 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: 03/31/22 | | Qtrly BIMS score: 40.00% | | Nurse Hours per On-Site Day/Quality Incentive: 3.19 | | 40.00% | 2.5% | Quarterly Medicaid CMI: 1.8079 | | 1.8079 | 1.5030 | | |
| | | | | | | | 4.0% | Qtrly Mcaid CMI w RUG Wght Options: 1.8410 | | 1.8410 | 1.5294 | | |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$12,426 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.7833 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.8410 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$75.54 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$171.08 | \$75.54 | \$0.00 | \$19.11 | \$20.74 | \$0.00 | \$30.83 | \$0.64 | \$22.55 | \$1.67 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$1.89 | \$1.89 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.02 | \$3.02 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.17 | \$5.44 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$194.25 | \$80.98 | \$0.00 | \$19.33 | \$21.15 | \$0.00 | \$47.93 | \$0.64 | \$22.55 | \$1.67 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$132.86 | | | | | | | | | | |

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: HARBORVIEW HEALTH SYSTEMS THOMASTON Prvdr ID: 00140621A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | Growth Allowance: N/A Qtrly BIMS score: 25.00% Nurse Hours per On-Site Day/Quality Incentive: 3.05 | | | Facility Score: N/A Add-on Percent: 0.00% Add-on Percent: 1.0% Add-on Percent: 2.0% | | | Base Period Overall CMI: 1.4869 Quarterly Medicaid CMI: 1.7361 Qtrly Mcaid CMI w RUG Wght Options: 1.7697 | | | 1.4869 | 1.5126 | 1.7361 | 1.5030 | 1.7697 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$76,520 | | | | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4869 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7697 | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$97.97 | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$167.03 | \$97.97 | \$0.00 | \$14.48 | \$13.54 | \$0.00 | \$28.93 | \$2.02 | \$8.86 | \$1.23 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | | | | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>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 | \$1.96 | \$1.96 | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.57 | \$3.47 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$188.60 | \$101.44 | \$0.00 | \$14.70 | \$13.95 | \$0.00 | \$46.40 | \$2.02 | \$8.86 | \$1.23 | | | | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$128.63 | | | | | | | | | | | | | | | | | | | | | | | | |

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: BRIAN CENTER HEALTH & REHABILITATION CANTON Prvdr ID: 00140643A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | N/A | 0.00% | 23.73% | 3.46 | 3.0% | 1.5933 | 1.5542 | 1.5819 | 1.5126 | 1.5030 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$98,044 | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5933 | | | | | | | | | | | | | | | | | | | |
| 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 <i>(FRV)</i> | \$1.83 | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5819 | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$117.50 | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$198.71 | \$117.50 | \$0.00 | \$14.92 | \$17.79 | \$0.00 | \$30.83 | \$2.96 | \$12.88 | \$1.83 | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <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 | \$3.53 | \$3.53 | | | | | | | | | | | | | | | | | | | |
| 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 | \$22.97 | \$5.24 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$221.68 | \$122.74 | \$0.00 | \$15.14 | \$18.20 | \$0.00 | \$47.93 | \$2.96 | \$12.88 | \$1.83 | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$153.44 | | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: HEALTHCARE AT COLLEGE PARK, LLC | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|--------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00140654A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.4093 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 38.71% | 2.5% | Quarterly Medicaid CMI: | | | 1.4044 | 1.5030 |
| | | | | | | | 2.35 | 2.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.4309 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$48,127 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$52,423 | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$5,057,754 | \$2,442,972 | \$0 | \$489,750 | \$514,953 | \$0 | \$793,439 | \$48,127 | \$716,090 | \$52,423 | |
| 8 | Total Nursing Facility Days As Filed Days = 28,678 | FY20 Audited C/R Days | 28,678 | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,678 | FY20 GL-PL Ins Rpt Days | | | | | | | | 28,678 | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$176.38 | \$85.19 | \$0.00 | \$17.08 | \$17.96 | (with L&H) | \$27.67 | \$1.68 | \$24.97 | \$1.83 | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.4093 | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$60.45 | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$60.45 | \$0.00 | \$17.08 | \$17.96 | | \$27.67 | \$1.68 | \$24.97 | \$1.83 | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$135.10 | \$60.45 | \$0.00 | \$17.08 | \$17.96 | | \$27.67 | \$1.68 | 8.43 (FRV) | \$1.83 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4309 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$86.50 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$161.15 | \$86.50 | \$0.00 | \$17.08 | \$17.96 | \$0.00 | \$27.67 | \$1.68 | \$8.43 | \$1.83 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$1.73 | \$1.73 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$22.52 | \$4.42 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$183.67 | \$90.92 | \$0.00 | \$17.30 | \$18.37 | \$0.00 | \$45.14 | \$1.68 | \$8.43 | \$1.83 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$124.93 | | | | | | | | | | |

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: LIFE CARE CENTER Prvdr ID: 00140665A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | N/A | 0.00% | 38.38% | 2.5% | 2.77 | 4.0% | 1.3576 | 1.2611 | 1.2817 | 1.5126 | 1.5030 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$77,704 | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | <i>(with L&H)</i> | \$21.31 | \$1.89 | \$13.58 | \$1.63 | | | | | | | | | | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.3576 | | | | | | | | | | | | | | | | | | | | |
| 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 <i>(FRV)</i> | \$1.63 | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance 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 | \$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 | | 1.2817 | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$69.97 | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$139.10 | \$69.97 | \$0.00 | \$12.02 | \$17.56 | \$0.00 | \$21.31 | \$1.89 | \$14.72 | \$1.63 | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$1.75 | \$1.75 | | | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$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 | \$23.18 | \$5.08 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$162.28 | \$75.05 | \$0.00 | \$12.24 | \$17.97 | \$0.00 | \$38.78 | \$1.89 | \$14.72 | \$1.63 | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$108.89 | | | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: PRUITTHEALTH - EASTSIDE | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | | Facility Specific | State-wide |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|------------|
| Prvdr ID: 00140687A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | Growth Allowance: N/A | | N/A | 0.00% | Base Period Overall CMI: 1.5078 | | 1.5078 | 1.5126 | | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Qtrly BIMS score: 34.85% | | Nurse Hours per On-Site Day/Quality Incentive: 2.57 | | 2.57 | 2.5% | Quarterly Medicaid CMI: 1.3913 | | 1.3913 | 1.5030 | | |
| | | | | | | | 4.0% | Qtrly Mcaid CMI w RUG Wght Options: 1.4153 | | 1.4153 | 1.5294 | | |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$183,389 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5078 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4153 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$100.81 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$185.55 | \$100.81 | \$0.00 | \$16.43 | \$25.18 | \$0.00 | \$23.67 | \$6.16 | \$11.71 | \$1.59 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <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>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 | \$25.18 | \$7.08 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$210.73 | \$107.89 | \$0.00 | \$16.65 | \$25.59 | \$0.00 | \$41.14 | \$6.16 | \$11.71 | \$1.59 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$145.22 | | | | | | | | | | |

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

INTERIM

| Provider: ROME HEALTH AND REHABILITATION CENTER | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00140753A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.7082 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 23.81% | 1.0% | Quarterly Medicaid CMI: | | | 1.5080 | 1.5030 |
| | | | | | | | 2.87 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.5314 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$4,302 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.7082 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5314 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$88.24 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$172.23 | \$88.24 | \$0.00 | \$18.12 | \$19.31 | \$0.00 | \$30.83 | \$0.14 | \$13.90 | \$1.69 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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 | \$0.88 | \$0.88 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.65 | \$2.65 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.79 | \$4.06 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$194.02 | \$92.30 | \$0.00 | \$18.34 | \$19.72 | \$0.00 | \$47.93 | \$0.14 | \$13.90 | \$1.69 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$132.69 | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | |
| 3 | Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 4 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 5 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$161,291 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4906 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.3829 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$88.27 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$165.67 | \$88.27 | \$0.00 | \$16.11 | \$20.75 | \$0.00 | \$23.16 | \$6.38 | \$9.74 | \$1.26 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$4.85 | \$4.85 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.41 | \$4.41 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$27.89 | \$9.79 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$193.56 | \$98.06 | \$0.00 | \$16.33 | \$21.16 | \$0.00 | \$40.63 | \$6.38 | \$9.74 | \$1.26 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$132.35 | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$87,749 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5486 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.8413 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$116.72 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$193.40 | \$116.72 | \$0.00 | \$17.14 | \$20.74 | \$0.00 | \$26.36 | \$4.49 | \$7.32 | \$0.63 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <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 | \$23.30 | \$5.20 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$216.70 | \$121.92 | \$0.00 | \$17.36 | \$21.15 | \$0.00 | \$43.83 | \$4.49 | \$7.32 | \$0.63 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$149.70 | | | | | | | | | |

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

INTERIM

| Provider: DAWSON HEALTH AND REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00140808A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.4412 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 41.30% | 2.5% | Quarterly Medicaid CMI: | | | 1.2608 | 1.5030 |
| | | | | | | | 3.34 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.2808 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$39,260 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4412 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2808 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$101.89 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$190.59 | \$101.89 | \$0.00 | \$22.94 | \$22.06 | \$0.00 | \$30.83 | \$1.73 | \$10.20 | \$0.94 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.55 | \$2.55 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.06 | \$3.06 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.87 | \$6.14 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$214.46 | \$108.03 | \$0.00 | \$23.16 | \$22.47 | \$0.00 | \$47.93 | \$1.73 | \$10.20 | \$0.94 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$148.02 | | | | | | | | | | |

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited 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: CARROLLTON MANOR, INCORPORATED Prvdr ID: 00140852A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | N/A | 38.89% | 3.0% | 3.31 | 0.00% | 2.5% | 3.0% | 1.5253 | 1.5126 | 1.4394 | 1.5030 | 1.4613 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$149,400 | | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | <i>(with L&H)</i> | \$16.72 | \$4.56 | \$5.87 | \$1.18 | | | | | | | | | | | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.5253 | | | | | | | | | | | | | | | | | | | | | |
| 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 <i>(FRV)</i> | \$1.18 | | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance 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 | \$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 | | 1.4613 | | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$96.31 | | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$170.28 | \$96.31 | \$0.00 | \$21.23 | \$19.05 | \$0.00 | \$16.72 | \$4.56 | \$11.23 | \$1.18 | | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>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>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 | \$23.93 | \$5.83 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$194.21 | \$102.14 | \$0.00 | \$21.45 | \$19.46 | \$0.00 | \$34.19 | \$4.56 | \$11.23 | \$1.18 | | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$132.83 | | | | | | | | | | | | | | | | | | | | | | |

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: EARLY MEMORIAL NURSING FACILITY Prvdr ID: 00140874A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | | | | Facility Score | Add-on Percent | | | | | Facility Specific | State-wide |
| | | | | | | | N/A | 0.00% | | | | | 1.1428 | 1.5126 |
| | | | | | | | 9.72% | 0.0% | | | | | 1.0682 | 1.5030 |
| | | | | | | | 3.77 | 3.0% | | | | | 1.0806 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>Hosp Based</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$43,628 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.1428 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.0806 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$81.53 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$141.40 | \$81.53 | \$0.00 | \$28.69 | \$4.01 | \$0.00 | \$15.47 | \$1.25 | \$10.45 | \$0.00 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.12 | \$0.53 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$0.37 | | \$0.00 | | | |
| 21 | BIMS Add-on Per Diem = <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 | \$2.45 | \$2.45 | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$20.67 | \$2.98 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$162.07 | \$84.51 | \$0.00 | \$28.91 | \$4.01 | \$0.00 | \$32.94 | \$1.25 | \$10.45 | \$0.00 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$108.73 | | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | |
| 3 | Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 4 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 5 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$86,977 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6478 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5110 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$75.38 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$153.92 | \$75.38 | \$0.00 | \$20.96 | \$20.67 | \$0.00 | \$22.17 | \$3.84 | \$8.81 | \$2.09 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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 | \$1.88 | \$1.88 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.26 | \$2.26 | | | | | | | | |
| 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 | \$22.77 | \$4.67 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$176.69 | \$80.05 | \$0.00 | \$21.18 | \$21.08 | \$0.00 | \$39.64 | \$3.84 | \$8.81 | \$2.09 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$119.69 | | | | | | | | | |

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: EFFINGHAM CARE & REHABILITATION CENTER Prvdr ID: 00140907A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | 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 | 38.16% | 4.43 | 7.0% | 1.2337 | 1.5126 | |
| | | | | | | | | | | | | | | | | | | | | | 1.1865 | 1.5030 | |
| | | | | | | | | | | | | | | | | | | | | | 1.2017 | 1.5294 | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | a | b | c | d | e | f | g | g | h | i | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 Hosp Based All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | | | | | | | | | | | |
| Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$106,864 | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.2337 | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2017 | | | | | | | | | | | | | | | | | | | |
| 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 | \$209.23 | \$106.37 | \$0.00 | \$29.69 | \$27.62 | \$0.00 | \$30.83 | \$2.94 | \$10.55 | \$1.23 | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.22 | \$0.00 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.66 | \$2.66 | | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>7.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$7.45 | \$7.45 | | | | | | | | | | | | | | | | | | | |
| 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 | \$27.43 | \$10.11 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$236.66 | \$116.48 | \$0.00 | \$29.91 | \$27.62 | \$0.00 | \$47.93 | \$2.94 | \$10.55 | \$1.23 | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$164.67 | | | | | | | | | | | | | | | | | | | | |

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: SOUTHERN PINES Prvdr ID: 00140918A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | |
| | | | Growth Allowance: N/A Qtrly BIMS score: 21.21% Nurse Hours per On-Site Day/Quality Incentive: 4.03 | | | | Add-on Percent: 0.00% 1.0% 3.0% | | | | Base Period Overall CMI: 1.8544 Quarterly Medicaid CMI: 1.6536 Qtrly Mcaid CMI w RUG Wght Options: 1.6821 | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$62,397 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.8544 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6821 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$101.77 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$223.27 | \$101.77 | \$0.00 | \$22.75 | \$27.62 | \$0.00 | \$30.83 | \$3.50 | \$35.12 | \$1.68 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.75 | \$0.53 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$1.02 | \$1.02 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.05 | \$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 | \$21.92 | \$4.60 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$245.19 | \$106.37 | \$0.00 | \$22.97 | \$27.62 | \$0.00 | \$47.93 | \$3.50 | \$35.12 | \$1.68 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$171.07 | | | | | | | | | |

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

INTERIM

| Provider: EMANUEL COUNTY NURSING HOME | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | | Facility Specific | State-wide |
|--|--|--|-----------------|---|--------------------------------------|----------------------------------|--------------------------------------|--|--------------------------------------|-----------------------|----------------------|---------------------|------------|
| Prvdr ID: 00140929A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | Growth Allowance: N/A | | N/A | 0.00% | Base Period Overall CMI: 1.2222 | | 1.2222 | 1.5126 | | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Qtrly BIMS score: 35.14% | | Nurse Hours per On-Site Day/Quality Incentive: 3.65 | | 3.65 | 2.5% | Quarterly Medicaid CMI: 1.2054 | | 1.2054 | 1.5030 | | |
| | | | | | | | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: 1.2267 | | 1.2267 | 1.5294 | | |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility 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 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$6,388 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | (with L&H) | \$36.80 | \$0.39 | \$5.01 | \$0.00 | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.2222 | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$94.51 | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$94.51 | \$0.00 | \$39.07 | \$30.65 | | \$36.80 | \$0.39 | \$5.01 | \$0.00 | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$32.46 | \$27.62 | | \$30.83 | \$0.00 | N/A | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$195.22 | \$88.52 | \$0.00 | \$32.46 | \$27.62 | | \$30.83 | \$0.39 | 15.40 (FRV) | \$0.00 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2267 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$108.59 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$215.29 | \$108.59 | \$0.00 | \$32.46 | \$27.62 | \$0.00 | \$30.83 | \$0.39 | \$15.40 | \$0.00 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <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>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 | \$23.07 | \$5.97 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$238.36 | \$114.56 | \$0.00 | \$32.46 | \$27.62 | \$0.00 | \$47.93 | \$0.39 | \$15.40 | \$0.00 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$165.95 | | | | | | | | | | |

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

INTERIM

| Provider: PRUITTHEALTH - BLUE RIDGE | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | | Facility Specific | State-wide |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|------------|
| Prvdr ID: 00140973A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | Growth Allowance: N/A | | N/A | 0.00% | Base Period Overall CMI: 1.3203 | | 1.3203 | 1.5126 | | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Qtrly BIMS score: 33.33% | | Nurse Hours per On-Site Day/Quality Incentive: 3.35 | | 3.35 | 2.5% | Quarterly Medicaid CMI: 1.4115 | | 1.4115 | 1.5030 | | |
| | | | | | | | 5.0% | Qtrly Mcaid CMI w RUG Wght Options: 1.4386 | | 1.4386 | 1.5294 | | |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$205,891 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3203 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4386 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$125.04 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$218.61 | \$125.04 | \$0.00 | \$16.78 | \$27.62 | \$0.00 | \$30.67 | \$7.54 | \$9.64 | \$1.32 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.87 | \$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 | \$3.13 | \$3.13 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$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 | \$27.35 | \$9.91 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$17.22 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$245.96 | \$134.95 | \$0.00 | \$17.00 | \$27.62 | \$0.00 | \$47.89 | \$7.54 | \$9.64 | \$1.32 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$171.65 | | | | | | | | | | |

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: FIFTH AVENUE HEALTH CARE Prvdr ID: 00140984A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | | | | Facility Score | Add-on Percent | | | | | Facility Specific | State-wide |
| | | | | | | | N/A | 0.00% | | | | | 1.6774 | 1.5126 |
| | | | | | | | 33.33% | 2.5% | | | | | 1.6397 | 1.5030 |
| | | | | | | | 3.69 | 3.0% | | | | | 1.6696 | 1.5294 |
| Case Mix Based Rate Calculations | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$144,849 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6774 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6696 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$114.35 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$202.46 | \$114.35 | \$0.00 | \$20.28 | \$25.79 | \$0.00 | \$25.10 | \$4.80 | \$11.26 | \$0.88 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$227.38 | \$121.17 | \$0.00 | \$20.50 | \$26.20 | \$0.00 | \$42.57 | \$4.80 | \$11.26 | \$0.88 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$157.71 | | | | | | | | | | | |

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

INTERIM

| Provider: PRUITTHEALTH - FITZGERALD | | Add-on Data and Percentages | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|
| Prvdr ID: 00140995A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | Growth Allowance: | N/A | Base Period Overall CMI: | | | | 1.4638 | 1.5126 | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | Qtrly BIMS score | 18.64% | Quarterly Medicaid CMI: | | | | 1.5324 | 1.5030 | |
| | | | | | 3.08 | Qtrly Mcaid CMI w RUG Wght Options: | | | | 1.5615 | 1.5294 | |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance |
| | | | a | b | c | d | e | f | g | g | h | i |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$159,176 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4638 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5615 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$105.53 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$202.16 | \$105.53 | \$0.00 | \$17.97 | \$27.62 | \$0.00 | \$30.83 | \$7.00 | \$12.07 | \$1.14 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.75 | \$0.53 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>0.0%</u> (to Routine 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 | \$5.28 | \$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 | \$23.13 | \$5.81 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$225.29 | \$111.34 | \$0.00 | \$18.19 | \$27.62 | \$0.00 | \$47.93 | \$7.00 | \$12.07 | \$1.14 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$156.14 | | | | | | | | | |

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

INTERIM

| Provider: FOLKSTON PARK CARE AND REHABILITATION CENTER | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|---|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00141006A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.4653 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 20.29% | 1.0% | Quarterly Medicaid CMI: | | | 1.5178 | 1.5030 |
| | | | | | | | 2.65 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.5452 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$45,083 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$24,213 | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$4,204,336 | \$2,363,900 | \$0 | \$347,530 | \$394,944 | (\$814) | \$680,709 | \$45,083 | \$348,771 | \$24,213 | |
| 8 | Total Nursing Facility Days | As Filed Days = 27,650 FY20 Audited C/R Days | 27,650 | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 27,650 FY20 GL-PL Ins Rpt Days | | | | | | | | 27,650 | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$152.05 | \$85.49 | \$0.00 | \$12.57 | \$14.25 | (with L&H) | \$24.62 | \$1.63 | \$12.61 | \$0.88 | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.4653 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5452 | | | | | | | | | |
| 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 | \$153.30 | \$90.15 | \$0.00 | \$12.57 | \$14.25 | \$0.00 | \$24.62 | \$1.63 | \$9.20 | \$0.88 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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>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 | \$22.23 | \$4.13 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$175.53 | \$94.28 | \$0.00 | \$12.79 | \$14.66 | \$0.00 | \$42.09 | \$1.63 | \$9.20 | \$0.88 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$118.82 | | | | | | | | | | |

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: PRUITTHEALTH - FORSYTH Prvdr ID: 00141017A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | | | | Facility Score | Add-on Percent | | | | | Facility Specific | State-wide |
| | | | | | | | N/A | 0.00% | | | | | 1.4918 | 1.5126 |
| | | | | | | | 17.78% | 0.0% | | | | | 1.4294 | 1.5030 |
| | | | | | | | 2.81 | 5.0% | | | | | 1.4545 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvc Combined) | As Filed FY20 C/R - FY20 GL/PL Rpt | \$3,930,918 | \$2,212,088 | \$0 | \$333,715 | \$513,511 | \$0 | \$702,548 | | \$169,056 | \$0 | | |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY20 C/R Audit Adjstmnts | (\$186,147) | (\$13,397) | \$0 | \$0 | (\$1,832) | (\$2,593) | (\$141,244) | | (\$27,081) | | | |
| | As Filed Cost Center Costs (GL/PL) | As Filed FY20 GL/PL Rpt | | | | | | | | \$146,789 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$29,331 | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$3,920,891 | \$2,198,691 | \$0 | \$333,715 | \$511,679 | (\$2,593) | \$561,304 | \$146,789 | \$141,975 | \$29,331 | | |
| 8 | Total Nursing Facility Days | As Filed Days = 23,333 FY20 Audited C/R Days | 23,333 | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 23,333 FY20 GL-PL Ins Rpt Days | | | | | | | | 23,333 | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$168.04 | \$94.23 | \$0.00 | \$14.30 | \$21.82 | (with L&H) | \$24.06 | \$6.29 | \$6.08 | \$1.26 | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.4918 | | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$63.16 | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$63.16 | \$0.00 | \$14.30 | \$21.82 | | \$24.06 | \$6.29 | \$6.08 | \$1.26 | | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$139.57 | \$63.16 | \$0.00 | \$14.30 | \$21.82 | | \$24.06 | \$6.29 | 8.68 (FRV) | \$1.26 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4545 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$91.87 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$168.28 | \$91.87 | \$0.00 | \$14.30 | \$21.82 | \$0.00 | \$24.06 | \$6.29 | \$8.68 | \$1.26 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$4.59 | \$4.59 | | | | | | | | | | |
| 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 | \$23.22 | \$5.12 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$191.50 | \$96.99 | \$0.00 | \$14.52 | \$22.23 | \$0.00 | \$41.53 | \$6.29 | \$8.68 | \$1.26 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$130.80 | | | | | | | | | | | |

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

INTERIM

| Provider: FORT VALLEY HEALTH AND REHAB | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | | Facility Specific | State-wide |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|------------|
| Prvdr ID: 00141028A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | Growth Allowance: N/A | | N/A | 0.00% | Base Period Overall CMI: 1.7458 | | 1.7458 | 1.5126 | | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Qtrly BIMS score: 23.33% | | Nurse Hours per On-Site Day/Quality Incentive: 2.15 | | 2.15 | 1.0% | Quarterly Medicaid CMI: 1.9693 | | 1.9693 | 1.5030 | | |
| | | | | | | | 2.0% | Qtrly Mcaid CMI w RUG Wght Options: 2.0081 | | 2.0081 | 1.5294 | | |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$28,695 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.7458 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 2.0081 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$103.60 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$178.55 | \$103.60 | \$0.00 | \$14.80 | \$16.76 | \$0.00 | \$30.83 | \$1.28 | \$9.70 | \$1.58 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <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>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.07 | \$2.07 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.37 | \$3.64 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$199.92 | \$107.24 | \$0.00 | \$15.02 | \$17.17 | \$0.00 | \$47.93 | \$1.28 | \$9.70 | \$1.58 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$137.12 | | | | | | | | | | |

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: PRUITTHEALTH - FRANKLIN Prvdr ID: 00141039A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | |
| | | | Growth Allowance: N/A | | | | Base Period Overall CMI: 1.3576 | | | | 1.3576 | 1.5126 |
| | | | Qtrly BIMS score: 29.55% | | | | Quarterly Medicaid CMI: 1.2951 | | | | 1.2951 | 1.5030 |
| | | | Nurse Hours per On-Site Day/Quality Incentive: 3.73 | | | | Qtrly Mcaid CMI w RUG Wght Options: 1.3164 | | | | 1.3164 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$158,868 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | <i>(with L&H)</i> | \$27.37 | \$6.23 | \$11.43 | \$0.80 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.3576 | | | | | | | | |
| 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 <i>(FRV)</i> | \$0.80 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.3164 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$96.23 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$176.48 | \$96.23 | \$0.00 | \$14.40 | \$21.14 | \$0.00 | \$27.37 | \$6.23 | \$10.31 | \$0.80 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <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 | \$4.81 | \$4.81 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$24.40 | \$6.30 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$200.88 | \$102.53 | \$0.00 | \$14.62 | \$21.55 | \$0.00 | \$44.84 | \$6.23 | \$10.31 | \$0.80 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$137.84 | | | | | | | | | |

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

INTERIM

| Provider: NEW HORIZONS LANIER PARK | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | | Facility Specific | State-wide |
|--|--|--|-----------------|---|---|---|---|---|---|-----------------------|----------------------|---------------------|------------|
| Prvdr ID: 00141072A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | Growth Allowance: N/A | | N/A | 0.00% | Base Period Overall CMI: 1.2712 | | 1.2712 | 1.5126 | | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Qtrly BIMS score: 15.58% | | Nurse Hours per On-Site Day/Quality Incentive: 3.64 | | 15.58% | 0.0% | Quarterly Medicaid CMI: 1.2593 | | 1.2593 | 1.5030 | | |
| | | | | | | | 2.0% | Qtrly Mcaid CMI w RUG Wght Options: 1.2776 | | 1.2776 | 1.5294 | | |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>Hosp Based</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$77,368 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.2712 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2776 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$113.09 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$226.23 | \$113.09 | \$0.00 | \$32.46 | \$27.62 | \$0.00 | \$30.83 | \$1.94 | \$19.77 | \$0.52 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.26 | \$2.26 | | | | | | | | | |
| 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 | \$19.36 | \$2.26 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$245.59 | \$115.35 | \$0.00 | \$32.46 | \$27.62 | \$0.00 | \$47.93 | \$1.94 | \$19.77 | \$0.52 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$171.37 | | | | | | | | | | |

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

INTERIM

| Provider: DOUGLASVILLE NURSING AND REHABILITATION CENTER | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|---|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00141083A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.4960 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 35.53% | 2.5% | Quarterly Medicaid CMI: | | | 1.6130 | 1.5030 |
| | | | | | | | 3.63 | 2.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.6434 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$0 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4960 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6434 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$137.59 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$212.22 | \$137.59 | \$0.00 | \$16.82 | \$16.70 | \$0.00 | \$26.30 | \$0.00 | \$13.18 | \$1.63 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$3.44 | \$3.44 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine 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 | \$24.82 | \$6.72 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$237.04 | \$144.31 | \$0.00 | \$17.04 | \$17.11 | \$0.00 | \$43.77 | \$0.00 | \$13.18 | \$1.63 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$164.96 | | | | | | | | | | |

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

INTERIM

| Provider: GIBSON HEALTH AND REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00141116A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5166 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 39.22% | 2.5% | Quarterly Medicaid CMI: | | | 1.4131 | 1.5030 |
| | | | | | | | 3.06 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.4350 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$54,990 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5166 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4350 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$87.26 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$168.97 | \$87.26 | \$0.00 | \$18.85 | \$18.79 | \$0.00 | \$29.99 | \$1.92 | \$10.83 | \$1.33 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <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>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 | \$23.43 | \$5.33 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$192.40 | \$92.59 | \$0.00 | \$19.07 | \$19.20 | \$0.00 | \$47.46 | \$1.92 | \$10.83 | \$1.33 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$131.48 | | | | | | | | | | |

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: PARKSIDE CENTER FOR NURSING AND REHAB AT ELLIJAY Prvdr ID: 00141127A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | N/A | 22.81% | 2.61 | 1.7449 | 1.9436 | 1.9822 | 1.5126 | 1.5030 | 1.5294 | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvc Combined) | As Filed FY20 C/R - FY20 GL/PL Rpt | \$6,444,169 | \$3,593,633 | \$0 | \$598,974 | \$758,885 | \$0 | \$1,319,242 | | \$173,435 | \$0 | | | | | | | | | | |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY20 C/R Audit Adjstmnts | (\$147,398) | (\$4,500) | \$0 | \$0 | \$1 | \$1 | (\$63,052) | | (\$79,848) | | | | | | | | | | | |
| | As Filed Cost Center Costs (GL/PL) | As Filed FY20 GL/PL Rpt | | | | | | | | \$63,052 | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$79,848 | | | | | | | | | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$6,439,671 | \$3,589,133 | \$0 | \$598,974 | \$758,886 | \$1 | \$1,256,190 | \$63,052 | \$93,587 | \$79,848 | | | | | | | | | | |
| 8 | Total Nursing Facility Days | As Filed Days = 34,518 FY20 Audited C/R Days | 34,518 | | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 34,518 FY20 GL-PL Ins Rpt Days | | | | | | | | 34,518 | | | | | | | | | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$186.56 | \$103.98 | \$0.00 | \$17.35 | \$21.99 | <i>(with L&H)</i> | \$36.39 | \$1.83 | \$2.71 | \$2.31 | | | | | | | | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.7449 | | | | | | | | | | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$59.59 | | | | | | | | | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$59.59 | \$0.00 | \$17.35 | \$21.99 | | \$36.39 | \$1.83 | \$2.71 | \$2.31 | | | | | | | | | | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | | | | | | | | | | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$144.64 | \$59.59 | \$0.00 | \$17.35 | \$21.99 | | \$30.83 | \$1.83 | 10.74 <i>(FRV)</i> | \$2.31 | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | N/A | N/A | | | | | | | | | | |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | \$144.64 | \$59.59 | \$0.00 | \$17.35 | \$21.99 | \$0.00 | \$30.83 | \$1.83 | \$10.74 | \$2.31 | | | | | | | | | | |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.9822 | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$118.12 | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$203.17 | \$118.12 | \$0.00 | \$17.35 | \$21.99 | \$0.00 | \$30.83 | \$1.83 | \$10.74 | \$2.31 | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$1.18 | \$1.18 | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>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 | \$22.98 | \$5.25 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$226.15 | \$123.37 | \$0.00 | \$17.57 | \$22.40 | \$0.00 | \$47.93 | \$1.83 | \$10.74 | \$2.31 | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$156.79 | | | | | | | | | | | | | | | | | | | |

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: COMFORT CREEK NURSING AND REHABILITATION CENTER | | | | | | | | | | | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | 1.5365 | 1.5126 |
| Prvdr ID: 00141138A | | | | | | | | | | | | | | Qtrly BIMS score | 28.33% | 1.0% | Quarterly Medicaid CMI: | 1.5625 | 1.5030 |
| Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | | | | | | | | | | | Nurse Hours per On-Site Day/Quality Incentive: | 2.52 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | 1.5937 | 1.5294 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | | | | | |
| | | | a | b | c | d | e | f | g | g | h | i | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | | | | | | | |
| Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$78,683 | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | | \$34,108 | | | | | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$4,603,739 | \$2,269,728 | \$0 | \$399,587 | \$475,220 | \$0 | \$656,769 | \$78,683 | \$689,644 | \$34,108 | | | | | | | |
| 8 | Total Nursing Facility Days | As Filed Days = 32,239 | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 32,239 | | | | | | | | | | | | | | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$142.79 | \$70.40 | \$0.00 | \$12.39 | \$14.74 | (with L&H) | \$20.37 | \$2.44 | \$21.39 | \$1.06 | | | | | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.5365 | | | | | | | | | | | | | | | |
| 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 | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5937 | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$73.02 | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$133.00 | \$73.02 | \$0.00 | \$12.39 | \$14.74 | \$0.00 | \$20.37 | \$2.44 | \$8.98 | \$1.06 | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | \$0.00 | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$0.73 | \$0.73 | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.19 | \$2.19 | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.55 | \$3.45 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$154.55 | \$76.47 | \$0.00 | \$12.61 | \$15.15 | \$0.00 | \$37.84 | \$2.44 | \$8.98 | \$1.06 | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$103.09 | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: GLENN-MOR NURSING HOME Prvdr ID: 00141149A | | 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: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Growth Allowance: N/A Qtrly BIMS score: 16.28% Nurse Hours per On-Site Day/Quality Incentive: 3.71 | | | | 0.00% | 0.0% | Base Period Overall CMI: 1.2369 Quarterly Medicaid CMI: 1.2331 Qtrly Mcaid CMI w RUG Wght Options: 1.2511 | | | 1.5126 | 1.5030 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 Hosp Based All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | |
| Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | | | |
| 2 | Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$118,973 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.2369 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2511 | | | | | | | | | |
| 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 | \$209.08 | \$109.16 | \$0.00 | \$26.79 | \$27.62 | \$0.00 | \$30.83 | \$5.32 | \$9.06 | \$0.30 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.75 | \$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 | \$3.27 | \$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 | \$21.12 | \$3.80 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$230.20 | \$112.96 | \$0.00 | \$27.01 | \$27.62 | \$0.00 | \$47.93 | \$5.32 | \$9.06 | \$0.30 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$159.83 | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | |
| 3 | Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 4 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 5 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$127,826 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5764 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5816 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$86.77 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$159.58 | \$86.77 | \$0.00 | \$18.23 | \$16.26 | \$0.00 | \$23.54 | \$2.94 | \$9.91 | \$1.93 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <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 | \$2.60 | \$2.60 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$22.10 | \$4.00 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$181.68 | \$90.77 | \$0.00 | \$18.45 | \$16.67 | \$0.00 | \$41.01 | \$2.94 | \$9.91 | \$1.93 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$123.44 | | | | | | | | | |

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

INTERIM

| Provider: GRACEMORE NURSING AND REHAB | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00141182A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.4044 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 32.26% | 2.5% | Quarterly Medicaid CMI: | | | 1.4555 | 1.5030 |
| | | | | | | | 3.85 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.4785 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$47,012 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4044 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4785 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$109.79 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$202.48 | \$109.79 | \$0.00 | \$24.48 | \$27.46 | \$0.00 | \$28.11 | \$2.87 | \$8.35 | \$1.42 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$2.74 | \$2.74 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.29 | \$3.29 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$24.15 | \$6.56 | \$0.00 | \$0.00 | \$0.12 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$226.63 | \$116.35 | \$0.00 | \$24.48 | \$27.58 | \$0.00 | \$45.58 | \$2.87 | \$8.35 | \$1.42 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$157.15 | | | | | | | | | | |

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: PRUITTHEALTH - GRANDVIEW Prvdr ID: 00141215A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | | | | Facility Score | Add-on Percent | | | | | Facility Specific | State-wide |
| | | | | | | | N/A | 0.00% | | | | | 1.4980 | 1.5126 |
| | | | | | | | 17.54% | 0.0% | | | | | 1.6623 | 1.5030 |
| | | | | | | | 2.49 | 3.0% | | | | | 1.6941 | 1.5294 |
| Case Mix Based Rate Calculations | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$146,861 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4980 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6941 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$118.54 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$207.52 | \$118.54 | \$0.00 | \$17.48 | \$25.75 | \$0.00 | \$25.67 | \$6.09 | \$10.72 | \$3.27 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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 | \$3.56 | \$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 | \$22.19 | \$4.09 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$229.71 | \$122.63 | \$0.00 | \$17.70 | \$26.16 | \$0.00 | \$43.14 | \$6.09 | \$10.72 | \$3.27 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$159.46 | | | | | | | | | | | |

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: GRANDVIEW HEALTH CARE CENTER | | | | | | | | | | | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | 1.5546 | 1.5126 | |
| Prvdr ID: 00141226A | | | | | | | | | | | | | | Qtrly BIMS score | 31.71% | 2.5% | Quarterly Medicaid CMI: | 1.9530 | 1.5030 | |
| Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | | | | | | | | | | | Nurse Hours per On-Site Day/Quality Incentive: | 4.34 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | 1.9920 | 1.5294 | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | | | | | | |
| | | | a | b | c | d | e | f | g | g | h | i | | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$91,598 | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5546 | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.9920 | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$113.15 | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$199.19 | \$113.15 | \$0.00 | \$21.39 | \$15.47 | \$0.00 | \$30.83 | \$4.51 | \$11.16 | \$2.68 | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.83 | \$2.83 | | | | | | | | | | | | | | | | |
| 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 | \$24.48 | \$6.75 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$223.67 | \$119.90 | \$0.00 | \$21.61 | \$15.88 | \$0.00 | \$47.93 | \$4.51 | \$11.16 | \$2.68 | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$154.93 | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: AZALEALAND NURSING HOME | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00141237A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.4875 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 65.91% | 5.5% | Quarterly Medicaid CMI: | | | 1.4970 | 1.5030 |
| | | | | | | | 3.40 | 4.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.5261 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$65,510 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4875 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5261 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$114.35 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$214.24 | \$114.35 | \$0.00 | \$24.48 | \$21.01 | \$0.00 | \$30.83 | \$2.34 | \$17.85 | \$3.38 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$6.29 | \$6.29 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.57 | \$4.57 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$28.90 | \$11.39 | \$0.00 | \$0.00 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$243.14 | \$125.74 | \$0.00 | \$24.48 | \$21.42 | \$0.00 | \$47.93 | \$2.34 | \$17.85 | \$3.38 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$169.53 | | | | | | | | | | |

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

INTERIM

| Provider: ROSWELL NURSING & REHAB CENTER | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00141248A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.6710 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 34.51% | 2.5% | Quarterly Medicaid CMI: | | | 1.7539 | 1.5030 |
| | | | | | | | 2.92 | 2.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.7881 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$184,888 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$147,008 | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$17,328,425 | \$9,511,639 | \$0 | \$1,398,672 | \$1,425,551 | \$0 | \$2,597,931 | \$184,888 | \$2,062,736 | \$147,008 | |
| 8 | Total Nursing Facility Days | As Filed Days = 73,998 FY20 Audited C/R Days | 73,998 | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 73,998 FY20 GL-PL Ins Rpt Days | | | | | | | | 73,998 | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$234.18 | \$128.54 | \$0.00 | \$18.90 | \$19.26 | (with L&H) | \$35.11 | \$2.50 | \$27.88 | \$1.99 | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.6710 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7881 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$137.54 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$221.00 | \$137.54 | \$0.00 | \$18.90 | \$19.26 | \$0.00 | \$30.83 | \$2.50 | \$9.98 | \$1.99 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$3.44 | \$3.44 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine 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 | \$24.45 | \$6.72 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$245.45 | \$144.26 | \$0.00 | \$19.12 | \$19.67 | \$0.00 | \$47.93 | \$2.50 | \$9.98 | \$1.99 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$171.26 | | | | | | | | | | |

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

INTERIM

| Provider: PREMIER ESTATES OF DUBLIN, LLC | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00141281A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.4777 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 29.63% | 1.0% | Quarterly Medicaid CMI: | | | 1.4022 | 1.5030 |
| | | | | | | | 2.57 | 2.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.4256 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$73,781 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$23,312 | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$5,236,881 | \$2,361,578 | \$0 | \$614,306 | \$556,722 | \$0 | \$823,194 | \$73,781 | \$783,988 | \$23,312 | |
| 8 | Total Nursing Facility Days As Filed Days = 31,749 | FY20 Audited C/R Days | 31,749 | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,749 | FY20 GL-PL Ins Rpt Days | | | | | | | | 31,749 | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$164.94 | \$74.38 | \$0.00 | \$19.35 | \$17.54 | (with L&H) | \$25.93 | \$2.32 | \$24.69 | \$0.73 | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.4777 | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$50.34 | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$50.34 | \$0.00 | \$19.35 | \$17.54 | | \$25.93 | \$2.32 | \$24.69 | \$0.73 | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$124.86 | \$50.34 | \$0.00 | \$19.35 | \$17.54 | | \$25.93 | \$2.32 | 8.65 (FRV) | \$0.73 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4256 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$71.76 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$146.28 | \$71.76 | \$0.00 | \$19.35 | \$17.54 | \$0.00 | \$25.93 | \$2.32 | \$8.65 | \$0.73 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$1.44 | \$1.44 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$20.79 | \$2.69 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$167.07 | \$74.45 | \$0.00 | \$19.57 | \$17.95 | \$0.00 | \$43.40 | \$2.32 | \$8.65 | \$0.73 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$112.48 | | | | | | | | | | |

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: HABERSHAM HOME Prvdr ID: 00141292A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | Growth Allowance: N/A Qtrly BIMS score: 42.59% Nurse Hours per On-Site Day/Quality Incentive: 2.69 | | | Facility Score: N/A Add-on Percent: 0.00% 2.5% 2.0% | | | Base Period Overall CMI: 1.3149 Quarterly Medicaid CMI: 1.3290 Qtrly Mcaid CMI w RUG Wght Options: 1.3471 | | | 1.3149 | 1.5126 | 1.3290 | 1.5030 | 1.3471 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>Hosp Based</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$67,892 | | | | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3149 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.3471 | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$114.73 | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$220.73 | \$114.73 | \$0.00 | \$32.46 | \$27.62 | \$0.00 | \$30.83 | \$2.52 | \$9.68 | \$2.89 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$2.87 | \$2.87 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | \$22.79 | \$5.69 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$243.52 | \$120.42 | \$0.00 | \$32.46 | \$27.62 | \$0.00 | \$47.93 | \$2.52 | \$9.68 | \$2.89 | | | | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$169.82 | | | | | | | | | | | | | | | | | | | | | | | | |

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 |
| Provider: WARNER ROBINS REHABILITATION CENTER Prvdr ID: 00141303A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | |
| | | | | Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 23.26% Nurse Hours per On-Site Day/Quality Incentive: 2.62 | | | Facility Score Add-on Percent: 0.00% 1.0% 5.0% | | Case Mix Index (CMI) Data Base Period Overall CMI: 1.5133 Quarterly Medicaid CMI: 1.5978 Qtrly Mcaid CMI w RUG Wght Options: 1.6265 | | | Facility Specific 1.5133 1.5978 1.6265 | State-wide 1.5126 1.5030 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$209,912 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$111,183 | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$6,165,898 | \$3,075,177 | \$0 | \$513,598 | \$589,274 | \$0 | \$1,054,930 | \$209,912 | \$611,824 | \$111,183 | |
| 8 | Total Nursing Facility Days | As Filed Days = 41,910 FY20 Audited C/R Days | 41,910 | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 41,910 FY20 GL-PL Ins Rpt Days | | | | | | | | 41,910 | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$147.12 | \$73.38 | \$0.00 | \$12.25 | \$14.06 | (with L&H) | \$25.17 | \$5.01 | \$14.60 | \$2.65 | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.5133 | | | | | | | | | |
| 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 (FRV) | \$2.65 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6265 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$78.87 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$147.45 | \$78.87 | \$0.00 | \$12.25 | \$14.06 | \$0.00 | \$25.17 | \$5.01 | \$9.44 | \$2.65 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$0.79 | \$0.79 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.94 | \$3.94 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.36 | \$5.26 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$170.81 | \$84.13 | \$0.00 | \$12.47 | \$14.47 | \$0.00 | \$42.64 | \$5.01 | \$9.44 | \$2.65 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$115.28 | | | | | | | | | | |

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: HARALSON NSG & REHAB CENTER Prvdr ID: 00141325A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | Facility Score | State-wide | | | | | | | | | |
| | | | | | | | | | | | | | N/A | 33.73% | 2.5% | 1.6451 | 1.5126 | 2.75 | 2.0% | 1.8012 | 1.5030 | 1.8354 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$10,807 | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$26,606 | | | | | | | | | | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$7,094,445 | \$3,648,700 | \$0 | \$702,373 | \$633,181 | (\$6,099) | \$1,176,513 | \$10,807 | \$902,364 | \$26,606 | | | | | | | | | | | |
| 8 | Total Nursing Facility Days | As Filed Days = 38,456 | | | | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 38,456 | | | | | | | | | | | | | | | | | | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$184.47 | \$94.88 | \$0.00 | \$18.26 | \$16.31 | (with L&H) | \$30.59 | \$0.28 | \$23.46 | \$0.69 | | | | | | | | | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.6451 | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.8354 | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$105.85 | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$180.92 | \$105.85 | \$0.00 | \$18.26 | \$16.31 | \$0.00 | \$30.59 | \$0.28 | \$8.94 | \$0.69 | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.34 | \$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 | \$2.65 | \$2.65 | | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.12 | \$2.12 | | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.21 | \$5.30 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.28 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$204.13 | \$111.15 | \$0.00 | \$18.48 | \$16.72 | \$0.00 | \$47.87 | \$0.28 | \$8.94 | \$0.69 | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$140.27 | | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | Add-on Data and Percentages | | Case Mix Index (CMI) Data | | Facility Specific | State-wide | | | | | | | | |
|--|--|---|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--|----------------|---------------------------|-------------------------------------|-------------------|------------|----------|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | Facility Score | Add-on Percent | Base Period Overall CMI: | Quarterly Medicaid CMI: | Facility Specific | State-wide | | | | | | | | |
| Provider: NANCY HART CENTER FOR NURSING AND HEALING LLC Prvdr ID: 00141336A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | 1.2705 | 1.5126 | | | | | | | | |
| | | | | | | | | | | | | | Qtrly BIMS score: | 16.28% | 0.0% | Quarterly Medicaid CMI: | 1.6685 | 1.5030 | | | | | | | | |
| | | | | | | | | | | | | | Nurse Hours per On-Site Day/Quality Incentive: | 5.54 | 2.0% | Qtrly Mcaid CMI w RUG Wght Options: | 1.6997 | 1.5294 | | | | | | | | |
| | | | a | b | c | d | e | f | g | g | h | i | | | | | | | | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$74,118 | | | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | | | | | | | | \$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 | | 1.2705 | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6997 | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$119.39 | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$202.16 | \$119.39 | \$0.00 | \$18.33 | \$23.60 | \$0.00 | \$27.37 | \$4.11 | \$8.50 | \$0.86 | | | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$2.39 | \$2.39 | | | | | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.02 | \$2.92 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$223.18 | \$122.31 | \$0.00 | \$18.55 | \$24.01 | \$0.00 | \$44.84 | \$4.11 | \$8.50 | \$0.86 | | | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$154.56 | | | | | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: HEART OF GEORGIA NURSING HOME | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00141358A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.6509 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 32.47% | 2.5% | Quarterly Medicaid CMI: | | | 1.7614 | 1.5030 |
| | | | | | | | 2.32 | 4.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.7964 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$64,199 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$31,019 | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$7,619,819 | \$2,967,387 | \$0 | \$615,227 | \$492,634 | \$0 | \$667,639 | \$64,199 | \$2,781,714 | \$31,019 | |
| 8 | Total Nursing Facility Days | As Filed Days = 33,095 FY20 Audited C/R Days | 33,095 | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 33,095 FY20 GL-PL Ins Rpt Days | | | | | | | | 33,095 | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$230.24 | \$89.66 | \$0.00 | \$18.59 | \$14.89 | (with L&H) | \$20.17 | \$1.94 | \$84.05 | \$0.94 | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.6509 | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$54.31 | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$54.31 | \$0.00 | \$18.59 | \$14.89 | | \$20.17 | \$1.94 | \$84.05 | \$0.94 | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$123.19 | \$54.31 | \$0.00 | \$18.59 | \$14.89 | | \$20.17 | \$1.94 | 12.35 (FRV) | \$0.94 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7964 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$97.56 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$166.44 | \$97.56 | \$0.00 | \$18.59 | \$14.89 | \$0.00 | \$20.17 | \$1.94 | \$12.35 | \$0.94 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.90 | \$3.90 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$24.97 | \$6.87 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$191.41 | \$104.43 | \$0.00 | \$18.81 | \$15.30 | \$0.00 | \$37.64 | \$1.94 | \$12.35 | \$0.94 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$130.73 | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$200,303 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | FY20 Audited C/R Days | 32,606 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | 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 | | 1.5992 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7483 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$100.95 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$178.53 | \$100.95 | \$0.00 | \$14.45 | \$21.14 | \$0.00 | \$23.82 | \$6.14 | \$10.40 | \$1.63 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <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 | \$4.04 | \$4.04 | | | | | | | | |
| 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 | \$23.68 | \$5.58 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$202.21 | \$106.53 | \$0.00 | \$14.67 | \$21.55 | \$0.00 | \$41.29 | \$6.14 | \$10.40 | \$1.63 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$138.83 | | | | | | | | | |

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

INTERIM

| Provider: PRUITTHEALTH - ATHENS HERITAGE | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00141391A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5974 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 28.57% | 1.0% | Quarterly Medicaid CMI: | | | 1.5510 | 1.5030 |
| | | | | | | | 3.22 | 5.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.5786 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$211,340 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5974 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5786 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$108.83 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$208.22 | \$108.83 | \$0.00 | \$17.18 | \$25.49 | \$0.00 | \$30.63 | \$6.24 | \$15.72 | \$4.13 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.31 | \$0.53 | \$0.00 | \$0.22 | \$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 | \$1.09 | \$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 | \$5.44 | \$5.44 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$24.94 | \$7.06 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.25 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$233.16 | \$115.89 | \$0.00 | \$17.40 | \$25.90 | \$0.00 | \$47.88 | \$6.24 | \$15.72 | \$4.13 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$162.05 | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$143,603 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6038 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5466 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$89.52 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$178.85 | \$89.52 | \$0.00 | \$18.33 | \$23.33 | \$0.00 | \$29.63 | \$3.88 | \$10.65 | \$3.51 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.24 | \$2.24 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.69 | \$2.69 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.56 | \$5.46 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$202.41 | \$94.98 | \$0.00 | \$18.55 | \$23.74 | \$0.00 | \$47.10 | \$3.88 | \$10.65 | \$3.51 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$138.98 | | | | | | | | | |

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

INTERIM

| Provider: HARTWELL HEALTH AND REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00141413A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.3933 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 26.42% | 1.0% | Quarterly Medicaid CMI: | | | 1.4429 | 1.5030 |
| | | | | | | | 3.49 | 4.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.4675 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$49,244 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3933 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4675 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$106.29 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$189.81 | \$106.29 | \$0.00 | \$23.18 | \$18.17 | \$0.00 | \$30.83 | \$1.61 | \$9.25 | \$0.48 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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 | \$1.06 | \$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 | \$23.57 | \$5.84 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$213.38 | \$112.13 | \$0.00 | \$23.40 | \$18.58 | \$0.00 | \$47.93 | \$1.61 | \$9.25 | \$0.48 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$147.21 | | | | | | | | | | |

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

INTERIM

| Provider: PRUITTHEALTH - MONROE Prvdr ID: 00141468A | | 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: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Growth Allowance: N/A | | Qtrly BIMS score: 29.55% | Nurse Hours per On-Site Day/Quality Incentive: 3.05 | 0.00% | 1.0% | 5.0% | Base Period Overall CMI: 1.3787 | Quarterly Medicaid CMI: 1.2741 | Qtrly Mcaid CMI w RUG Wght Options: 1.2936 | 1.5126 | 1.5030 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | | |
| | | | a | b | c | d | e | f | g | g | h | i | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$169,008 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3787 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2936 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$90.73 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$169.87 | \$90.73 | \$0.00 | \$17.30 | \$22.70 | \$0.00 | \$22.36 | \$6.42 | \$9.55 | \$0.81 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$0.91 | \$0.91 | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.54 | \$4.54 | | | | | | | | | | |
| 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 | \$24.08 | \$5.98 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$193.95 | \$96.71 | \$0.00 | \$17.52 | \$23.11 | \$0.00 | \$39.83 | \$6.42 | \$9.55 | \$0.81 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$132.64 | | | | | | | | | | | |

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: PRUITTHEALTH - HOLLY HILL, LLC | | | | | | | | | | | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | 1.5147 | 1.5126 | |
| Prvdr ID: 00141479A | | | | | | | | | | | | | | Qtrly BIMS score | 13.89% | 0.0% | Quarterly Medicaid CMI: | 1.4970 | 1.5030 | |
| Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | | | | | | | | | | | Nurse Hours per On-Site Day/Quality Incentive: | 3.78 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | 1.5230 | 1.5294 | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | | | | | | |
| | | | a | b | c | d | e | f | g | g | h | i | | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$206,689 | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5147 | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5230 | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$106.49 | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$184.32 | \$106.49 | \$0.00 | \$16.33 | \$20.40 | \$0.00 | \$22.85 | \$7.29 | \$9.93 | \$1.03 | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>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 | \$3.19 | \$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 | \$21.82 | \$3.72 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$206.14 | \$110.21 | \$0.00 | \$16.55 | \$20.81 | \$0.00 | \$40.32 | \$7.29 | \$9.93 | \$1.03 | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$141.78 | | | | | | | | | | | | | | | | | |

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 |
| Provider: WYNFIELD PARK HEALTH AND REHABILITATION Prvdr ID: 00141512A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | |
| | | | Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 30.33% Nurse Hours per On-Site Day/Quality Incentive: 3.38 | | | | Base Period Overall CMI: 1.4527 Quarterly Medicaid CMI: 1.4483 Qtrly Mcaid CMI w RUG Wght Options: 1.4719 | | | | Facility Specific: 1.4527 State-wide: 1.5126 1.4483 1.5030 1.4719 1.5294 | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$98,215 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4527 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4719 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$98.25 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$192.49 | \$98.25 | \$0.00 | \$21.77 | \$18.71 | \$0.00 | \$28.12 | \$1.63 | \$23.47 | \$0.54 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.46 | \$2.46 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>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 | \$24.04 | \$5.94 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$216.53 | \$104.19 | \$0.00 | \$21.99 | \$19.12 | \$0.00 | \$45.59 | \$1.63 | \$23.47 | \$0.54 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$149.57 | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$125,883 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$80,344 |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$6,071,301 | \$2,744,792 | \$0 | \$525,366 | \$634,162 | \$0 | \$870,551 | \$125,883 | \$1,090,203 | \$80,344 |
| 8 | Total Nursing Facility Days As Filed Days = 29,674 | FY20 Audited C/R Days | 29,674 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,674 | FY20 GL-PL Ins Rpt Days | | | | | | | | 29,674 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$204.60 | \$92.50 | \$0.00 | \$17.70 | \$21.37 | (with L&H) | \$29.34 | \$4.24 | \$36.74 | \$2.71 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.7271 | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$53.56 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$53.56 | \$0.00 | \$17.70 | \$21.37 | | \$29.34 | \$4.24 | \$36.74 | \$2.71 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$139.88 | \$53.56 | \$0.00 | \$17.70 | \$21.37 | | \$29.34 | \$4.24 | 10.96 (FRV) | \$2.71 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6984 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$90.97 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$177.29 | \$90.97 | \$0.00 | \$17.70 | \$21.37 | \$0.00 | \$29.34 | \$4.24 | \$10.96 | \$2.71 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$1.82 | \$1.82 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$22.72 | \$4.62 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$200.01 | \$95.59 | \$0.00 | \$17.92 | \$21.78 | \$0.00 | \$46.81 | \$4.24 | \$10.96 | \$2.71 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$137.18 | | | | | | | | | |

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

INTERIM

| Provider: FRIENDSHIP HEALTH AND REHAB | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|------------|--------|
| Prvdr ID: 00141567A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | | 1.6381 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 20.83% | 1.0% | Quarterly Medicaid CMI: | | | | 1.7028 | 1.5030 |
| | | | | | | | 2.33 | 1.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | | 1.7358 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | | |
| | | | a | b | c | d | e | f | g | g | h | i | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$128,784 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$14,697 | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$5,293,783 | \$2,870,600 | \$0 | \$586,821 | \$661,959 | \$0 | \$654,212 | \$128,784 | \$376,710 | \$14,697 | | |
| 8 | Total Nursing Facility Days | As Filed Days = 25,191 | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 25,191 | | | | | | | | 25,191 | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$210.13 | \$113.95 | \$0.00 | \$23.29 | \$26.28 | (with L&H) | \$25.97 | \$5.11 | \$14.95 | \$0.58 | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.6381 | | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$69.56 | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$69.56 | \$0.00 | \$23.29 | \$26.28 | | \$25.97 | \$5.11 | \$14.95 | \$0.58 | | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$159.45 | \$69.56 | \$0.00 | \$23.29 | \$26.28 | | \$25.97 | \$5.11 | 8.66 (FRV) | \$0.58 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7358 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$120.74 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$210.63 | \$120.74 | \$0.00 | \$23.29 | \$26.28 | \$0.00 | \$25.97 | \$5.11 | \$8.66 | \$0.58 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | |
| 21 | BIMS Add-on Per Diem = <u>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>1.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$1.21 | \$1.21 | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.05 | \$2.95 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$231.68 | \$123.69 | \$0.00 | \$23.51 | \$26.69 | \$0.00 | \$43.44 | \$5.11 | \$8.66 | \$0.58 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$160.94 | | | | | | | | | | | |

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 | | |
| Provider: MIONA GERIATRIC & DEMENTIA CENTER Prvdr ID: 00141578A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | Growth Allowance: N/A Qtrly BIMS score: 61.64% Nurse Hours per On-Site Day/Quality Incentive: 3.22 | | | | Add-on Percent: 0.00% 5.5% 3.0% | | | | Base Period Overall CMI: 1.7517 Quarterly Medicaid CMI: 1.7385 Qtrly Mcaid CMI w RUG Wght Options: 1.7709 | | Facility Specific: 1.7517 1.7385 1.7709 | State-wide: 1.5126 1.5030 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$51,389 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$32,975 | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$4,705,811 | \$2,946,894 | \$0 | \$515,536 | \$493,564 | \$0 | \$581,195 | \$51,389 | \$84,258 | \$32,975 | | |
| 8 | Total Nursing Facility Days | As Filed Days = 30,097 FY20 Audited C/R Days | | 30,097 | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 30,097 FY20 GL-PL Ins Rpt Days | | | | | | | | 30,097 | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$156.36 | \$97.91 | \$0.00 | \$17.13 | \$16.40 | (with L&H) | \$19.31 | \$1.71 | \$2.80 | \$1.10 | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.7517 | | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$55.89 | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$55.89 | \$0.00 | \$17.13 | \$16.40 | | \$19.31 | \$1.71 | \$2.80 | \$1.10 | | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$122.75 | \$55.89 | \$0.00 | \$17.13 | \$16.40 | | \$19.31 | \$1.71 | 11.21 (FRV) | \$1.10 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7709 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$98.98 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$165.84 | \$98.98 | \$0.00 | \$17.13 | \$16.40 | \$0.00 | \$19.31 | \$1.71 | \$11.21 | \$1.10 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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 | \$5.44 | \$5.44 | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.97 | \$2.97 | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$27.04 | \$8.94 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$192.88 | \$107.92 | \$0.00 | \$17.35 | \$16.81 | \$0.00 | \$36.78 | \$1.71 | \$11.21 | \$1.10 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$131.84 | | | | | | | | | | | |

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

INTERIM

| Provider: THE PLACE AT DEANS BRIDGE | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|------------|--------|
| Prvdr ID: 00141589A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | | 1.4140 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 53.45% | 5.5% | Quarterly Medicaid CMI: | | | | 1.2286 | 1.5030 |
| | | | | | | | 3.85 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | | 1.2476 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | | |
| | | | a | b | c | d | e | f | g | g | h | i | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$334,737 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$65,925 | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$5,278,912 | \$2,828,112 | \$0 | \$514,540 | \$539,674 | \$0 | \$742,606 | \$334,737 | \$253,318 | \$65,925 | | |
| 8 | Total Nursing Facility Days | As Filed Days = 28,607 FY20 Audited C/R Days | 28,607 | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 28,607 FY20 GL-PL Ins Rpt Days | | | | | | | | 28,607 | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$184.54 | \$98.86 | \$0.00 | \$17.99 | \$18.87 | (with L&H) | \$25.96 | \$11.70 | \$8.86 | \$2.30 | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.4140 | | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$69.92 | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$69.92 | \$0.00 | \$17.99 | \$18.87 | | \$25.96 | \$11.70 | \$8.86 | \$2.30 | | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$156.90 | \$69.92 | \$0.00 | \$17.99 | \$18.87 | | \$25.96 | \$11.70 | 10.16 (FRV) | \$2.30 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2476 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$87.23 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$174.21 | \$87.23 | \$0.00 | \$17.99 | \$18.87 | \$0.00 | \$25.96 | \$11.70 | \$10.16 | \$2.30 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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 | \$4.80 | \$4.80 | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.62 | \$2.62 | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$26.05 | \$7.95 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$200.26 | \$95.18 | \$0.00 | \$18.21 | \$19.28 | \$0.00 | \$43.43 | \$11.70 | \$10.16 | \$2.30 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$137.37 | | | | | | | | | | | |

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

INTERIM

| Provider: HARBORVIEW HEALTH SYSTEMS JESUP | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | | Facility Specific | State-wide |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|------------|
| Prvdr ID: 00141611A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | 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: 03/31/22 | | Qtrly BIMS score: 17.74% | | Qtrly BIMS score: 17.74% | | 17.74% | 0.0% | Quarterly Medicaid CMI: 1.6744 | | 1.6744 | 1.5030 | | |
| | | Nurse Hours per On-Site Day/Quality Incentive: 3.64 | | Nurse Hours per On-Site Day/Quality Incentive: 3.64 | | 3.64 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: 1.7046 | | 1.7046 | 1.5294 | | |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$58,205 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4929 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7046 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$91.83 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$162.50 | \$91.83 | \$0.00 | \$14.64 | \$15.19 | \$0.00 | \$29.47 | \$1.85 | \$8.05 | \$1.47 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>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 | \$2.75 | \$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 | \$21.38 | \$3.28 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$183.88 | \$95.11 | \$0.00 | \$14.86 | \$15.60 | \$0.00 | \$46.94 | \$1.85 | \$8.05 | \$1.47 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$125.09 | | | | | | | | | | |

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

INTERIM

| Provider: JOE-ANNE BURGIN HEALTH AND REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00141633A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.1492 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 38.78% | 2.5% | Quarterly Medicaid CMI: | | | 1.3749 | 1.5030 |
| | | | | | | | 3.30 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.3928 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$19,350 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$7,583 | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$4,598,405 | \$2,532,516 | \$0 | \$761,413 | \$199,305 | \$325,294 | \$605,208 | \$19,350 | \$147,736 | \$7,583 | |
| 8 | Total Nursing Facility Days | FY20 Audited C/R Days | 25,878 | | | | | | | | | | |
| | As Filed Days = 25,878 | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | FY20 GL-PL Ins Rpt Days | | | | | | | | 25,878 | | | |
| | As Filed Days = 25,878 | | | | | | | | | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$177.69 | \$97.86 | \$0.00 | \$29.42 | \$20.27 | (with L&H) | \$23.39 | \$0.75 | \$5.71 | \$0.29 | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.1492 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.3928 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$118.60 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$207.62 | \$118.60 | \$0.00 | \$24.48 | \$20.27 | \$0.00 | \$23.39 | \$0.75 | \$19.84 | \$0.29 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$2.97 | \$2.97 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$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 | \$24.94 | \$7.06 | \$0.00 | \$0.00 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$232.56 | \$125.66 | \$0.00 | \$24.48 | \$20.68 | \$0.00 | \$40.86 | \$0.75 | \$19.84 | \$0.29 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$161.60 | | | | | | | | | | |

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

INTERIM

| Provider: SCOTT HEALTH & REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00141644A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5388 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 32.50% | 2.5% | Quarterly Medicaid CMI: | | | 1.3463 | 1.5030 |
| | | | | | | | 3.39 | 4.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.3683 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$42,418 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5388 | | | | | | | | | |
| 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 | \$142.22 | \$66.15 | \$0.00 | \$17.50 | \$19.57 | | \$25.95 | \$2.15 | 10.19 (FRV) | \$0.71 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | N/A | N/A | |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | \$142.22 | \$66.15 | \$0.00 | \$17.50 | \$19.57 | \$0.00 | \$25.95 | \$2.15 | \$10.19 | \$0.71 | |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.3683 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$90.51 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$166.58 | \$90.51 | \$0.00 | \$17.50 | \$19.57 | \$0.00 | \$25.95 | \$2.15 | \$10.19 | \$0.71 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.62 | \$3.62 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$24.51 | \$6.41 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$191.09 | \$96.92 | \$0.00 | \$17.72 | \$19.98 | \$0.00 | \$43.42 | \$2.15 | \$10.19 | \$0.71 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$130.49 | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | |
| 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 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$46,057 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 18,770 | | | | | | | | 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 | | 1.3499 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4819 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$101.91 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$181.76 | \$101.91 | \$0.00 | \$22.92 | \$23.59 | \$0.00 | \$16.67 | \$2.45 | \$13.01 | \$1.21 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$5.61 | \$5.61 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.06 | \$3.06 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$27.30 | \$9.20 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$209.06 | \$111.11 | \$0.00 | \$23.14 | \$24.00 | \$0.00 | \$34.14 | \$2.45 | \$13.01 | \$1.21 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$143.97 | | | | | | | | | |

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

INTERIM

| Provider: COUNTRYSIDE HEALTH CENTER | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00141666A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5442 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 16.67% | 0.0% | Quarterly Medicaid CMI: | | | 1.5549 | 1.5030 |
| | | | | | | | 3.26 | 2.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.5834 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$32,943 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5442 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5834 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$77.67 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$143.95 | \$77.67 | \$0.00 | \$13.98 | \$17.23 | \$0.00 | \$26.50 | \$1.61 | \$6.14 | \$0.82 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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 | \$1.55 | \$1.55 | | | | | | | | | |
| 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 | \$20.18 | \$2.08 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$164.13 | \$79.75 | \$0.00 | \$14.20 | \$17.64 | \$0.00 | \$43.97 | \$1.61 | \$6.14 | \$0.82 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$110.27 | | | | | | | | | | |

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: | 1.6064 | 1.5782 | 1.6063 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | a | b | c | d | e | f | g | g | h | i | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$98,306 | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6064 | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6063 | | | | | | | | | | | | | | | | | | | |
| 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 | \$174.84 | \$109.98 | \$0.00 | \$16.45 | \$18.33 | \$0.00 | \$19.42 | \$1.19 | \$8.35 | \$1.12 | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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 | \$2.75 | \$2.75 | | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.20 | \$2.20 | | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.58 | \$5.48 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$198.42 | \$115.46 | \$0.00 | \$16.67 | \$18.74 | \$0.00 | \$36.89 | \$1.19 | \$8.35 | \$1.12 | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$135.99 | | | | | | | | | | | | | | | | | | | | |

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: PRUITTHEALTH - LAKEHAVEN, LLC | | | | | | | | | | | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | 1.6532 | 1.5126 | |
| Prvdr ID: 00141721A | | | | | | | | | | | | | | Qtrly BIMS score | 37.14% | 2.5% | Quarterly Medicaid CMI: | 1.5772 | 1.5030 | |
| Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | | | | | | | | | | | Nurse Hours per On-Site Day/Quality Incentive: | 2.78 | 5.0% | Qtrly Mcaid CMI w RUG Wght Options: | 1.6039 | 1.5294 | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | | | | | | |
| | | | a | b | c | d | e | f | g | g | h | i | | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$183,614 | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6532 | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6039 | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$89.96 | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$165.98 | \$89.96 | \$0.00 | \$16.82 | \$19.84 | \$0.00 | \$24.42 | \$6.03 | \$7.97 | \$0.94 | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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 | \$2.25 | \$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 | \$4.50 | \$4.50 | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$25.38 | \$7.28 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$191.36 | \$97.24 | \$0.00 | \$17.04 | \$20.25 | \$0.00 | \$41.89 | \$6.03 | \$7.97 | \$0.94 | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$130.70 | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: SGMC LAKELAND VILLA Prvdr ID: 00141732A | | 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: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Growth Allowance: N/A | | Qtrly BIMS score: 30.91% | Nurse Hours per On-Site Day/Quality Incentive: 4.27 | 0.00% | 2.5% | 2.0% | Base Period Overall CMI: 1.1610 | | | | 1.1610 | 1.5126 |
| | | Qtrly Medicaid CMI: 1.0223 | | Qtrly Mcaid CMI w RUG Wght Options: 1.0330 | | | | | | | | 1.0223 | 1.5030 | |
| | | | | | | | | | | | | 1.0330 | 1.5294 | |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | | |
| | | | a | b | c | d | e | f | g | g | h | i | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>Hosp Based</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$43,612 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$16,525 | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$6,654,331 | \$3,083,712 | \$0 | \$1,328,854 | \$387,845 | \$673,084 | \$742,715 | \$43,612 | \$377,984 | \$16,525 | | |
| 8 | Total Nursing Facility Days As Filed Days = 22,274 | FY20 Audited C/R Days | 22,340 | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,274 | FY20 GL-PL Ins Rpt Days | | | | | | | | 22,340 | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$297.87 | \$138.04 | \$0.00 | \$59.48 | \$47.49 | (with L&H) | \$33.25 | \$1.95 | \$16.92 | \$0.74 | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.1610 | | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$118.90 | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$118.90 | \$0.00 | \$59.48 | \$47.49 | | \$33.25 | \$1.95 | \$16.92 | \$0.74 | | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$32.46 | \$27.62 | | \$30.83 | \$0.00 | N/A | | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$211.18 | \$88.52 | \$0.00 | \$32.46 | \$27.62 | | \$30.83 | \$1.95 | 29.06 (FRV) | \$0.74 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | N/A | N/A | | |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | \$211.18 | \$88.52 | \$0.00 | \$32.46 | \$27.62 | \$0.00 | \$30.83 | \$1.95 | \$29.06 | \$0.74 | | |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.0330 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$91.44 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$214.10 | \$91.44 | \$0.00 | \$32.46 | \$27.62 | \$0.00 | \$30.83 | \$1.95 | \$29.06 | \$0.74 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$2.29 | \$2.29 | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$1.83 | \$1.83 | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.22 | \$4.12 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$235.32 | \$95.56 | \$0.00 | \$32.46 | \$27.62 | \$0.00 | \$47.93 | \$1.95 | \$29.06 | \$0.74 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$163.67 | | | | | | | | | | | |

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: THE OAKS - LIMESTONE Prvdr ID: 00141743A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | | | | Facility Score | Add-on Percent | | | | | Facility Specific | State-wide |
| | | | | | | | N/A | 0.00% | | | | | 1.6112 | 1.5126 |
| | | | | | | | 29.17% | 1.0% | | | | | 1.6076 | 1.5030 |
| | | | | | | | 2.74 | 5.0% | | | | | 1.6348 | 1.5294 |
| Case Mix Based Rate Calculations | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$211,821 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6112 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6348 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$113.63 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$229.64 | \$113.63 | \$0.00 | \$15.74 | \$27.62 | \$0.00 | \$30.83 | \$6.37 | \$33.47 | \$1.98 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.75 | \$0.53 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$1.14 | \$1.14 | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$5.68 | \$5.68 | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$24.67 | \$7.35 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$254.31 | \$120.98 | \$0.00 | \$15.96 | \$27.62 | \$0.00 | \$47.93 | \$6.37 | \$33.47 | \$1.98 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$177.91 | | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$111,935 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5645 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.8628 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$105.21 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$173.33 | \$105.21 | \$0.00 | \$16.51 | \$14.03 | \$0.00 | \$24.31 | \$2.83 | \$8.54 | \$1.90 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>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>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.10 | \$2.10 | | | | | | | | |
| 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 | \$21.78 | \$3.68 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$195.11 | \$108.89 | \$0.00 | \$16.73 | \$14.44 | \$0.00 | \$41.78 | \$2.83 | \$8.54 | \$1.90 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$133.51 | | | | | | | | | |

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

INTERIM

| Provider: MAGNOLIA MANOR OF MARION COUNTY | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00141809A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.6769 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 41.07% | 2.5% | Quarterly Medicaid CMI: | | | 1.4248 | 1.5030 |
| | | | | | | | 3.61 | 5.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.4523 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$66,181 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6769 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4523 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$90.22 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$192.80 | \$90.22 | \$0.00 | \$19.02 | \$20.64 | \$0.00 | \$30.82 | \$3.03 | \$28.35 | \$0.72 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.17 | \$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 | \$2.26 | \$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 | \$4.51 | \$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 | \$25.04 | \$7.30 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.11 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$217.84 | \$97.52 | \$0.00 | \$19.24 | \$21.05 | \$0.00 | \$47.93 | \$3.03 | \$28.35 | \$0.72 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$150.56 | | | | | | | | | | |

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: LEGACY TRANSITIONAL CARE & REHABILITATION | | | | | | | | | | | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | 1.3564 | 1.5126 | |
| Prvdr ID: 00141831A | | | | | | | | | | | | | | Qtrly BIMS score | 30.41% | 2.5% | Quarterly Medicaid CMI: | 1.5033 | 1.5030 | |
| Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | | | | | | | | | | | Nurse Hours per On-Site Day/Quality Incentive: | 2.63 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | 1.5300 | 1.5294 | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | | | | | | |
| | | | a | b | c | d | e | f | g | g | h | i | | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$356,069 | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3564 | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5300 | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$86.08 | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$159.55 | \$86.08 | \$0.00 | \$15.22 | \$17.70 | \$0.00 | \$22.43 | \$5.70 | \$10.19 | \$2.23 | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>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 | \$23.36 | \$5.26 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$182.91 | \$91.34 | \$0.00 | \$15.44 | \$18.11 | \$0.00 | \$39.90 | \$5.70 | \$10.19 | \$2.23 | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$124.36 | | | | | | | | | | | | | | | | | |

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: SADIE G. MAYS HEALTH & REHABILITATION CENTER Prvdr ID: 00141842A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | Growth Allowance: N/A Qtrly BIMS score: 46.46% Nurse Hours per On-Site Day/Quality Incentive: 2.42 | | | Facility Score: N/A Add-on Percent: 0.00% Add-on Percent: 5.5% Add-on Percent: 4.0% | | | Base Period Overall CMI: 1.4093 Quarterly Medicaid CMI: 1.5498 Qtrly Mcaid CMI w RUG Wght Options: 1.5772 | | | 1.4093 | 1.5126 | 1.5498 | 1.5030 | 1.5772 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$309,008 | | | | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4093 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 (FRV) | \$0.21 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5772 | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$120.80 | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$213.47 | \$120.80 | \$0.00 | \$19.11 | \$26.41 | \$0.00 | \$30.83 | \$4.78 | \$11.33 | \$0.21 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | | | | | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$6.64 | \$6.64 | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.83 | \$4.83 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | \$12.63 | \$12.00 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$226.10 | \$132.80 | \$0.00 | \$19.33 | \$26.82 | \$0.00 | \$30.83 | \$4.78 | \$11.33 | \$0.21 | | | | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$169.58 | | | | | | | | | | | | | | | | | | | | | | | | |

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: MCRAE MANOR NURSING HOME Prvdr ID: 00141853A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | |
| | | | | | | | Facility Score: N/A | Add-on Percent: 0.00% | Base Period Overall CMI: 1.5006 | | | | 1.5126 |
| | | | | | | | Qtrly BIMS score: 24.39% | 1.0% | Quarterly Medicaid CMI: 1.5996 | | | | 1.5030 |
| | | | | | | | Nurse Hours per On-Site Day/Quality Incentive: 3.62 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: 1.6311 | | | | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$313,362 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5006 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6311 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$107.64 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$192.34 | \$107.64 | \$0.00 | \$17.91 | \$23.18 | \$0.00 | \$22.85 | \$8.94 | \$10.83 | \$0.99 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$1.08 | \$1.08 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.23 | \$3.23 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$22.94 | \$4.84 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$215.28 | \$112.48 | \$0.00 | \$18.13 | \$23.59 | \$0.00 | \$40.32 | \$8.94 | \$10.83 | \$0.99 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$148.64 | | | | | | | | | | |

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

INTERIM

| Provider: MEADOWBROOK HEALTH AND REHAB | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00141864A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.8282 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 45.45% | 5.5% | Quarterly Medicaid CMI: | | | 1.8682 | 1.5030 |
| | | | | | | | 1.70 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.9035 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$78,729 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.8282 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.9035 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$83.14 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$163.25 | \$83.14 | \$0.00 | \$14.53 | \$16.78 | \$0.00 | \$30.83 | \$1.71 | \$14.43 | \$1.83 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$4.57 | \$4.57 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.49 | \$2.49 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$25.32 | \$7.59 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$188.57 | \$90.73 | \$0.00 | \$14.75 | \$17.19 | \$0.00 | \$47.93 | \$1.71 | \$14.43 | \$1.83 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$128.60 | | | | | | | | | | |

Quarterly Case Mix Per Diem Calculation

Interim

| Provider: Ridgecrest Rehab and Skilled Nursing Center Prvdr ID: 00141886A H/B ? : No Case Mix Per Diem Rate Effective Date: 07/01/22 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | <u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 20.0% Nurse Hours per On-Site Day/Quality Incentive: 6.46 | | | Facility Score: N/A Add-on Percent: 0.00% 1.0% 3.0% | <u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3708 Quarterly Medicaid CMI: 1.7978 Qtrly Mcaid CMI w RUG Wght Options: 1.8304 | | | | Facility Specific: 1.3708 1.7978 1.8304 | State-wide: 1.5126 1.5462 1.5738 |
|--|-------------|------------------------|---|------------------|------------------|--|---|------------------------|-------------------|----------------------|---|--|
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
| | | | a | b | c | d | e | f | g | | h | i |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| Cost Center Peer Groups per Selected Options | | | | | | | | | | | | |
| Type of Facility within Peer Group | | | | | | | | | | | | |
| Bed Size Range within Peer Group | | | | | | | | | | | | |
| Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | | |
| Peer Group Standards: Percentile | | | | | | | | | | | | |
| Peer Group Standards: Multiplier | | | | | | | | | | | | |
| Efficiency Measures (Maximums) | | | | | | | | | | | | |
| Per Diem Costs and Add-ons | | | | | | | | | | | | |
| GL-PL- Insurance Costs | | | | | | | | | | | | |
| Total Nursing Facility Days GL-PL Ins. Rpt | | | | | | | | | | | | |
| Standard Per Diem (After CMA for Routine Srvcs) | | | | | | | | | | | | |
| Allowed @ 95% of Std | | | | | | | | | | | | |
| Growth Allowance 0.0% | | | | | | | | | | | | |
| CMA Allowed Per Diem (After Growth Allowance) | | | | | | | | | | | | |
| Quarterly Facility Case Mix Index for Medicaid Residents | | | | | | | | | | | | |
| Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | | | | | | | | | | | | |
| Quarterly Medicaid CMA Allowed Per Diem | | | | | | | | | | | | |
| Quarterly Per Diem Add-On Amounts | | | | | | | | | | | | |
| BIMS Add-on Per Diem = 1.0% to Routine Srvcs | | | | | | | | | | | | |
| Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% | | | | | | | | | | | | |
| Nursing Home Provider Fee | | | | | | | | | | | | |
| Total Quarterly Per Diem Add-On Amounts | | | | | | | | | | | | |
| Quarterly Case Mix Based Per Diem Rate | | | | | | | | | | | | |
| Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75% | | | | | | | | | | | | |

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited 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: PRUITTHEALTH - MACON Prvdr ID: 00141908A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | Growth Allowance: N/A Qtrly BIMS score: 32.81% Nurse Hours per On-Site Day/Quality Incentive: 3.16 | | | Facility Score: N/A Add-on Percent: 0.00% 2.5% 4.0% | | | Base Period Overall CMI: 1.5328 Quarterly Medicaid CMI: 1.5572 Qtrly Mcaid CMI w RUG Wght Options: 1.5854 | | | 1.5328 | 1.5126 | 1.5572 | 1.5030 | 1.5854 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$465,676 | | | | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5328 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5854 | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$120.49 | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$206.52 | \$120.49 | \$0.00 | \$15.48 | \$26.87 | \$0.00 | \$26.14 | \$7.42 | \$8.45 | \$1.67 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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 | \$3.01 | \$3.01 | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.82 | \$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 | \$26.46 | \$8.36 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$232.98 | \$128.85 | \$0.00 | \$15.70 | \$27.28 | \$0.00 | \$43.61 | \$7.42 | \$8.45 | \$1.67 | | | | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$161.91 | | | | | | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: MEMORIAL MANOR NURSING HOME | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|---|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00141919A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.2586 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 22.41% | 1.0% | Quarterly Medicaid CMI: | | | 1.1795 | 1.5030 |
| | | | | | | | 3.46 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.1974 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>Hosp Based</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$18,227 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.2586 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.1974 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$88.88 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$172.27 | \$88.88 | \$0.00 | \$32.46 | \$22.02 | \$0.00 | \$16.87 | \$0.52 | \$10.27 | \$1.25 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.31 | \$0.53 | \$0.00 | \$0.00 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$0.89 | \$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 | \$21.97 | \$4.09 | \$0.00 | \$0.00 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$194.24 | \$92.97 | \$0.00 | \$32.46 | \$22.43 | \$0.00 | \$34.34 | \$0.52 | \$10.27 | \$1.25 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$132.86 | | | | | | | | | | |

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

INTERIM

| Provider: MEDICAL MANAGEMENT HEALTH AND REHAB CENTER | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | | Facility Specific | State-wide |
|---|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|------------|
| Prvdr ID: 00141941A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | 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: 03/31/22 | | Qtrly BIMS score: 18.57% | | Nurse Hours per On-Site Day/Quality Incentive: 2.55 | | 18.57% | 0.0% | Quarterly Medicaid CMI: 1.4509 | | 1.4509 | 1.5030 | | |
| | | | | | | | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: 1.4766 | | 1.4766 | 1.5294 | | |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$50,231 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5960 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4766 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$75.50 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$143.38 | \$75.50 | \$0.00 | \$14.37 | \$17.62 | \$0.00 | \$23.73 | \$1.73 | \$8.37 | \$2.06 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>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 | \$2.27 | \$2.27 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$20.90 | \$2.80 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$164.28 | \$78.30 | \$0.00 | \$14.59 | \$18.03 | \$0.00 | \$41.20 | \$1.73 | \$8.37 | \$2.06 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$110.39 | | | | | | | | | | |

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: WARM SPRINGS MEDICAL CENTER NURSING HOME Prvdr ID: 00141952A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | |
| | | | | | | | Facility Score: N/A | Add-on Percent: 0.00% | Base Period Overall CMI: 1.0433 | | | | 1.5126 |
| | | | | | | | Qtrly BIMS score: 30.51% | 2.5% | Quarterly Medicaid CMI: 1.4429 | | | | 1.5030 |
| | | | | | | | Nurse Hours per On-Site Day/Quality Incentive: 3.36 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: 1.4669 | | | | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>Hosp Based</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$35,826 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.0433 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4669 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$129.85 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$215.94 | \$129.85 | \$0.00 | \$25.08 | \$20.82 | \$0.00 | \$26.93 | \$1.34 | \$11.63 | \$0.29 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.00 | \$0.00 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$3.25 | \$3.25 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.90 | \$3.90 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$25.25 | \$7.15 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$241.19 | \$137.00 | \$0.00 | \$25.30 | \$21.23 | \$0.00 | \$44.40 | \$1.34 | \$11.63 | \$0.29 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$168.07 | | | | | | | | | | |

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

INTERIM

| Provider: AZALEA HEALTH AND REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00141963A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.4791 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 42.86% | 2.5% | Quarterly Medicaid CMI: | | | 1.5502 | 1.5030 |
| | | | | | | | 3.19 | 4.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.5797 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$69,068 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4791 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5797 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$93.98 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$171.20 | \$93.98 | \$0.00 | \$19.10 | \$16.28 | \$0.00 | \$27.05 | \$2.57 | \$11.11 | \$1.11 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.35 | \$2.35 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.76 | \$3.76 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$24.74 | \$6.64 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$195.94 | \$100.62 | \$0.00 | \$19.32 | \$16.69 | \$0.00 | \$44.52 | \$2.57 | \$11.11 | \$1.11 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$134.13 | | | | | | | | | | |

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

INTERIM

| Provider: EASTMAN HEALTHCARE & REHAB | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00141974A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.3692 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 26.47% | 1.0% | Quarterly Medicaid CMI: | | | 1.2369 | 1.5030 |
| | | | | | | | 2.89 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.2553 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$25,746 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$38,027 | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$3,325,265 | \$1,804,496 | \$0 | \$341,015 | \$461,346 | \$0 | \$299,098 | \$25,746 | \$355,537 | \$38,027 | |
| 8 | Total Nursing Facility Days | As Filed Days = 23,217 FY20 Audited C/R Days | 23,217 | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 23,217 FY20 GL-PL Ins Rpt Days | | | | | | | | 23,217 | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$143.22 | \$77.72 | \$0.00 | \$14.69 | \$19.87 | (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 | | 1.3692 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2553 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$71.25 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$130.67 | \$71.25 | \$0.00 | \$14.69 | \$19.87 | \$0.00 | \$12.88 | \$1.11 | \$9.23 | \$1.64 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$0.71 | \$0.71 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.14 | \$2.14 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.48 | \$3.38 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$152.15 | \$74.63 | \$0.00 | \$14.91 | \$20.28 | \$0.00 | \$30.35 | \$1.11 | \$9.23 | \$1.64 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$101.29 | | | | | | | | | | |

Quarterly Case Mix Per Diem Calculation

Interim

| Provider: Magnolia Manor of Midway Prvdr ID: 00141985A H/B ? : No Case Mix Per Diem Rate Effective Date: 07/01/22 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | <u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 36.7% Nurse Hours per On-Site Day/Quality Incentive: 3.90 | | | Facility Score: N/A Add-on Percent: 0.00% 2.5% 3.0% | <u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options: | | | | Facility Specific: 1.1165 1.2997 1.3199 | State-wide: 1.5126 1.5462 1.5738 |
|---|-------------|------------------------|---|------------------|------------------|--|--|------------------------|-------------------|----------------------|---|--|
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
| | | | a | b | c | d | e | f | g | | h | i |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| Cost Center Peer Groups per Selected Options | | | | | | | | | | | | |
| Type of Facility within Peer Group | | | | | | | | | | | | |
| Bed Size Range within Peer Group | | | | | | | | | | | | |
| Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | | |
| Peer Group Standards: Percentile | | | | | | | | | | | | |
| Peer Group Standards: Multiplier | | | | | | | | | | | | |
| Efficiency Measures (Maximums) | | | | | | | | | | | | |
| Per Diem Costs and Add-ons | | | | | | | | | | | | |
| GL-PL- Insurance Costs | | | | | | | | | | | | |
| Total Nursing Facility Days GL-PL Ins. Rpt | | | | | | | | | | | | |
| Standard Per Diem (After CMA for Routine Srvcs) | | | | | | | | | | | | |
| FY2020 GL-PL Ins. Rpt | | | | | | | | | | | | |
| FY 2020 Peer Group Limit | | | | | | | | | | | | |
| 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 Srvcs Case Mix Adjstd (CMA) Net Per Diem | | | | | | | | | | | | |
| Quarterly Medicaid CMA Allowed Per Diem | | | | | | | | | | | | |
| Quarterly Per Diem Add-On Amounts | | | | | | | | | | | | |
| BIMS Add-on Per Diem = 2.5% to Routine Srvcs | | | | | | | | | | | | |
| Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% | | | | | | | | | | | | |
| Nursing Home Provider Fee | | | | | | | | | | | | |
| Total Quarterly Per Diem Add-On Amounts | | | | | | | | | | | | |
| Total Quarterly Case Mix Based Per Diem Rate | | | | | | | | | | | | |
| Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75% | | | | | | | | | | | | |

Quarterly Case Mix Per Diem Calculation

Interim

| Provider: Miller Nursing Home Prvdr ID: 00141996A H/B ?: Yes Case Mix Per Diem Rate Effective Date: 07/01/22 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | <u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 57.1% Nurse Hours per On-Site Day/Quality Incentive: 4.35 | | | Facility Score: N/A Add-on Percent: 0.00% 5.5% 4.0% | <u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 2.1389 Quarterly Medicaid CMI: 2.1913 Qtrly Mcaid CMI w RUG Wght Options: 2.2347 | | | Facility Specific: 2.1389 2.1913 2.2347 | State-wide: 1.5126 1.5462 1.5738 | |
|--|--|--------------------------|---|------------------|------------------|--|---|------------------------|-------------------|---|--|---------------------|
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
| | | | a | b | c | d | e | f | g | | h | i |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| | Cost Center Peer Groups per Selected Options | | | 1 | 1 | 2 | 1 | 1 | 1 | | | |
| | Type of Facility within Peer Group | | | All Facilities | All Facilities | Hosp Based | All Facilities | All Facilities | All Facilities | | | |
| | Bed Size Range within Peer Group | | | All Bed Sizes | All Bed Sizes | All Bed Sizes | All Bed Sizes | All Bed Sizes | All Bed Sizes | | | |
| | Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | |
| | Peer Group Standards: Percentile | | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| | Peer Group Standards: Multiplier | | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| | Efficiency Measures (Maximums) | | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| | Per Diem Costs and Add-ons | | | | | | | | | | | |
| | GL-PL- Insurance Costs | 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 Srvcs) | FY 2020 Peer Group Limit | | \$88.52 | | \$32.46 | \$27.62 | | \$30.83 | | \$23.01 | \$1.33 |
| | <u>Allowed @ 95% of Std</u> | | \$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 | | | 2.2347 | | | | | | | (FRV Rate) | |
| | Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | | | \$187.92 | | | | | | | | |
| | Quarterly Medicaid CMA Allowed Per Diem | | \$301.34 | \$187.92 | | \$30.84 | \$26.24 | | \$29.29 | 2.71 | \$23.01 | \$1.33 |
| | Quarterly Per Diem Add-On Amounts | | | | | | | | | | | |
| | BIMS Add-on Per Diem = 5.5% to Routine Srvcs) | | \$10.34 | \$10.34 | | | | | | | | |
| | Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% | | \$7.52 | \$7.52 | | | | | | | | |
| | Nursing Home Provider Fee | | \$17.10 | | | | | 17.10 | | | | |
| | Total Quarterly Per Diem Add-On Amounts | | \$34.95 | | | | | | | | | |
| | Quarterly Case Mix Based Per Diem Rate | | \$336.29 | \$205.77 | | \$30.84 | \$26.24 | | \$46.39 | \$2.71 | \$23.01 | \$1.33 |
| | Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75% | | \$239.39 | | | | | | | | | |

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

INTERIM

| Provider: NEW HORIZONS LIMESTONE | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | | Facility Specific | State-wide | |
|--|--|--|-----------------|--------------------------------------|--------------------------------------|----------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|-----------------------|----------------------|---------------------|------------|--------|
| Prvdr ID: 00142007A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | | 1.2628 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 14.93% | 0.0% | Quarterly Medicaid CMI: | | | | 1.2068 | 1.5030 |
| | | | | | | | 3.81 | 2.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | | 1.2240 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | | |
| | | | a | b | c | d | e | f | g | g | h | i | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility 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 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$72,250 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.2628 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2240 | | | | | | | | | | |
| 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 | \$212.94 | \$108.35 | \$0.00 | \$32.46 | \$27.62 | \$0.00 | \$30.83 | \$1.80 | \$11.76 | \$0.12 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | | | |
| 21 | BIMS Add-on Per Diem = <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 | \$2.17 | \$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 | \$19.27 | \$2.17 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$232.21 | \$110.52 | \$0.00 | \$32.46 | \$27.62 | \$0.00 | \$47.93 | \$1.80 | \$11.76 | \$0.12 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$161.33 | | | | | | | | | | | |

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: | 1.4592 | 1.5126 |
| Provider: MITCHELL CONVALESCENT CENTER Prvdr ID: 00142018A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | 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: | 1.4592 | 1.5126 |
| | | | | | | | | | | | | | 2.5% | 3.0% | 32.50% | 4.21 | 1.4548 | 1.5030 | 1.4781 | 1.5294 | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | a | b | c | d | e | f | g | g | h | i |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>Hosp Based</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | |
| Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$80,634 | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed 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 | | 1.4592 | | | | | | | | | | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$88.62 | | | | | | | | | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$88.62 | \$0.00 | \$31.18 | \$38.42 | | \$32.35 | \$4.74 | \$15.79 | \$0.30 | | | | | | | | | | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$32.46 | \$27.62 | | \$30.83 | \$0.00 | N/A | | | | | | | | | | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$194.31 | \$88.52 | \$0.00 | \$31.18 | \$27.62 | | \$30.83 | \$4.74 | 11.12 (FRV) | \$0.30 | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | N/A | N/A | | | | | | | | | | |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | \$194.31 | \$88.52 | \$0.00 | \$31.18 | \$27.62 | \$0.00 | \$30.83 | \$4.74 | \$11.12 | \$0.30 | | | | | | | | | | |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.4781 | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$130.84 | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$236.63 | \$130.84 | \$0.00 | \$31.18 | \$27.62 | \$0.00 | \$30.83 | \$4.74 | \$11.12 | \$0.30 | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.22 | \$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 | \$3.27 | \$3.27 | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.93 | \$3.93 | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$24.52 | \$7.20 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$261.15 | \$138.04 | \$0.00 | \$31.40 | \$27.62 | \$0.00 | \$47.93 | \$4.74 | \$11.12 | \$0.30 | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$183.04 | | | | | | | | | | | | | | | | | | | |

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: MONTEZUMA HEALTH CARE CENTER | | | | | | | | | | | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | 1.4831 | 1.5126 | |
| Prvdr ID: 00142062A | | | | | | | | | | | | | | Qtrly BIMS score | 57.45% | 5.5% | Quarterly Medicaid CMI: | 1.6006 | 1.5030 | |
| Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | | | | | | | | | | | Nurse Hours per On-Site Day/Quality Incentive: | 3.48 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | 1.6285 | 1.5294 | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | | | | | | |
| | | | a | b | c | d | e | f | g | g | h | i | | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$52,000 | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4831 | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6285 | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$111.67 | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$197.87 | \$111.67 | \$0.00 | \$18.48 | \$23.71 | \$0.00 | \$30.83 | \$2.34 | \$10.39 | \$0.45 | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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 | \$6.14 | \$6.14 | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.35 | \$3.35 | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$27.75 | \$10.02 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$225.62 | \$121.69 | \$0.00 | \$18.70 | \$24.12 | \$0.00 | \$47.93 | \$2.34 | \$10.39 | \$0.45 | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$156.39 | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: AVALON HEALTH AND REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00142084A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.3931 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 50.00% | 5.5% | Quarterly Medicaid CMI: | | | 1.5644 | 1.5030 |
| | | | | | | | 3.61 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.5932 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$47,905 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3931 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5932 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$119.22 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$203.52 | \$119.22 | \$0.00 | \$18.95 | \$21.85 | \$0.00 | \$30.83 | \$1.68 | \$10.65 | \$0.34 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <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 | \$28.40 | \$10.67 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$231.92 | \$129.89 | \$0.00 | \$19.17 | \$22.26 | \$0.00 | \$47.93 | \$1.68 | \$10.65 | \$0.34 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$161.12 | | | | | | | | | | |

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: PRUITTHEALTH - MOULTRIE Prvdr ID: 00142095A</p> <p>Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22</p> </div> <div style="width: 30%; text-align: center;"> <p><u>Add-on Data and Percentages</u></p> <p>Growth Allowance: N/A Qtrly BIMS score: 35.85% Nurse Hours per On-Site Day/Quality Incentive: 3.41</p> </div> <div style="width: 20%; text-align: center;"> <p><u>Facility Score</u> N/A 3.41</p> </div> <div style="width: 15%; text-align: center;"> <p><u>Add-on Percent</u> 0.00% 2.5% 4.0%</p> </div> <div style="width: 30%; text-align: center;"> <p><u>Case Mix Index (CMI) Data</u></p> <p>Base Period Overall CMI: 1.4156 Quarterly Medicaid CMI: 1.5062 Qtrly Mcaid CMI w RUG Wght Options: 1.5336</p> </div> <div style="width: 10%; text-align: center;"> <p><u>Facility Specific</u> 1.4156 1.5062 1.5336</p> </div> <div style="width: 10%; text-align: center;"> <p><u>State-wide</u> 1.5126 1.5030 1.5294</p> </div> </div> | | | | | | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Svcs Combined) | As Filed 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 Adjstmts | (\$186,124) | (\$11,360) | \$0 | \$0 | \$0 | \$0 | (\$146,510) | | (\$28,254) | |
| | As Filed Cost Center Costs (GL/PL) | As Filed FY20 GL/PL Rpt | | | | | | | | \$138,474 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 Svcs | 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 | | 1.4156 | | | | | | | | |
| 11 | Routine Svcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$59.61 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Svcs | 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 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 | \$142.08 | \$59.61 | \$0.00 | \$14.33 | \$20.71 | | \$23.68 | \$5.77 | 16.73 (FRV) | \$1.25 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5336 | | | | | | | | |
| 18 | Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$91.42 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$173.89 | \$91.42 | \$0.00 | \$14.33 | \$20.71 | \$0.00 | \$23.68 | \$5.77 | \$16.73 | \$1.25 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs) | Ln 19 Col b x CPS Add-on | \$2.29 | \$2.29 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs) | Ln 19 Col b x Stfng Add-on | \$3.66 | \$3.66 | | | | | | | | |
| 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 | \$24.58 | \$6.48 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$198.47 | \$97.90 | \$0.00 | \$14.55 | \$21.12 | \$0.00 | \$41.15 | \$5.77 | \$16.73 | \$1.25 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$136.03 | | | | | | | | | |

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 | | | |
| Provider: RIVER BROOK HEALTHCARE CENTER Prvdr ID: 00142106A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | |
| | | | Growth Allowance: N/A Qtrly BIMS score: 25.00% Nurse Hours per On-Site Day/Quality Incentive: 3.05 | | | | Add-on Percent: 0.00% 1.0% 2.0% | | | | Facility Score: N/A 25.00% 3.05 | | Facility Specific: 1.4939 1.4381 1.4631 | | State-wide: 1.5126 1.5030 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$46,149 | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | (with L&H) | \$27.50 | \$1.66 | \$9.50 | \$0.81 | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.4939 | | | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$51.74 | | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$51.74 | \$0.00 | \$14.42 | \$14.86 | | \$27.50 | \$1.66 | \$9.50 | \$0.81 | | | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | | | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$118.48 | \$51.74 | \$0.00 | \$14.42 | \$14.86 | | \$27.50 | \$1.66 | 7.49 (FRV) | \$0.81 | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4631 | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$75.70 | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$142.44 | \$75.70 | \$0.00 | \$14.42 | \$14.86 | \$0.00 | \$27.50 | \$1.66 | \$7.49 | \$0.81 | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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>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 | \$20.90 | \$2.80 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$163.34 | \$78.50 | \$0.00 | \$14.64 | \$15.27 | \$0.00 | \$44.97 | \$1.66 | \$7.49 | \$0.81 | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$109.68 | | | | | | | | | | | | |

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: ORCHARD VIEW REHABILITATION & SKILLED NURSING CTR Prvdr ID: 00142117A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | | | | Facility Score | Add-on Percent | | | | | Facility Specific | State-wide |
| | | | | | | | N/A | 0.00% | | | | | 1.3293 | 1.5126 |
| | | | | | | | 50.96% | 5.5% | | | | | 1.4129 | 1.5030 |
| | | | | | | | 5.59 | 3.0% | | | | | 1.4380 | 1.5294 |
| Case Mix Based Rate Calculations | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$217,891 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3293 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4380 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$127.29 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$239.40 | \$127.29 | \$0.00 | \$20.94 | \$25.51 | \$0.00 | \$24.57 | \$3.59 | \$36.94 | \$0.56 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$7.00 | \$7.00 | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.82 | \$3.82 | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$0.00 | | | | | | \$0.00 | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$11.82 | \$10.82 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$251.22 | \$138.11 | \$0.00 | \$21.16 | \$25.92 | \$0.00 | \$24.94 | \$3.59 | \$36.94 | \$0.56 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$188.42 | | | | | | | | | | | |

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: SUMMERHILL ELDERLIVING HOME & CARE Prvdr ID: 00142139A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | Growth Allowance: N/A Qtrly BIMS score: 35.63% Nurse Hours per On-Site Day/Quality Incentive: 4.96 | | | Facility Score: N/A Add-on Percent: 0.00% 2.5% 3.0% | | | Base Period Overall CMI: 1.4744 Quarterly Medicaid CMI: 1.3885 Qtrly Mcaid CMI w RUG Wght Options: 1.4103 | | | 1.4744 | 1.5126 | 1.3885 | 1.5030 | 1.4103 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$222,651 | | | | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | | \$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 | | 1.4744 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4103 | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$119.27 | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$217.92 | \$119.27 | \$0.00 | \$24.48 | \$27.41 | \$0.00 | \$24.95 | \$4.19 | \$15.92 | \$1.70 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.06 | \$0.53 | \$0.00 | \$0.00 | \$0.16 | \$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 | \$2.98 | \$2.98 | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$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 | \$24.72 | \$7.09 | \$0.00 | \$0.00 | \$0.16 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$242.64 | \$126.36 | \$0.00 | \$24.48 | \$27.57 | \$0.00 | \$42.42 | \$4.19 | \$15.92 | \$1.70 | | | | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$169.16 | | | | | | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: HERITAGE INN HEALTH AND REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00142161A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.6444 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 26.00% | 1.0% | Quarterly Medicaid CMI: | | | 1.3814 | 1.5030 |
| | | | | | | | 2.87 | 4.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.4027 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$49,140 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6444 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4027 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$79.60 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$154.68 | \$79.60 | \$0.00 | \$18.25 | \$18.62 | \$0.00 | \$26.95 | \$1.86 | \$8.09 | \$1.31 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$0.80 | \$0.80 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.18 | \$3.18 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$22.61 | \$4.51 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$177.29 | \$84.11 | \$0.00 | \$18.47 | \$19.03 | \$0.00 | \$44.42 | \$1.86 | \$8.09 | \$1.31 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$120.14 | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$412,076 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4084 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7666 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$118.87 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$201.78 | \$118.87 | \$0.00 | \$16.00 | \$20.05 | \$0.00 | \$27.20 | \$5.71 | \$10.81 | \$3.14 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$1.19 | \$1.19 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$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 | \$22.20 | \$4.10 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$223.98 | \$122.97 | \$0.00 | \$16.22 | \$20.46 | \$0.00 | \$44.67 | \$5.71 | \$10.81 | \$3.14 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$155.16 | | | | | | | | | |

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

INTERIM

| Provider: PINEWOOD NURSING CENTER | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | | Facility Specific | State-wide |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|------------|
| Prvdr ID: 00142205A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | Growth Allowance: N/A | | N/A | 0.00% | Base Period Overall CMI: 1.2168 | | 1.2168 | 1.5126 | | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Qtrly BIMS score: 32.65% | | Nurse Hours per On-Site Day/Quality Incentive: 2.19 | | 2.19 | 2.5% | Quarterly Medicaid CMI: 1.1578 | | 1.1578 | 1.5030 | | |
| | | | | | | | 2.0% | Qtrly Mcaid CMI w RUG Wght Options: 1.1733 | | 1.1733 | 1.5294 | | |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$29,301 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.2168 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.1733 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$56.41 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$124.82 | \$56.41 | \$0.00 | \$13.60 | \$19.08 | \$0.00 | \$24.74 | \$1.18 | \$8.15 | \$1.66 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$1.41 | \$1.41 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$1.13 | \$1.13 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.17 | \$3.07 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$145.99 | \$59.48 | \$0.00 | \$13.82 | \$19.49 | \$0.00 | \$42.21 | \$1.18 | \$8.15 | \$1.66 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$96.67 | | | | | | | | | | |

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

INTERIM

| Provider: OAKVIEW HEALTH AND REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00142238A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5400 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 36.84% | 2.5% | Quarterly Medicaid CMI: | | | 1.4415 | 1.5030 |
| | | | | | | | 3.14 | 5.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.4659 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$79,950 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5400 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4659 | | | | | | | | | |
| 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 | \$173.97 | \$92.19 | \$0.00 | \$17.87 | \$19.97 | \$0.00 | \$26.64 | \$1.59 | \$14.77 | \$0.94 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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 | \$4.61 | \$4.61 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$25.54 | \$7.44 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$199.51 | \$99.63 | \$0.00 | \$18.09 | \$20.38 | \$0.00 | \$44.11 | \$1.59 | \$14.77 | \$0.94 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$136.81 | | | | | | | | | | |

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: OAK VIEW HOME, INC Prvdr ID: 00142249A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | N/A | 0.00% | 1.3635 | 1.5126 | 37.14% | 2.5% | 1.1477 | 1.5030 | 2.55 | 3.0% | 1.1614 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | a | b | c | d | e | f | g | g | h | i | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | |
| Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$54,080 | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3635 | | | | | | | | | | | | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$68.06 | | | | | | | | | | | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$68.06 | \$0.00 | \$16.42 | \$21.76 | | \$28.40 | \$1.61 | \$8.78 | \$0.68 | | | | | | | | | | | | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | | | | | | | | | | | | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$146.32 | \$68.06 | \$0.00 | \$16.42 | \$21.76 | | \$28.40 | \$1.61 | 9.39 <i>(FRV)</i> | \$0.68 | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.1614 | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$79.04 | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$157.30 | \$79.04 | \$0.00 | \$16.42 | \$21.76 | \$0.00 | \$28.40 | \$1.61 | \$9.39 | \$0.68 | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$1.98 | \$1.98 | | | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.37 | \$2.37 | | | | | | | | | | | | | | | | | | | | |
| 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 | \$22.98 | \$4.88 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$180.28 | \$83.92 | \$0.00 | \$16.64 | \$22.17 | \$0.00 | \$45.87 | \$1.61 | \$9.39 | \$0.68 | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$122.39 | | | | | | | | | | | | | | | | | | | | | |

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: THE OAKS NURSING HOME, INC. | | | | | | | | | | | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | 1.6653 | 1.5126 | |
| Prvdr ID: 00142271A | | | | | | | | | | | | | | Qtrly BIMS score | 45.24% | 5.5% | Quarterly Medicaid CMI: | 1.7512 | 1.5030 | |
| Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | | | | | | | | | | | Nurse Hours per On-Site Day/Quality Incentive: | 3.89 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | 1.7859 | 1.5294 | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | | | | | | |
| | | | a | b | c | d | e | f | g | g | h | i | | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$39,313 | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$29,379 | | | | | | | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$3,574,112 | \$2,083,781 | \$0 | \$356,642 | \$523,475 | \$0 | \$531,597 | \$39,313 | \$9,925 | \$29,379 | | | | | | | | |
| 8 | Total Nursing Facility Days | FY20 Audited C/R Days | 21,037 | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | FY20 GL-PL Ins Rpt Days | | | | | | | | 21,037 | | | | | | | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$169.89 | \$99.05 | \$0.00 | \$16.95 | \$24.88 | (with L&H) | \$25.27 | \$1.87 | \$0.47 | \$1.40 | | | | | | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.6653 | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7859 | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$106.23 | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$191.36 | \$106.23 | \$0.00 | \$16.95 | \$24.88 | \$0.00 | \$25.27 | \$1.87 | \$14.76 | \$1.40 | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$219.02 | \$115.79 | \$0.00 | \$17.17 | \$25.29 | \$0.00 | \$42.74 | \$1.87 | \$14.76 | \$1.40 | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$151.44 | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: OCONEE HEALTH AND REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00142293A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.2656 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 29.41% | 1.0% | Quarterly Medicaid CMI: | | | 1.4790 | 1.5030 |
| | | | | | | | 3.55 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.5066 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$27,040 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.2656 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5066 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$116.61 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$202.79 | \$116.61 | \$0.00 | \$20.01 | \$22.76 | \$0.00 | \$30.51 | \$1.65 | \$10.31 | \$0.94 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.40 | \$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 | \$1.17 | \$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 | \$23.17 | \$5.20 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.34 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$225.96 | \$121.81 | \$0.00 | \$20.23 | \$23.17 | \$0.00 | \$47.85 | \$1.65 | \$10.31 | \$0.94 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$156.65 | | | | | | | | | | |

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 |
| Provider: PRUITTHEALTH - OLD CAPITOL Prvdr ID: 00142304A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | |
| | | | Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 42.68% Nurse Hours per On-Site Day/Quality Incentive: 2.67 5.0% | | | | Base Period Overall CMI: 1.3454 Quarterly Medicaid CMI: 1.3858 Qtrly Mcaid CMI w RUG Wght Options: 1.4077 | | | | Facility Specific: 1.3454 1.3858 1.4077 | State-wide: 1.5126 1.5030 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$291,131 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3454 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4077 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$85.28 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$150.62 | \$85.28 | \$0.00 | \$13.54 | \$17.60 | \$0.00 | \$18.19 | \$6.57 | \$8.29 | \$1.15 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.13 | \$2.13 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>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 | \$25.02 | \$6.92 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$175.64 | \$92.20 | \$0.00 | \$13.76 | \$18.01 | \$0.00 | \$35.66 | \$6.57 | \$8.29 | \$1.15 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$118.91 | | | | | | | | | |

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: PRUITTHEALTH - OCILLA Prvdr ID: 00142315A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | | | | Facility Score | Add-on Percent | | | | | Facility Specific | State-wide |
| | | | | | | | N/A | 0.00% | | | | | 1.5522 | 1.5126 |
| | | | | | | | 18.00% | 0.0% | | | | | 1.4718 | 1.5030 |
| | | | | | | | 3.80 | 4.0% | | | | | 1.4974 | 1.5294 |
| Case Mix Based Rate Calculations | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$169,259 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5522 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4974 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$78.09 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$155.44 | \$78.09 | \$0.00 | \$14.13 | \$21.52 | \$0.00 | \$23.66 | \$6.96 | \$9.94 | \$1.14 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | |
| 21 | BIMS Add-on Per Diem = <u>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 | \$3.12 | \$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 | \$21.75 | \$3.65 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$177.19 | \$81.74 | \$0.00 | \$14.35 | \$21.93 | \$0.00 | \$41.13 | \$6.96 | \$9.94 | \$1.14 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$120.07 | | | | | | | | | | | |

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

INTERIM

| Provider: PALEMON GASKINS MEM NSG HOME | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|--------------------------------------|--------------------------------------|----------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00142326A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.2343 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 30.00% | 2.5% | Quarterly Medicaid CMI: | | | 1.2549 | 1.5030 |
| | | | | | | | 4.92 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.2700 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility 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 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$39,319 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.2343 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2700 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$96.82 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$205.70 | \$96.82 | \$0.00 | \$32.46 | \$27.62 | \$0.00 | \$30.83 | \$3.87 | \$13.89 | \$0.21 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.53 | \$0.53 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <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>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.90 | \$2.90 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$22.95 | \$5.85 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$228.65 | \$102.67 | \$0.00 | \$32.46 | \$27.62 | \$0.00 | \$47.93 | \$3.87 | \$13.89 | \$0.21 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$158.66 | | | | | | | | | | |

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: PRUITTHEALTH - PALMYRA | | | | | | | | | | | | | N/A | 0.00% | Base Period Overall CMI: | | | 1.4247 | 1.5126 | | | |
| Prvdr ID: 00142337A | | | | | | | | | | | | | 39.58% | 2.5% | Quarterly Medicaid CMI: | | | 1.4046 | 1.5030 | | | |
| Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | | | | | | | | | | 3.85 | 5.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.4287 | 1.5294 | | | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | a | b | c | d | e | f | g | g | h | i |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | | | | | | | | | | |
| Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$510,010 | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | | | | | | | | | \$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 | | 71,802 | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 71,802 | | | | | | | | 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 | | 1.4247 | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4287 | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$110.70 | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$184.60 | \$110.70 | \$0.00 | \$14.72 | \$21.71 | \$0.00 | \$19.85 | \$7.10 | \$9.67 | \$0.85 | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$5.54 | \$5.54 | | | | | | | | | | | | | | | | | | |
| 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 | \$26.94 | \$8.84 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$211.54 | \$119.54 | \$0.00 | \$14.94 | \$22.12 | \$0.00 | \$37.32 | \$7.10 | \$9.67 | \$0.85 | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$145.83 | | | | | | | | | | | | | | | | | | | |

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: WELLSTAR PAULDING NURSING CTR Prvdr ID: 00142359A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | Growth Allowance: N/A Qtrly BIMS score: 38.61% Nurse Hours per On-Site Day/Quality Incentive: 4.48 | | | Facility Score: N/A Add-on Percent: 0.00% 2.5% 4.0% | | | Base Period Overall CMI: 1.0584 Quarterly Medicaid CMI: 1.0804 Qtrly Mcaid CMI w RUG Wght Options: 1.0946 | | | 1.0584 | 1.5126 | 1.0804 | 1.5030 | 1.0946 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>Hosp Based</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$144,329 | | | | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.0584 | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$141.72 | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$141.72 | \$0.00 | \$52.57 | \$57.79 | | \$64.07 | \$2.38 | \$82.06 | \$0.00 | | | | | | | | | | | | | | | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$32.46 | \$27.62 | | \$30.83 | \$0.00 | N/A | | | | | | | | | | | | | | | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$191.17 | \$88.52 | \$0.00 | \$32.46 | \$27.62 | | \$30.83 | \$2.38 | 9.36 (FRV) | \$0.00 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.0946 | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$96.89 | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$199.54 | \$96.89 | \$0.00 | \$32.46 | \$27.62 | \$0.00 | \$30.83 | \$2.38 | \$9.36 | \$0.00 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <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>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.88 | \$3.88 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | \$6.30 | \$6.30 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$205.84 | \$103.19 | \$0.00 | \$32.46 | \$27.62 | \$0.00 | \$30.83 | \$2.38 | \$9.36 | \$0.00 | | | | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$154.38 | | | | | | | | | | | | | | | | | | | | | | | | |

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: THE LODGE Prvdr ID: 00142381A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | Facility Score | State-wide | | | | | | | | | |
| | | | | | | | | | | | | | N/A | 36.54% | 0.00% | 1.7376 | 1.5126 | 4.28 | 3.0% | 1.7501 | 1.5030 | 1.7820 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$100,213 | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | FY20 Audited C/R Days | 26,631 | | | | | | | | | | | | | | | | | | | | |
| | As Filed Days = 26,631 | | | | | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | FY20 GL-PL Ins Rpt Days | | | | | | | | 26,631 | | | | | | | | | | | | | |
| | As Filed 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 | | 1.7376 | | | | | | | | | | | | | | | | | | | |
| 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 | \$0.63 | | | | | | | | | | | |
| | | | | | | | | | | | (FRV) | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7820 | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$128.43 | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$248.87 | \$128.43 | \$0.00 | \$24.00 | \$26.93 | \$0.00 | \$30.83 | \$3.76 | \$34.29 | \$0.63 | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$3.21 | \$3.21 | | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.85 | \$3.85 | | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$25.32 | \$7.59 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$274.19 | \$136.02 | \$0.00 | \$24.22 | \$27.34 | \$0.00 | \$47.93 | \$3.76 | \$34.29 | \$0.63 | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$192.82 | | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: PELHAM PARKWAY NURSING HM Prvdr ID: 00142425A | | 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: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Growth Allowance: N/A | | Qtrly BIMS score: 31.17% | 3.00% | 3.74 | 0.00% | 2.5% | 3.0% | Base Period Overall CMI: 1.1687 | 1.1687 | 1.5126 | |
| | | Nurse Hours per On-Site Day/Quality Incentive: | | 3.74 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: 1.1293 | | 1.1293 | 1.5030 | 1.5294 | | | |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility 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 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$176,353 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.1687 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.1293 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$95.46 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$180.92 | \$95.46 | \$0.00 | \$25.83 | \$27.62 | \$0.00 | \$15.66 | \$4.55 | \$11.50 | \$0.30 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$2.39 | \$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 | \$23.47 | \$5.78 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$204.39 | \$101.24 | \$0.00 | \$26.05 | \$27.62 | \$0.00 | \$33.13 | \$4.55 | \$11.50 | \$0.30 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$140.47 | | | | | | | | | | |

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: PRUITTHEALTH - JASPER | | | | | | | | | | | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | 1.7423 | 1.5126 | |
| Prvdr ID: 00142436A | | | | | | | | | | | | | | Qtrly BIMS score | 15.00% | 0.0% | Quarterly Medicaid CMI: | 1.5889 | 1.5030 | |
| Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | | | | | | | | | | | Nurse Hours per On-Site Day/Quality Incentive: | 3.38 | 5.0% | Qtrly Mcaid CMI w RUG Wght Options: | 1.6206 | 1.5294 | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | | | | | | |
| | | | a | b | c | d | e | f | g | g | h | i | | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$122,487 | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed 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 | | 1.7423 | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6206 | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$100.79 | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$201.77 | \$100.79 | \$0.00 | \$18.73 | \$27.45 | \$0.00 | \$30.83 | \$6.26 | \$15.81 | \$1.90 | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.88 | \$0.53 | \$0.00 | \$0.22 | \$0.13 | \$0.00 | \$0.00 | | \$0.00 | \$0.00 | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$0.00 | \$0.00 | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$5.04 | \$5.04 | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.02 | \$5.57 | \$0.00 | \$0.22 | \$0.13 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$224.79 | \$106.36 | \$0.00 | \$18.95 | \$27.58 | \$0.00 | \$47.93 | \$6.26 | \$15.81 | \$1.90 | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$155.77 | | | | | | | | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | |
| 3 | Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 4 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 5 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$65,684 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5805 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6673 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$110.63 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$206.31 | \$110.63 | \$0.00 | \$17.82 | \$23.41 | \$0.00 | \$30.83 | \$2.55 | \$16.90 | \$4.17 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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 | \$2.77 | \$2.77 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.32 | \$3.32 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$24.35 | \$6.62 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$230.66 | \$117.25 | \$0.00 | \$18.04 | \$23.82 | \$0.00 | \$47.93 | \$2.55 | \$16.90 | \$4.17 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$160.17 | | | | | | | | | |

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: PINE KNOLL NURSING & REHAB CTR | | | | | | | | | | | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | 1.6869 | 1.5126 | |
| Prvdr ID: 00142458A | | | | | | | | | | | | | | Qtrly BIMS score | 33.75% | 2.5% | Quarterly Medicaid CMI: | 1.6074 | 1.5030 | |
| Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | | | | | | | | | | | Nurse Hours per On-Site Day/Quality Incentive: | 2.78 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | 1.6357 | 1.5294 | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | | | | | | |
| | | | a | b | c | d | e | f | g | g | h | i | | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$10,987 | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$36,401 | | | | | | | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$7,027,286 | \$3,694,676 | \$0 | \$670,138 | \$571,116 | \$0 | \$1,294,709 | \$10,987 | \$749,259 | \$36,401 | | | | | | | | |
| 8 | Total Nursing Facility Days As Filed Days = 36,850 | FY20 Audited C/R Days | 36,850 | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,850 | FY20 GL-PL Ins Rpt Days | | | | | | | | 36,850 | | | | | | | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$190.70 | \$100.26 | \$0.00 | \$18.19 | \$15.50 | (with L&H) | \$35.13 | \$0.30 | \$20.33 | \$0.99 | | | | | | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.6869 | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6357 | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$97.23 | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$171.53 | \$97.23 | \$0.00 | \$18.19 | \$15.50 | \$0.00 | \$30.83 | \$0.30 | \$8.49 | \$0.99 | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.43 | \$2.43 | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.92 | \$2.92 | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.61 | \$5.88 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$195.14 | \$103.11 | \$0.00 | \$18.41 | \$15.91 | \$0.00 | \$47.93 | \$0.30 | \$8.49 | \$0.99 | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$133.53 | | | | | | | | | | | | | | | | | |

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 |
| Provider: CROSSVIEW CARE CENTER Prvdr ID: 00142502A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | |
| | | | Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: 24.07% Qtrly BIMS score: 2.42 Nurse Hours per On-Site Day/Quality Incentive: 1.0% | | | | Base Period Overall CMI: 1.3848 Quarterly Medicaid CMI: 1.3737 Qtrly Mcaid CMI w RUG Wght Options: 1.3977 | | | | Facility Specific: 1.3848 State-wide: 1.5126 1.5030 1.5294 | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | | |
| 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 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 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) | |
| | | | | | | | | | | \$49,807 | | |
| As Filed FY20 GL/PL Rpt | | | | | | | | | | | | |
| As Filed FY20 C/R | | | | | | | | | | | | |
| 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 | | | | | | | | | | |
| 8 | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 25,411 | | | | | | | | 25,411 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$170.18 | \$85.21 | \$0.00 | \$15.19 | \$14.78 | (with L&H) | \$25.51 | \$1.96 | \$26.62 | \$0.91 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.3848 | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$61.53 | \$0.00 | \$15.19 | \$14.78 | | \$25.51 | \$1.96 | \$26.62 | \$0.91 |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$61.53 | \$0.00 | \$15.19 | \$14.78 | | \$25.51 | \$1.96 | \$26.62 | \$0.91 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$128.34 | \$61.53 | \$0.00 | \$15.19 | \$14.78 | | \$25.51 | \$1.96 | 8.46 (FRV) | \$0.91 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.3977 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$86.00 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$152.81 | \$86.00 | \$0.00 | \$15.19 | \$14.78 | \$0.00 | \$25.51 | \$1.96 | \$8.46 | \$0.91 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>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>1.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$0.86 | \$0.86 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$20.35 | \$2.25 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$173.16 | \$88.25 | \$0.00 | \$15.41 | \$15.19 | \$0.00 | \$42.98 | \$1.96 | \$8.46 | \$0.91 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$117.05 | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>Hosp Based</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$39,783 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | As Filed Days = 35,252 FY20 Audited C/R Days | 35,252 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 35,252 FY20 GL-PL Ins Rpt Days | | | | | | | | 35,252 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$148.71 | \$69.85 | \$0.00 | \$22.05 | \$18.20 | (with L&H) | \$25.25 | \$1.13 | \$11.88 | \$0.35 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.1696 | | | | | | | | |
| 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 (FRV) | \$0.35 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4464 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$86.38 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$162.14 | \$86.38 | \$0.00 | \$22.05 | \$18.20 | \$0.00 | \$25.25 | \$1.13 | \$8.78 | \$0.35 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>5.5%</u> (to Routine 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 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$188.11 | \$94.25 | \$0.00 | \$22.27 | \$18.61 | \$0.00 | \$42.72 | \$1.13 | \$8.78 | \$0.35 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$128.26 | | | | | | | | | |

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

INTERIM

| Provider: LILLIAN G CARTER HEALTH AND REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|---|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00142524A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5388 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 44.29% | 2.5% | Quarterly Medicaid CMI: | | | 1.3682 | 1.5030 |
| | | | | | | | 3.34 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.3927 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$53,820 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5388 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.3927 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$95.41 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$169.67 | \$95.41 | \$0.00 | \$17.98 | \$17.98 | \$0.00 | \$25.40 | \$1.68 | \$10.19 | \$1.03 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>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 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$193.55 | \$101.19 | \$0.00 | \$18.20 | \$18.39 | \$0.00 | \$42.87 | \$1.68 | \$10.19 | \$1.03 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$132.34 | | | | | | | | | | |

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 | | |
| Provider: THE PLACE AT MARTINEZ Prvdr ID: 00142535A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | |
| | | | | Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 33.87% Nurse Hours per On-Site Day/Quality Incentive: 4.80 | | | Facility Score Add-on Percent: 0.00% 2.5% 3.0% | | | Case Mix Index (CMI) Data Base Period Overall CMI: 1.3564 Quarterly Medicaid CMI: 1.2691 Qtrly Mcaid CMI w RUG Wght Options: 1.2880 | | | Facility Specific 1.3564 1.2691 1.2880 | | State-wide 1.5126 1.5030 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$312,763 | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3564 | | | | | | | | | | | |
| 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 | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2880 | | | | | | | | | | | |
| 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 | \$180.96 | \$91.77 | \$0.00 | \$20.84 | \$18.69 | \$0.00 | \$24.69 | \$10.68 | \$11.18 | \$3.11 | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | | |
| 21 | BIMS Add-on Per Diem = <u>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 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$204.63 | \$97.34 | \$0.00 | \$21.06 | \$19.10 | \$0.00 | \$42.16 | \$10.68 | \$11.18 | \$3.11 | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$140.65 | | | | | | | | | | | | |

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

INTERIM

| Provider: PLEASANT VIEW NURSING CENTER | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00142546A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.3127 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 26.67% | 1.0% | Quarterly Medicaid CMI: | | | 1.2658 | 1.5030 |
| | | | | | | | 2.43 | 1.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.2851 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$64,227 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3127 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2851 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$66.43 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$128.54 | \$66.43 | \$0.00 | \$12.10 | \$14.47 | \$0.00 | \$24.28 | \$1.57 | \$9.03 | \$0.66 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$0.66 | \$0.66 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$0.66 | \$0.66 | | | | | | | | | |
| 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 | \$19.95 | \$1.85 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$148.49 | \$68.28 | \$0.00 | \$12.32 | \$14.88 | \$0.00 | \$41.75 | \$1.57 | \$9.03 | \$0.66 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$98.54 | | | | | | | | | | |

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: CEDAR VALLEY NSG & REHAB CTR Prvdr ID: 00142557A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | |
| | | | Growth Allowance: N/A Qtrly BIMS score: 47.06% Nurse Hours per On-Site Day/Quality Incentive: 2.77 | | | | Add-on Percent: 0.00% 5.5% 3.0% | | | | Base Period Overall CMI: 1.5787 Quarterly Medicaid CMI: 1.5174 Qtrly Mcaid CMI w RUG Wght Options: 1.5445 | | 1.5126 | 1.5030 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$9,005 | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5787 | | | | | | | | | | | |
| 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 | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5445 | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$88.53 | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$165.57 | \$88.53 | \$0.00 | \$18.22 | \$17.27 | \$0.00 | \$30.83 | \$0.28 | \$9.47 | \$0.97 | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | | | |
| 21 | BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$4.87 | \$4.87 | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.66 | \$2.66 | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$25.79 | \$8.06 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$191.36 | \$96.59 | \$0.00 | \$18.44 | \$17.68 | \$0.00 | \$47.93 | \$0.28 | \$9.47 | \$0.97 | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$130.70 | | | | | | | | | | | | |

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: PRESBYTERIAN HOME, QUITMAN, IN Prvdr ID: 00142579A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | | | | Facility Score | Add-on Percent | | | | | Facility Specific | State-wide |
| | | | | | | | N/A | 0.00% | | | | | 1.3823 | 1.5126 |
| | | | | | | | 46.92% | 5.5% | | | | | 1.2565 | 1.5030 |
| | | | | | | | 3.57 | 3.0% | | | | | 1.2757 | 1.5294 |
| Case Mix Based Rate Calculations | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | | | |
| | As Filed Cost Center Costs (GL/PL) | As Filed FY20 GL/PL Rpt | | | | | | | | \$46,066 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$66,434 | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$13,259,230 | \$6,994,218 | \$0 | \$1,701,039 | \$1,537,112 | \$0 | \$2,149,402 | \$46,066 | \$764,959 | \$66,434 | | |
| 8 | Total Nursing Facility Days | As Filed Days = 65,887 FY20 Audited C/R Days | 65,896 | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 65,887 FY20 GL-PL Ins Rpt Days | | | | | | | | 65,896 | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine 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 | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.3823 | | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$76.79 | | | | | | | | | | |
| 12 | 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 | | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$174.63 | \$76.79 | \$0.00 | \$24.48 | \$23.33 | | \$30.83 | \$0.70 | 17.49 (FRV) | \$1.01 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | N/A | N/A | | |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | \$174.63 | \$76.79 | \$0.00 | \$24.48 | \$23.33 | \$0.00 | \$30.83 | \$0.70 | \$17.49 | \$1.01 | | |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.2757 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$97.96 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$195.80 | \$97.96 | \$0.00 | \$24.48 | \$23.33 | \$0.00 | \$30.83 | \$0.70 | \$17.49 | \$1.01 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.94 | \$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 | \$5.39 | \$5.39 | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.94 | \$2.94 | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$0.00 | | | | | | \$0.00 | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$9.27 | \$8.86 | \$0.00 | \$0.00 | \$0.41 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$205.07 | \$106.82 | \$0.00 | \$24.48 | \$23.74 | \$0.00 | \$30.83 | \$0.70 | \$17.49 | \$1.01 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$153.80 | | | | | | | | | | | |

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: BRYANT HEALTH AND REHABILITATION CENTER Prvdr ID: 00142601A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | N/A | 0.00% | 35.19% | 2.5% | 2.41 | 2.0% | 1.5162 | 1.6601 | 1.6927 | 1.5126 | 1.5030 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$23,142 | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$18,683 | | | | | | | | | | | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$3,955,830 | \$1,823,908 | \$0 | \$360,840 | \$415,938 | \$0 | \$644,741 | \$23,142 | \$668,578 | \$18,683 | | | | | | | | | | | | |
| 8 | Total Nursing Facility Days | As Filed Days = 24,692 FY20 Audited C/R Days | 24,692 | | | | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 24,692 FY20 GL-PL Ins Rpt Days | | | | | | | | 24,692 | | | | | | | | | | | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$160.22 | \$73.87 | \$0.00 | \$14.61 | \$16.85 | <i>(with L&H)</i> | \$26.11 | \$0.94 | \$27.08 | \$0.76 | | | | | | | | | | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.5162 | | | | | | | | | | | | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$48.72 | | | | | | | | | | | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$48.72 | \$0.00 | \$14.61 | \$16.85 | | \$26.11 | \$0.94 | \$27.08 | \$0.76 | | | | | | | | | | | | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | | | | | | | | | | | | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$116.95 | \$48.72 | \$0.00 | \$14.61 | \$16.85 | | \$26.11 | \$0.94 | 8.96 <i>(FRV)</i> | \$0.76 | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6927 | | | | | | | | | | | | | | | | | | | | |
| 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 | \$150.70 | \$82.47 | \$0.00 | \$14.61 | \$16.85 | \$0.00 | \$26.11 | \$0.94 | \$8.96 | \$0.76 | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>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>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$1.65 | \$1.65 | | | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$22.34 | \$4.24 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$173.04 | \$86.71 | \$0.00 | \$14.83 | \$17.26 | \$0.00 | \$43.58 | \$0.94 | \$8.96 | \$0.76 | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$116.96 | | | | | | | | | | | | | | | | | | | | | |

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 |
| PROVIDENCE HEALTHCARE Prvdr ID: 00142612A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | Growth Allowance: N/A Qtrly BIMS score: 38.10% Nurse Hours per On-Site Day/Quality Incentive: 2.78 | | | Facility Score: N/A Add-on Percent: 0.00% 2.5% 2.0% | | | Base Period Overall CMI: 1.5440 Quarterly Medicaid CMI: 1.5681 Qtrly Mcaid CMI w RUG Wght Options: 1.5963 | | | 1.5440 | 1.5126 | 1.5681 | 1.5030 | 1.5963 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$30,153 | | | | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5440 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5963 | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$108.82 | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$184.62 | \$108.82 | \$0.00 | \$16.80 | \$18.81 | \$0.00 | \$29.70 | \$1.06 | \$8.54 | \$0.89 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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 | \$2.72 | \$2.72 | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.18 | \$2.18 | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.53 | \$5.43 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$208.15 | \$114.25 | \$0.00 | \$17.02 | \$19.22 | \$0.00 | \$47.17 | \$1.06 | \$8.54 | \$0.89 | | | | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$143.29 | | | | | | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: PROVIDENCE OF SPARTA HEALTH AND REHAB | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00142623A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5151 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 15.38% | 0.0% | Quarterly Medicaid CMI: | | | 1.4314 | 1.5030 |
| | | | | | | | 2.73 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.4573 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$56,970 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5151 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4573 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$85.28 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$169.24 | \$85.28 | \$0.00 | \$19.19 | \$19.98 | \$0.00 | \$30.83 | \$2.86 | \$9.62 | \$1.48 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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 | \$2.56 | \$2.56 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$20.82 | \$3.09 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$190.06 | \$88.37 | \$0.00 | \$19.41 | \$20.39 | \$0.00 | \$47.93 | \$2.86 | \$9.62 | \$1.48 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$129.72 | | | | | | | | | | |

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

INTERIM

| Provider: GREENE POINT HEALTH AND REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00142634A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.4451 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 26.19% | 1.0% | Quarterly Medicaid CMI: | | | 1.2003 | 1.5030 |
| | | | | | | | 3.37 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.2180 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$26,845 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4451 | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$73.73 | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$73.73 | \$0.00 | \$21.37 | \$27.84 | | \$37.65 | \$1.60 | \$15.98 | \$1.02 | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$168.20 | \$73.73 | \$0.00 | \$21.37 | \$27.62 | | \$30.83 | \$1.60 | 12.03 (FRV) | \$1.02 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2180 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$89.80 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$184.27 | \$89.80 | \$0.00 | \$21.37 | \$27.62 | \$0.00 | \$30.83 | \$1.60 | \$12.03 | \$1.02 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$2.69 | \$2.69 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.44 | \$4.12 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$205.71 | \$93.92 | \$0.00 | \$21.59 | \$27.62 | \$0.00 | \$47.93 | \$1.60 | \$12.03 | \$1.02 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$141.46 | | | | | | | | | | |

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 |
| Provider: WARRENTON HEALTH AND REHAB Prvdr ID: 00142645A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | |
| | | | Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 43.48% Nurse Hours per On-Site Day/Quality Incentive: 3.80 3.0% | | | | Base Period Overall CMI: 1.5611 Quarterly Medicaid CMI: 1.4065 Qtrly Mcaid CMI w RUG Wght Options: 1.4309 | | | | Facility Specific: 1.5611 State-wide: 1.5126 1.4065 1.5030 1.4309 1.5294 | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$86,784 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5611 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4309 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$72.22 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$155.52 | \$72.22 | \$0.00 | \$17.93 | \$21.94 | \$0.00 | \$28.96 | \$3.76 | \$8.79 | \$1.92 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$1.81 | \$1.81 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.17 | \$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 | \$22.61 | \$4.51 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$178.13 | \$76.73 | \$0.00 | \$18.15 | \$22.35 | \$0.00 | \$46.43 | \$3.76 | \$8.79 | \$1.92 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$120.77 | | | | | | | | | |

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

INTERIM

| Provider: ORCHARD HEALTH AND REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00142656A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.3484 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 37.68% | 2.5% | Quarterly Medicaid CMI: | | | 1.2525 | 1.5030 |
| | | | | | | | 2.99 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.2720 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$64,112 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3484 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2720 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$91.36 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$160.67 | \$91.36 | \$0.00 | \$16.44 | \$16.01 | \$0.00 | \$25.48 | \$2.15 | \$8.51 | \$0.72 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <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>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.74 | \$2.74 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.65 | \$5.55 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$184.32 | \$96.91 | \$0.00 | \$16.66 | \$16.42 | \$0.00 | \$42.95 | \$2.15 | \$8.51 | \$0.72 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$125.42 | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$31,720 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5644 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5950 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$99.11 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$176.06 | \$99.11 | \$0.00 | \$18.45 | \$18.79 | \$0.00 | \$26.62 | \$1.51 | \$10.25 | \$1.33 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <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>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.96 | \$4.96 | | | | | | | | |
| 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 | \$26.07 | \$7.97 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$202.13 | \$107.08 | \$0.00 | \$18.67 | \$19.20 | \$0.00 | \$44.09 | \$1.51 | \$10.25 | \$1.33 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$138.77 | | | | | | | | | |

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: | 1.8463 | 1.5126 | | |
| Provider: JESUP HEALTH AND REHAB Prvdr ID: 00142689A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | N/A | 23.08% | 3.62 | 0.00% | 1.0% | 3.0% | 2.0305 | 2.0713 | 1.5030 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$18,688 | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | FY20 Audited C/R Days | 21,499 | | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | 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 | <i>(with L&H)</i> | \$34.59 | \$0.87 | \$16.09 | \$0.56 | | | | | | | | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.8463 | | | | | | | | | | | | | | | | | | |
| 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 <i>(FRV)</i> | \$0.56 | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 2.0713 | | | | | | | | | | | | | | | | | | |
| 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 | \$178.66 | \$101.78 | \$0.00 | \$17.14 | \$19.52 | \$0.00 | \$30.83 | \$0.87 | \$7.96 | \$0.56 | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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>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 | \$22.33 | \$4.60 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$200.99 | \$106.38 | \$0.00 | \$17.36 | \$19.93 | \$0.00 | \$47.93 | \$0.87 | \$7.96 | \$0.56 | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$137.92 | | | | | | | | | | | | | | | | | | | |

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 | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.4746 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 25.00% | 1.0% | Quarterly Medicaid CMI: | | | 1.3958 | 1.5030 |
| | | | | | | | 3.59 | 2.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.4173 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$10,608 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4746 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4173 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$72.44 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$168.77 | \$72.44 | \$0.00 | \$17.67 | \$27.62 | \$0.00 | \$30.83 | \$0.55 | \$17.61 | \$2.05 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.75 | \$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 | \$0.72 | \$0.72 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$1.45 | \$1.45 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$20.02 | \$2.70 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$188.79 | \$75.14 | \$0.00 | \$17.89 | \$27.62 | \$0.00 | \$47.93 | \$0.55 | \$17.61 | \$2.05 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$128.77 | | | | | | | | | | |

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: | 1.5656 | 1.5126 |
| Provider: BUCHANAN HEALTHCARE CENTER Prvdr ID: 00142722A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | N/A | 0.00% | 31.58% | 2.5% | 2.44 | 1.0% | 1.4435 | 1.5030 | 1.4683 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$55,883 | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5656 | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4683 | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$82.28 | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$163.64 | \$82.28 | \$0.00 | \$14.33 | \$17.32 | \$0.00 | \$30.83 | \$5.67 | \$11.47 | \$1.74 | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | \$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>1.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$0.82 | \$0.82 | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.14 | \$3.41 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$184.78 | \$85.69 | \$0.00 | \$14.55 | \$17.73 | \$0.00 | \$47.93 | \$5.67 | \$11.47 | \$1.74 | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$125.76 | | | | | | | | | | | | | | | | | | | |

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: THE RETREAT Prvdr ID: 00142733A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | |
| | | | Growth Allowance: N/A Qtrly BIMS score: 34.29% Nurse Hours per On-Site Day/Quality Incentive: 4.14 | | | | Add-on Percent: 0.00% 2.5% 3.0% | | | | Base Period Overall CMI: 1.0805 Quarterly Medicaid CMI: 1.0658 Qtrly Mcaid CMI w RUG Wght Options: 1.0773 | | 1.5126 | 1.5030 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>Hosp Based</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvc Combined) | As Filed FY20 C/R - FY20 GL/PL Rpt | \$4,783,963 | \$2,407,272 | \$0 | \$793,246 | \$224,852 | \$314,493 | \$886,486 | | \$157,614 | \$0 | | | |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY20 C/R Audit Adjstmnts | (\$21,111) | \$0 | \$0 | \$0 | \$1,055 | \$1,475 | (\$23,641) | | \$0 | | | | |
| | As Filed Cost Center Costs (GL/PL) | As Filed FY20 GL/PL Rpt | | | | | | | | \$23,641 | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$0 | | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$4,786,493 | \$2,407,272 | \$0 | \$793,246 | \$225,907 | \$315,968 | \$862,845 | \$23,641 | \$157,614 | \$0 | | | |
| 8 | Total Nursing Facility Days | As Filed Days = 19,635 FY20 Audited C/R Days | | 19,635 | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 19,635 FY20 GL-PL Ins Rpt Days | | | | | | | | 19,635 | | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$243.77 | \$122.60 | \$0.00 | \$40.40 | \$27.60 | (with L&H) | \$43.94 | \$1.20 | \$8.03 | \$0.00 | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.0805 | | | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$113.46 | | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$113.46 | \$0.00 | \$40.40 | \$27.60 | | \$43.94 | \$1.20 | \$8.03 | \$0.00 | | | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$32.46 | \$27.62 | | \$30.83 | \$0.00 | N/A | | | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$189.47 | \$88.52 | \$0.00 | \$32.46 | \$27.60 | | \$30.83 | \$1.20 | 8.86 (FRV) | \$0.00 | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | N/A | N/A | | | |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | \$189.47 | \$88.52 | \$0.00 | \$32.46 | \$27.60 | \$0.00 | \$30.83 | \$1.20 | \$8.86 | \$0.00 | | | |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.0773 | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$95.36 | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$196.31 | \$95.36 | \$0.00 | \$32.46 | \$27.60 | \$0.00 | \$30.83 | \$1.20 | \$8.86 | \$0.00 | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.01 | \$0.00 | \$0.00 | \$0.00 | \$0.01 | \$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 | \$22.35 | \$5.24 | \$0.00 | \$0.00 | \$0.01 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$218.66 | \$100.60 | \$0.00 | \$32.46 | \$27.61 | \$0.00 | \$47.93 | \$1.20 | \$8.86 | \$0.00 | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$151.17 | | | | | | | | | | | | |

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: RIDGEWOOD MANOR HEALTH AND REHABILITATION Prvdr ID: 00142744A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | | | | Facility Score | Add-on Percent | | | | | Facility Specific | State-wide |
| | | | | | | | N/A | 0.00% | | | | | 1.3734 | 1.5126 |
| | | | | | | | 39.58% | 2.5% | | | | | 1.1254 | 1.5030 |
| | | | | | | | 5.22 | 3.0% | | | | | 1.1368 | 1.5294 |
| Case Mix Based Rate Calculations | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$334,948 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3734 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.1368 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$100.63 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$195.53 | \$100.63 | \$0.00 | \$20.30 | \$24.14 | \$0.00 | \$30.83 | \$10.04 | \$9.37 | \$0.22 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.63 | \$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 | \$2.52 | \$2.52 | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.02 | \$3.02 | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.27 | \$5.54 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$218.80 | \$106.17 | \$0.00 | \$20.52 | \$24.55 | \$0.00 | \$47.93 | \$10.04 | \$9.37 | \$0.22 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$151.28 | | | | | | | | | | | |

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

INTERIM

| Provider: HARBORVIEW SATILLA Prvdr ID: 00142755A | | 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: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Growth Allowance: N/A | | Facility Score: 15.87% | Add-on Percent: 0.00% | Base Period Overall CMI: 1.5859 | | | | 1.5859 | 1.5126 | | |
| | | Qtrly BIMS score: 3.66 | | Facility Score: 3.66 | Add-on Percent: 2.0% | Quarterly Medicaid CMI: 1.8854 | | | | 1.8854 | 1.5030 | | |
| | | Nurse Hours per On-Site Day/Quality Incentive: 3.66 | | Facility Score: 3.66 | Add-on Percent: 2.0% | Qtrly Mcaid CMI w RUG Wght Options: 1.9215 | | | | 1.9215 | 1.5294 | | |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$69,488 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5859 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.9215 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$110.64 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$192.85 | \$110.64 | \$0.00 | \$16.13 | \$20.43 | \$0.00 | \$29.30 | \$2.10 | \$12.30 | \$1.95 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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 | \$2.21 | \$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 | \$20.84 | \$2.74 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$213.69 | \$113.38 | \$0.00 | \$16.35 | \$20.84 | \$0.00 | \$46.77 | \$2.10 | \$12.30 | \$1.95 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$147.44 | | | | | | | | | | |

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: ETOWAH LANDING Prvdr ID: 00142766A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | | | | Facility Score | Add-on Percent | | | | | Facility Specific | State-wide |
| | | | | | | | N/A | 0.00% | | | | | 1.5049 | 1.5126 |
| | | | | | | | 32.76% | 2.5% | | | | | 1.7327 | 1.5030 |
| | | | | | | | 2.86 | 2.0% | | | | | 1.7658 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$93,131 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5049 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7658 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$101.57 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$172.19 | \$101.57 | \$0.00 | \$16.18 | \$15.39 | \$0.00 | \$25.73 | \$2.99 | \$8.92 | \$1.41 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$2.54 | \$2.54 | | | | | | | | | | |
| 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 | \$23.20 | \$5.10 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$195.39 | \$106.67 | \$0.00 | \$16.40 | \$15.80 | \$0.00 | \$43.20 | \$2.99 | \$8.92 | \$1.41 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$133.72 | | | | | | | | | | | |

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

INTERIM

| Provider: ROBERTA HEALTH AND REHAB | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00142777A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.6138 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 45.10% | 5.5% | Quarterly Medicaid CMI: | | | 1.7743 | 1.5030 |
| | | | | | | | 2.53 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.8080 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$20,622 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6138 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.8080 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$79.48 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$145.95 | \$79.48 | \$0.00 | \$13.24 | \$12.51 | \$0.00 | \$30.83 | \$0.66 | \$7.80 | \$1.43 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$4.37 | \$4.37 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.38 | \$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 | \$25.01 | \$7.28 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$170.96 | \$86.76 | \$0.00 | \$13.46 | \$12.92 | \$0.00 | \$47.93 | \$0.66 | \$7.80 | \$1.43 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$115.40 | | | | | | | | | | |

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: TWIN FOUNTAINS HOME Prvdr ID: 00142843A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | |
| | | | Growth Allowance: N/A Qtrly BIMS score: 39.44% Nurse Hours per On-Site Day/Quality Incentive: 3.37 | | | | Add-on Percent: 0.00% 2.5% 3.0% | | | | Base Period Overall CMI: 1.0400 Quarterly Medicaid CMI: 1.1509 Qtrly Mcaid CMI w RUG Wght Options: 1.1657 | | 1.5126 | 1.5030 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>Hosp Based</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$81,917 | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | | \$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 | | 1.0400 | | | | | | | | | | | |
| 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 | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.1657 | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$103.19 | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$201.20 | \$103.19 | \$0.00 | \$25.65 | \$27.62 | \$0.00 | \$30.83 | \$2.36 | \$11.55 | \$0.00 | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.22 | \$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 | \$2.58 | \$2.58 | | | | | | | | | | | |
| 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 | \$23.00 | \$5.68 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$224.20 | \$108.87 | \$0.00 | \$25.87 | \$27.62 | \$0.00 | \$47.93 | \$2.36 | \$11.55 | \$0.00 | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$155.33 | | | | | | | | | | | | |

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

INTERIM

| Provider: WINDER HEALTH CARE & REHAB CTR | | Add-on Data and Percentages | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|
| Prvdr ID: 00142854A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | Growth Allowance: | N/A | Base Period Overall CMI: | | | | 1.5330 | 1.5126 | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | Qtrly BIMS score | 34.44% | Quarterly Medicaid CMI: | | | | 1.4529 | 1.5030 | |
| | | | | | 2.83 | Qtrly Mcaid CMI w RUG Wght Options: | | | | 1.4771 | 1.5294 | |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance |
| | | | a | b | c | d | e | f | g | g | h | i |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$153,742 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5330 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4771 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$82.76 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$162.42 | \$82.76 | \$0.00 | \$24.48 | \$16.80 | \$0.00 | \$20.94 | \$3.41 | \$12.84 | \$1.19 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.31 | \$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 | \$2.07 | \$2.07 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.48 | \$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 | \$22.96 | \$5.08 | \$0.00 | \$0.00 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$185.38 | \$87.84 | \$0.00 | \$24.48 | \$17.21 | \$0.00 | \$38.41 | \$3.41 | \$12.84 | \$1.19 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$126.21 | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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 Adjstmts | (\$91,262) | \$0 | \$0 | \$0 | \$0 | \$0 | (\$79,573) | | (\$11,689) | |
| | As Filed Cost Center Costs (GL/PL) | As Filed FY20 GL/PL Rpt | | | | | | | | \$102,570 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6277 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7097 | | | | | | | | |
| 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 | \$180.54 | \$104.79 | \$0.00 | \$18.23 | \$19.01 | \$0.00 | \$22.78 | \$5.22 | \$9.92 | \$0.59 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <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 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$208.07 | \$114.22 | \$0.00 | \$18.45 | \$19.42 | \$0.00 | \$40.25 | \$5.22 | \$9.92 | \$0.59 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$143.23 | | | | | | | | | |

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: | 1.3444 | 1.5126 | | | | |
| Provider: SAVANNAH BEACH HEALTH AND REHAB Prvdr ID: 00142876A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | 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: | 1.3444 | 1.5126 | 1.5920 | 1.5030 | 1.6235 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvc Combined) | As Filed FY20 C/R - FY20 GL/PL Rpt | \$2,884,621 | \$1,559,327 | \$0 | \$252,291 | \$268,574 | \$0 | \$471,602 | | \$332,827 | \$0 | | | | | | | | | | | | | | |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY20 C/R Audit Adjstmnts | (\$80,499) | \$0 | \$0 | \$0 | \$0 | \$0 | (\$26,808) | | (\$53,691) | | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (GL/PL) | As Filed FY20 GL/PL Rpt | | | | | | | | \$26,808 | | | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | | | | | | | | \$53,691 | | | | | | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$2,884,621 | \$1,559,327 | \$0 | \$252,291 | \$268,574 | \$0 | \$444,794 | \$26,808 | \$279,136 | \$53,691 | | | | | | | | | | | | | | |
| 8 | Total Nursing Facility Days | As Filed Days = 15,668 FY20 Audited C/R Days | | 15,668 | | | | | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 15,668 FY20 GL-PL Ins Rpt Days | | | | | | | | 15,668 | | | | | | | | | | | | | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$184.11 | \$99.52 | \$0.00 | \$16.10 | \$17.14 | (with L&H) | \$28.39 | \$1.71 | \$17.82 | \$3.43 | | | | | | | | | | | | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.3444 | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$74.02 | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$74.02 | \$0.00 | \$16.10 | \$17.14 | | \$28.39 | \$1.71 | \$17.82 | \$3.43 | | | | | | | | | | | | | | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | | | | | | | | | | | | | | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$152.23 | \$74.02 | \$0.00 | \$16.10 | \$17.14 | | \$28.39 | \$1.71 | 11.44 (FRV) | \$3.43 | | | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6235 | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$120.17 | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$198.38 | \$120.17 | \$0.00 | \$16.10 | \$17.14 | \$0.00 | \$28.39 | \$1.71 | \$11.44 | \$3.43 | | | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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 | \$3.00 | \$3.00 | | | | | | | | | | | | | | | | | | | | | | |
| 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 | \$25.24 | \$7.14 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$223.62 | \$127.31 | \$0.00 | \$16.32 | \$17.55 | \$0.00 | \$45.86 | \$1.71 | \$11.44 | \$3.43 | | | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$154.89 | | | | | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: SEARS MANOR NURSING HOME Prvdr ID: 00142898A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 20.93% Nurse Hours per On-Site Day/Quality Incentive: 5.00 | | Facility Score Add-on Percent N/A 0.00% 1.0% 2.0% | | Case Mix Index (CMI) Data Base Period Overall CMI: 1.5115 Quarterly Medicaid CMI: 1.4681 Qtrly Mcaid CMI w RUG Wght Options: 1.4932 | | | Facility Specific 1.5115 1.4681 1.4932 | State-wide 1.5126 1.5030 1.5294 |
|---|--|--|-----------------|---|---|--|---|--|---|-----------------------|---|--|
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance |
| | | | a | b | c | d | e | f | g | g | h | i |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$91,370 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5115 | | | | | | | | |
| 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 <i>(FRV)</i> | \$1.96 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4932 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$131.24 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$226.50 | \$131.24 | \$0.00 | \$24.42 | \$27.62 | \$0.00 | \$26.75 | \$3.59 | \$10.92 | \$1.96 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$1.31 | \$1.31 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.62 | \$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 | \$21.91 | \$4.40 | \$0.00 | \$0.04 | \$0.00 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$248.41 | \$135.64 | \$0.00 | \$24.46 | \$27.62 | \$0.00 | \$44.22 | \$3.59 | \$10.92 | \$1.96 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$173.48 | | | | | | | | | |

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: SEMINOLE MANOR NURSING HOME Prvdr ID: 00142909A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | 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 |
| | | | | | | | | | | | | | 1.1469 | 1.5126 | 1.0390 | 1.5030 | 1.0512 | 1.5294 | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>Hosp Based</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$9,272 | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.1469 | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.0512 | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$93.05 | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$194.81 | \$93.05 | \$0.00 | \$32.46 | \$27.62 | \$0.00 | \$30.83 | \$0.41 | \$10.04 | \$0.40 | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$0.00 | \$0.00 | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.79 | \$2.79 | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$19.89 | \$2.79 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$214.70 | \$95.84 | \$0.00 | \$32.46 | \$27.62 | \$0.00 | \$47.93 | \$0.41 | \$10.04 | \$0.40 | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$148.20 | | | | | | | | | | | | | | | | | | | |

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: VISTA PARK HEALTH AND REHABILITATION Prvdr ID: 00142931A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | | | | Facility Score | Add-on Percent | | | | | Facility Specific | State-wide |
| | | | | | | | N/A | 0.00% | | | | | 1.6276 | 1.5126 |
| | | | | | | | 44.21% | 2.5% | | | | | 1.6116 | 1.5030 |
| | | | | | | | 3.24 | 3.0% | | | | | 1.6400 | 1.5294 |
| Case Mix Based Rate Calculations | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$88,790 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$60,411 | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$9,104,493 | \$4,675,572 | \$0 | \$980,185 | \$923,153 | \$5,124 | \$1,289,419 | \$88,790 | \$1,081,839 | \$60,411 | | |
| 8 | Total Nursing Facility Days | As Filed Days = 45,888 FY20 Audited C/R Days | 45,888 | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 45,888 FY20 GL-PL Ins Rpt Days | | | | | | | | 45,686 | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$199.27 | \$102.34 | \$0.00 | \$21.45 | \$20.32 | (with L&H) | \$28.22 | \$1.94 | \$23.68 | \$1.32 | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.6276 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6400 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$103.12 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$198.35 | \$103.12 | \$0.00 | \$21.45 | \$20.32 | \$0.00 | \$28.22 | \$1.94 | \$21.98 | \$1.32 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.58 | \$2.58 | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.09 | \$3.09 | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$24.30 | \$6.20 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$222.65 | \$109.32 | \$0.00 | \$21.67 | \$20.73 | \$0.00 | \$45.69 | \$1.94 | \$21.98 | \$1.32 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$154.16 | | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$72,048 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | <i>(with L&H)</i> | \$22.95 | \$2.50 | \$7.70 | \$2.81 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.4429 | | | | | | | | |
| 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 <i>(FRV)</i> | \$2.81 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2465 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$110.34 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$203.54 | \$110.34 | \$0.00 | \$23.96 | \$27.62 | \$0.00 | \$22.95 | \$2.50 | \$13.36 | \$2.81 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Std - 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 | \$2.76 | \$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 | \$23.76 | \$6.07 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$227.30 | \$116.41 | \$0.00 | \$24.18 | \$27.62 | \$0.00 | \$40.42 | \$2.50 | \$13.36 | \$2.81 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$157.65 | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$228,056 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3692 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4991 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$106.03 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$175.66 | \$106.03 | \$0.00 | \$13.42 | \$19.15 | \$0.00 | \$21.90 | \$5.94 | \$7.73 | \$1.49 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <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 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$199.59 | \$111.86 | \$0.00 | \$13.64 | \$19.56 | \$0.00 | \$39.37 | \$5.94 | \$7.73 | \$1.49 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$136.87 | | | | | | | | | |

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 | |
| Provider: GOLD CITY HEALTH AND REHAB Prvdr ID: 00142975A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | |
| | | | Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 21.43% Nurse Hours per On-Site Day/Quality Incentive: 2.50 | | | Facility Score Add-on Percent: 0.00% 1.0% 2.0% | | Case Mix Index (CMI) Data Base Period Overall CMI: 1.6453 Quarterly Medicaid CMI: 1.6486 Qtrly Mcaid CMI w RUG Wght Options: 1.6760 | | | Facility Specific 1.6453 1.6486 1.6760 | | State-wide 1.5126 1.5030 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$56,062 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6453 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6760 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$79.27 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$136.38 | \$79.27 | \$0.00 | \$11.67 | \$12.33 | \$0.00 | \$21.95 | \$1.65 | \$8.70 | \$0.81 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$0.79 | \$0.79 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>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 | \$21.01 | \$2.91 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$157.39 | \$82.18 | \$0.00 | \$11.89 | \$12.74 | \$0.00 | \$39.42 | \$1.65 | \$8.70 | \$0.81 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$105.22 | | | | | | | | | | |

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

INTERIM

| Provider: SIGNATURE HEALTHCARE OF MARIETTA | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|
| Prvdr ID: 00142986A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | 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: 03/31/22 | | Qtrly BIMS score: 26.25% | | Nurse Hours per On-Site Day/Quality Incentive: 2.50 | | 26.25% | 1.0% | Quarterly Medicaid CMI: 1.7977 | | | 1.7977 | 1.5030 |
| | | | | | | | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: 1.8331 | | | 1.8331 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance |
| | | | a | b | c | d | e | f | g | g | h | i |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$301,919 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.8200 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.8331 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$125.27 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$216.59 | \$125.27 | \$0.00 | \$18.80 | \$17.94 | \$0.00 | \$30.83 | \$6.64 | \$14.59 | \$2.52 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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 | \$1.25 | \$1.25 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.76 | \$3.76 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.27 | \$5.54 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$239.86 | \$130.81 | \$0.00 | \$19.02 | \$18.35 | \$0.00 | \$47.93 | \$6.64 | \$14.59 | \$2.52 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$167.07 | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | |
| 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 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$167,209 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | FY20 Audited C/R Days | 26,980 | 26,980 | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | 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 | | 1.5591 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5773 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$119.97 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$210.67 | \$119.97 | \$0.00 | \$17.24 | \$22.12 | \$0.00 | \$29.61 | \$6.20 | \$13.33 | \$2.20 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <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 | \$6.00 | \$6.00 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$24.63 | \$6.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$235.30 | \$126.50 | \$0.00 | \$17.46 | \$22.53 | \$0.00 | \$47.08 | \$6.20 | \$13.33 | \$2.20 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$163.65 | | | | | | | | | |

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: SMITH MEDICAL NURSING CARE CTR Prvdr ID: 00143008A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | 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% | 2.5% | 2.57 | 0.0% | 0.9803 | 1.5126 | |
| | | | | | | | | | | | | | | | | | | | | 1.0487 | 1.5030 | |
| | | | | | | | | | | | | | | | | | | | | 1.0608 | 1.5294 | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | a | b | c | d | e | f | g | g | h | i |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$55,077 | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 0.9803 | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.0608 | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$48.18 | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$110.03 | \$48.18 | \$0.00 | \$12.28 | \$11.89 | \$0.00 | \$22.74 | \$3.06 | \$10.85 | \$1.03 | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</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>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 | \$19.83 | \$1.73 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$129.86 | \$49.91 | \$0.00 | \$12.50 | \$12.30 | \$0.00 | \$40.21 | \$3.06 | \$10.85 | \$1.03 | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$84.57 | | | | | | | | | | | | | | | | | | | |

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: SOCIAL CIRCLE NSG & REHAB CTR Prvdr ID: 00143041A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | |
| | | | Growth Allowance: N/A Qtrly BIMS score: 24.39% Nurse Hours per On-Site Day/Quality Incentive: 3.37 | | | | Add-on Percent: 0.00% 1.0% 3.0% | | | | Base Period Overall CMI: 1.6425 Quarterly Medicaid CMI: 1.5743 Qtrly Mcaid CMI w RUG Wght Options: 1.6043 | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$5,854 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6425 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6043 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$112.08 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$194.52 | \$112.08 | \$0.00 | \$18.44 | \$21.90 | \$0.00 | \$30.83 | \$0.28 | \$10.06 | \$0.93 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.36 | \$3.36 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$22.74 | \$5.01 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$217.26 | \$117.09 | \$0.00 | \$18.66 | \$22.31 | \$0.00 | \$47.93 | \$0.28 | \$10.06 | \$0.93 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$150.12 | | | | | | | | | |

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: PRUITTHEALTH - GRIFFIN Prvdr ID: 00143052A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | Growth Allowance: N/A Qtrly BIMS score: 43.75% Nurse Hours per On-Site Day/Quality Incentive: 3.36 | | | Facility Score: N/A Add-on Percent: 0.00% 2.5% 6.0% | | | Base Period Overall CMI: 1.4376 Quarterly Medicaid CMI: 1.6355 Qtrly Mcaid CMI w RUG Wght Options: 1.6660 | | | 1.4376 | 1.5126 | 1.6355 | 1.5030 | 1.6660 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$140,763 | | | | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4376 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6660 | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$116.20 | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$199.91 | \$116.20 | \$0.00 | \$16.19 | \$20.46 | \$0.00 | \$30.17 | \$6.36 | \$9.07 | \$1.46 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | | | | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.91 | \$2.91 | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$6.97 | \$6.97 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | \$28.51 | \$10.41 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$228.42 | \$126.61 | \$0.00 | \$16.41 | \$20.87 | \$0.00 | \$47.64 | \$6.36 | \$9.07 | \$1.46 | | | | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$158.49 | | | | | | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: SPARTA HEALTH AND REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|
| Prvdr ID: 00143063A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | Growth Allowance: N/A | | N/A | 0.00% | Base Period Overall CMI: 1.1991 | | | 1.1991 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Qtrly BIMS score: 33.33% | | Nurse Hours per On-Site Day/Quality Incentive: 3.03 | | 33.33% | 2.5% | Quarterly Medicaid CMI: 1.1706 | | | 1.1706 | 1.5030 |
| | | | | | | | 5.0% | Qtrly Mcaid CMI w RUG Wght Options: 1.1860 | | | 1.1860 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance |
| | | | a | b | c | d | e | f | g | g | h | i |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$43,225 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.1991 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.1860 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$92.02 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$172.75 | \$92.02 | \$0.00 | \$20.09 | \$17.80 | \$0.00 | \$30.83 | \$1.83 | \$9.31 | \$0.87 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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 | \$2.30 | \$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 | \$25.16 | \$7.43 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$197.91 | \$99.45 | \$0.00 | \$20.31 | \$18.21 | \$0.00 | \$47.93 | \$1.83 | \$9.31 | \$0.87 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$135.61 | | | | | | | | | |

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: FULTON CENTER FOR REHABILITATION LLC Prvdr ID: 00143074A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | N/A | 0.00% | 1.6327 | 1.5126 | 35.00% | 2.5% | 1.7134 | 1.5030 | 2.91 | 3.0% | 1.7457 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$197,780 | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$76,640 | | | | | | | | | | | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$6,417,095 | \$2,986,683 | \$0 | \$570,460 | \$707,405 | (\$1,239) | \$1,057,299 | \$197,780 | \$822,067 | \$76,640 | | | | | | | | | | | | |
| 8 | Total Nursing Facility Days | As Filed Days = 36,789 FY20 Audited C/R Days | 36,789 | | | | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 36,789 FY20 GL-PL Ins Rpt Days | | | | | | | | 36,789 | | | | | | | | | | | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$174.44 | \$81.18 | \$0.00 | \$15.51 | \$19.20 | (with L&H) | \$28.74 | \$5.38 | \$22.35 | \$2.08 | | | | | | | | | | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.6327 | | | | | | | | | | | | | | | | | | | | |
| 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 <i>(FRV)</i> | \$2.08 | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7457 | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$86.80 | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$166.06 | \$86.80 | \$0.00 | \$15.51 | \$19.20 | \$0.00 | \$28.74 | \$5.38 | \$8.35 | \$2.08 | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.17 | \$2.17 | | | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.60 | \$2.60 | | | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.40 | \$5.30 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$189.46 | \$92.10 | \$0.00 | \$15.73 | \$19.61 | \$0.00 | \$46.21 | \$5.38 | \$8.35 | \$2.08 | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$129.27 | | | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: CARTERSVILLE CENTER FOR NURSING AND HEALING | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00143085A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5460 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 11.54% | 0.0% | Quarterly Medicaid CMI: | | | 1.6224 | 1.5030 |
| | | | | | | | 3.51 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.6528 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$89,600 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5460 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6528 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$94.79 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$167.20 | \$94.79 | \$0.00 | \$16.49 | \$12.46 | \$0.00 | \$25.03 | \$2.58 | \$14.40 | \$1.45 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <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 | \$2.84 | \$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 | \$21.47 | \$3.37 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$188.67 | \$98.16 | \$0.00 | \$16.71 | \$12.87 | \$0.00 | \$42.50 | \$2.58 | \$14.40 | \$1.45 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$128.68 | | | | | | | | | | |

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

INTERIM

| Provider: PRUITTHEALTH - SPRING VALLEY | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00143096A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.4677 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 41.03% | 2.5% | Quarterly Medicaid CMI: | | | 1.4269 | 1.5030 |
| | | | | | | | 3.16 | 4.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.4493 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$121,905 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4677 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4493 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$97.73 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$184.01 | \$97.73 | \$0.00 | \$17.74 | \$22.86 | \$0.00 | \$27.65 | \$6.83 | \$10.28 | \$0.92 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>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>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 | \$24.98 | \$6.88 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$208.99 | \$104.61 | \$0.00 | \$17.96 | \$23.27 | \$0.00 | \$45.12 | \$6.83 | \$10.28 | \$0.92 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$143.92 | | | | | | | | | | |

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

INTERIM

| Provider: WINTHROP HEALTH AND REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00143118A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.4936 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 20.83% | 1.0% | Quarterly Medicaid CMI: | | | 1.4052 | 1.5030 |
| | | | | | | | 3.18 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.4260 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$52,650 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4936 | | | | | | | | | |
| 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 | \$145.90 | \$62.61 | \$0.00 | \$18.33 | \$20.97 | | \$30.83 | \$1.60 | 11.20 (FRV) | \$0.36 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | N/A | N/A | |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | \$145.90 | \$62.61 | \$0.00 | \$18.33 | \$20.97 | \$0.00 | \$30.83 | \$1.60 | \$11.20 | \$0.36 | |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.4260 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$89.28 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$172.57 | \$89.28 | \$0.00 | \$18.33 | \$20.97 | \$0.00 | \$30.83 | \$1.60 | \$11.20 | \$0.36 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <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 | \$2.68 | \$2.68 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.83 | \$4.10 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$194.40 | \$93.38 | \$0.00 | \$18.55 | \$21.38 | \$0.00 | \$47.93 | \$1.60 | \$11.20 | \$0.36 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$132.98 | | | | | | | | | | |

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited 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: SENIOR CARE CENTER - ST MARYS Prvdr ID: 00143129A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | | | | Facility Score | Add-on Percent | | | | | Facility Specific | State-wide |
| | | | | | | | N/A | 0.00% | | | | | 1.3055 | 1.5126 |
| | | | | | | | 43.59% | 2.5% | | | | | 1.2393 | 1.5030 |
| | | | | | | | 4.08 | 3.0% | | | | | 1.2566 | 1.5294 |
| Case Mix Based Rate Calculations | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$57,757 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3055 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2566 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$107.36 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$204.56 | \$107.36 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$30.83 | \$2.47 | \$11.51 | \$0.29 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.53 | \$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 | \$2.68 | \$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 | \$3.22 | \$3.22 | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.53 | \$6.43 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$228.09 | \$113.79 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$47.93 | \$2.47 | \$11.51 | \$0.29 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$158.24 | | | | | | | | | | | |

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

INTERIM

| Provider: EAGLE HEALTH & REHABILITATION Prvdr ID: 00143151A | | | 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: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | Growth Allowance: N/A Qtrly BIMS score: 29.41% Nurse Hours per On-Site Day/Quality Incentive: 3.43 | | | | 0.00% | 1.0% | Base Period Overall CMI: 1.5685 Quarterly Medicaid CMI: 1.3939 Qtrly Mcaid CMI w RUG Wght Options: 1.4148 | | | 1.5685 | 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 | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$51,525 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5685 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4148 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$96.35 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$184.18 | \$96.35 | \$0.00 | \$19.76 | \$22.29 | \$0.00 | \$30.83 | \$2.26 | \$10.80 | \$1.89 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$0.96 | \$0.96 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.89 | \$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 | \$22.11 | \$4.38 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$206.29 | \$100.73 | \$0.00 | \$19.98 | \$22.70 | \$0.00 | \$47.93 | \$2.26 | \$10.80 | \$1.89 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$141.89 | | | | | | | | | | |

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

INTERIM

| Provider: ARROWHEAD HEALTH AND REHAB Prvdr ID: 00143162A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 72.31% Nurse Hours per On-Site Day/Quality Incentive: 2.33 | | | | Facility Score: N/A Add-on Percent: 0.00% 5.5% 3.0% | | Case Mix Index (CMI) Data Base Period Overall CMI: 1.8985 Quarterly Medicaid CMI: 1.9532 Qtrly Mcaid CMI w RUG Wght Options: 1.9914 | | | Facility Specific: 1.8985, 1.9532, 1.9914 | State-wide: 1.5126, 1.5030, 1.5294 |
|---|--|------------------------------------|-----------------|---|---|--|---|--|---|--|----------------------|---------------------|---|------------------------------------|
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | | |
| | | | a | b | c | d | e | f | g | g | h | i | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Svcs Combined) | As Filed 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 Adjstmts | (\$125,572) | (\$8,667) | \$0 | \$0 | \$0 | \$0 | (\$67,340) | | (\$49,565) | | | |
| | As Filed Cost Center Costs (GL/PL) | As Filed FY20 GL/PL Rpt | | | | | | | | \$68,441 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 Svcs | 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 | | 1.8985 | | | | | | | | | | |
| 11 | Routine Svcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$40.25 | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Svcs | 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 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 | \$120.58 | \$40.25 | \$0.00 | \$15.98 | \$20.32 | | \$30.83 | \$1.85 | 10.01 (FRV) | \$1.34 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.9914 | | | | | | | | | | |
| 18 | Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$80.15 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$160.48 | \$80.15 | \$0.00 | \$15.98 | \$20.32 | \$0.00 | \$30.83 | \$1.85 | \$10.01 | \$1.34 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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 | \$4.41 | \$4.41 | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs) | Ln 19 Col b x Stfng Add-on | \$2.40 | \$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 | \$25.07 | \$7.34 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$185.55 | \$87.49 | \$0.00 | \$16.20 | \$20.73 | \$0.00 | \$47.93 | \$1.85 | \$10.01 | \$1.34 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$126.34 | | | | | | | | | | | |

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

INTERIM

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | Add-on Data and Percentages | | | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|------------------------------------|-----------------|---|---|--|---|---|---|-----------------------|-----------------------|---------------------|-----------------------------|----------------|-------------------------------------|---------------------------|-------------------|-------------------|-------------------|----------------|----------------|
| | | | | | | | | | | | | | Growth Allowance: | Facility Score | Add-on Percent | Base Period Overall CMI: | Facility Specific | State-wide | Qtrly BIMS score | Facility Score | Add-on Percent |
| | | | | | | | | | | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | | |
| Provider: PRUITTHEALTH - SUNRISE | | | | | | | | | | | | | N/A | 0.00% | Base Period Overall CMI: | | | 1.5395 | 1.5126 | | |
| Prvdr ID: 00143173A | | | | | | | | | | | | | 17.65% | 0.0% | Quarterly Medicaid CMI: | | | 1.3342 | 1.5030 | | |
| Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | | | | | | | | | | 4.02 | 5.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.3580 | 1.5294 | | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | | | | | | | |
| | | | a | b | c | d | e | f | g | g | h | i | | | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$122,516 | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | | | | | | | | | | |
| 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 | FY20 Audited C/R Days | 19,464 | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | 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 | | 1.5395 | | | | | | | | | | | | | | | | | |
| 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 <i>(FRV)</i> | \$1.30 | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.3580 | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$91.60 | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$172.38 | \$91.60 | \$0.00 | \$16.33 | \$21.62 | \$0.00 | \$23.94 | \$6.29 | \$11.30 | \$1.30 | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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 | \$4.58 | \$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 | \$23.21 | \$5.11 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$195.59 | \$96.71 | \$0.00 | \$16.55 | \$22.03 | \$0.00 | \$41.41 | \$6.29 | \$11.30 | \$1.30 | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$133.87 | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: MOUNTAIN VIEW HEALTH CARE | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00143184A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.3942 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 54.90% | 5.5% | Quarterly Medicaid CMI: | | | 1.4831 | 1.5030 |
| | | | | | | | 3.17 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.5089 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$56,617 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3942 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5089 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$89.57 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$156.63 | \$89.57 | \$0.00 | \$15.14 | \$19.31 | \$0.00 | \$22.11 | \$1.65 | \$8.05 | \$0.80 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$4.93 | \$4.93 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.69 | \$2.69 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$26.25 | \$8.15 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$182.88 | \$97.72 | \$0.00 | \$15.36 | \$19.72 | \$0.00 | \$39.58 | \$1.65 | \$8.05 | \$0.80 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$124.34 | | | | | | | | | | |

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

INTERIM

| Provider: PRUITTHEALTH - SWAINSBORO Prvdr ID: 00143195A | | | 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: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | Growth Allowance: N/A Qtrly BIMS score: 23.53% Nurse Hours per On-Site Day/Quality Incentive: 3.76 | | | | N/A | 0.00% | Base Period Overall CMI: 1.5309 Quarterly Medicaid CMI: 1.5157 Qtrly Mcaid CMI w RUG Wght Options: 1.5428 | | | 1.5309 | 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 | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$209,896 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 26,779 As Filed Days = 26,779 | | FY20 Audited C/R Days FY20 GL-PL Ins Rpt Days | 26,779 | | | | | | 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 | | 1.5309 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 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 | \$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 | | 1.5428 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$103.77 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$189.06 | \$103.77 | \$0.00 | \$18.48 | \$22.57 | \$0.00 | \$24.67 | \$7.84 | \$10.78 | \$0.95 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = | Ln 19 Col b x CPS Add-on | \$1.04 | \$1.04 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = | 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 | \$24.86 | \$6.76 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$213.92 | \$110.53 | \$0.00 | \$18.70 | \$22.98 | \$0.00 | \$42.14 | \$7.84 | \$10.78 | \$0.95 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$147.62 | | | | | | | | | | |

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

INTERIM

| Provider: PRUITTHEALTH - SYLVESTER Prvdr ID: 00143206A | | 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: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Growth Allowance: N/A Qtrly BIMS score: 25.00% Nurse Hours per On-Site Day/Quality Incentive: 3.15 | | | | N/A | 0.00% 1.0% 5.0% | Base Period Overall CMI: 1.3726 Quarterly Medicaid CMI: 1.3586 Qtrly Mcaid CMI w RUG Wght Options: 1.3804 | | | 1.3726 1.3586 1.3804 | 1.5126 1.5030 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance |
| | | | a | b | c | d | e | f | g | g | h | i |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$240,877 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3726 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.3804 | | | | | | | | |
| 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 | \$194.02 | \$103.72 | \$0.00 | \$17.30 | \$27.15 | \$0.00 | \$27.46 | \$6.73 | \$10.68 | \$0.98 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.47 | \$0.53 | \$0.00 | \$0.22 | \$0.35 | \$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 | \$5.19 | \$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 | \$24.80 | \$6.76 | \$0.00 | \$0.22 | \$0.35 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$218.82 | \$110.48 | \$0.00 | \$17.52 | \$27.50 | \$0.00 | \$44.93 | \$6.73 | \$10.68 | \$0.98 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$151.29 | | | | | | | | | |

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 |
| Provider: TATTNALL HEALTHCARE CENTER Prvdr ID: 00143228A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | |
| | | | | Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 30.00% Nurse Hours per On-Site Day/Quality Incentive: 2.55 | | | Facility Score Add-on Percent: 0.00% 2.5% 1.0% | | Case Mix Index (CMI) Data Base Period Overall CMI: 1.3240 Quarterly Medicaid CMI: 1.2171 Qtrly Mcaid CMI w RUG Wght Options: 1.2354 | | | Facility Specific 1.3240 1.2171 1.2354 | State-wide 1.5126 1.5030 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$48,558 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$21,433 | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$3,663,202 | \$1,934,455 | \$0 | \$362,379 | \$370,173 | \$0 | \$650,490 | \$48,558 | \$275,714 | \$21,433 | |
| 8 | Total Nursing Facility Days | As Filed Days = 29,190 FY20 Audited C/R Days | 29,190 | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 29,190 FY20 GL-PL Ins Rpt Days | | | | | | | | 29,190 | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$125.48 | \$66.27 | \$0.00 | \$12.41 | \$12.68 | (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 | | 1.3240 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2354 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$61.83 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$119.55 | \$61.83 | \$0.00 | \$12.41 | \$12.68 | \$0.00 | \$22.28 | \$1.66 | \$7.96 | \$0.73 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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 | \$1.55 | \$1.55 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$0.62 | \$0.62 | | | | | | | | | |
| 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 | \$20.80 | \$2.70 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$140.35 | \$64.53 | \$0.00 | \$12.63 | \$13.09 | \$0.00 | \$39.75 | \$1.66 | \$7.96 | \$0.73 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$92.44 | | | | | | | | | | |

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: THOMSON HEALTH AND REHABILITATION | | | | | | | | | | | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | 1.3970 | 1.5126 | |
| Prvdr ID: 00143261A | | | | | | | | | | | | | | Qtrly BIMS score | 43.48% | 2.5% | Quarterly Medicaid CMI: | 1.6218 | 1.5030 | |
| Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | | | | | | | | | | | Nurse Hours per On-Site Day/Quality Incentive: | 3.42 | 4.0% | Qtrly Mcaid CMI w RUG Wght Options: | 1.6510 | 1.5294 | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | | | | | | |
| | | | a | b | c | d | e | f | g | g | h | i | | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | | | | | | | | |
| Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvc Combined) | As Filed FY20 C/R - FY20 GL/PL Rpt | \$7,098,041 | \$4,102,428 | \$0 | \$719,267 | \$852,696 | \$0 | \$905,763 | | \$517,887 | \$0 | | | | | | | | |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY20 C/R Audit Adjstmnts | (\$171,366) | (\$2,447) | \$0 | \$0 | \$0 | \$0 | (\$127,537) | | (\$41,382) | | | | | | | | | |
| | As Filed Cost Center Costs (GL/PL) | As Filed FY20 GL/PL Rpt | | | | | | | | \$123,194 | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$41,382 | | | | | | | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$7,091,251 | \$4,099,981 | \$0 | \$719,267 | \$852,696 | \$0 | \$778,226 | \$123,194 | \$476,505 | \$41,382 | | | | | | | | |
| 8 | Total Nursing Facility Days | As Filed Days = 38,952 FY20 Audited C/R Days | 38,952 | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 38,952 FY20 GL-PL Ins Rpt Days | | | | | | | | 38,952 | | | | | | | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$182.05 | \$105.26 | \$0.00 | \$18.47 | \$21.89 | (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 | | 1.3970 | | | | | | | | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$75.35 | | | | | | | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$75.35 | \$0.00 | \$18.47 | \$21.89 | | \$19.98 | \$3.16 | \$12.23 | \$1.06 | | | | | | | | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | | | | | | | | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$149.24 | \$75.35 | \$0.00 | \$18.47 | \$21.89 | | \$19.98 | \$3.16 | 9.33 (FRV) | \$1.06 | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6510 | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$124.40 | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$198.29 | \$124.40 | \$0.00 | \$18.47 | \$21.89 | \$0.00 | \$19.98 | \$3.16 | \$9.33 | \$1.06 | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$3.11 | \$3.11 | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</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 | \$26.72 | \$8.62 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$225.01 | \$133.02 | \$0.00 | \$18.69 | \$22.30 | \$0.00 | \$37.45 | \$3.16 | \$9.33 | \$1.06 | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$155.93 | | | | | | | | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$131,110 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5717 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5415 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$104.44 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$182.65 | \$104.44 | \$0.00 | \$20.43 | \$22.82 | \$0.00 | \$21.19 | \$2.72 | \$9.66 | \$1.39 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$2.61 | \$2.61 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.13 | \$3.13 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$24.37 | \$6.27 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$207.02 | \$110.71 | \$0.00 | \$20.65 | \$23.23 | \$0.00 | \$38.66 | \$2.72 | \$9.66 | \$1.39 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$142.44 | | | | | | | | | |

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: TIFTON HEALTH AND REHABILITATION CENTER | | | | | | | | | | | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | 1.6814 | 1.5126 | |
| Prvdr ID: 00143294A | | | | | | | | | | | | | | Qtrly BIMS score | 22.54% | 1.0% | Quarterly Medicaid CMI: | 1.7672 | 1.5030 | |
| Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | | | | | | | | | | | Nurse Hours per On-Site Day/Quality Incentive: | 2.54 | 2.0% | Qtrly Mcaid CMI w RUG Wght Options: | 1.7995 | 1.5294 | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | | | | | | |
| | | | a | b | c | d | e | f | g | g | h | i | | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$37,696 | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6814 | | | | | | | | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$55.25 | \$0.00 | \$14.52 | \$14.20 | | \$32.69 | \$1.13 | \$35.22 | \$1.13 | | | | | | | | |
| 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 | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7995 | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$99.42 | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$171.43 | \$99.42 | \$0.00 | \$14.52 | \$14.20 | \$0.00 | \$30.83 | \$1.13 | \$10.20 | \$1.13 | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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 | \$0.99 | \$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 | \$1.99 | \$1.99 | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.24 | \$3.51 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$192.67 | \$102.93 | \$0.00 | \$14.74 | \$14.61 | \$0.00 | \$47.93 | \$1.13 | \$10.20 | \$1.13 | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$131.68 | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: PRUITTHEALTH - TOCCOA | | Add-on Data and Percentages | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|
| Prvdr ID: 00143305A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | Growth Allowance: | N/A | Base Period Overall CMI: | | | | 1.4304 | 1.5126 | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | Qtrly BIMS score | 23.86% | Quarterly Medicaid CMI: | | | | 1.4963 | 1.5030 | |
| | | | | | 3.44 | Qtrly Mcaid CMI w RUG Wght Options: | | | | 1.5228 | 1.5294 | |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance |
| | | | a | b | c | d | e | f | g | g | h | i |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$368,441 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4304 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5228 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$106.55 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$180.21 | \$106.55 | \$0.00 | \$16.37 | \$19.50 | \$0.00 | \$23.29 | \$6.76 | \$6.99 | \$0.75 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>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 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$205.24 | \$113.48 | \$0.00 | \$16.59 | \$19.91 | \$0.00 | \$40.76 | \$6.76 | \$6.99 | \$0.75 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$141.11 | | | | | | | | | |

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: OXLEY PARK HEALTH AND REHABILITATION Prvdr ID: 00143316A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | N/A | 0.00% | 22.67% | 3.37 | 6.0% | 1.3753 | 1.5136 | 1.5420 | 1.5126 | 1.5030 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$56,162 | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$41,740 | | | | | | | | | | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$6,038,141 | \$3,242,376 | \$0 | \$616,983 | \$630,625 | (\$1,007) | \$883,757 | \$56,162 | \$567,505 | \$41,740 | | | | | | | | | | | |
| 8 | Total Nursing Facility Days | As Filed Days = 33,761 FY20 Audited C/R Days | 33,761 | | | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 33,761 FY20 GL-PL Ins Rpt Days | | | | | | | | 33,761 | | | | | | | | | | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$178.86 | \$96.04 | \$0.00 | \$18.28 | \$18.65 | <i>(with L&H)</i> | \$26.18 | \$1.66 | \$16.81 | \$1.24 | | | | | | | | | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.3753 | | | | | | | | | | | | | | | | | | | |
| 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 <i>(FRV)</i> | \$1.24 | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance 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 | \$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 | | 1.5420 | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$107.68 | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$188.72 | \$107.68 | \$0.00 | \$18.28 | \$18.65 | \$0.00 | \$26.18 | \$1.66 | \$15.03 | \$1.24 | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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>6.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$6.46 | \$6.46 | | | | | | | | | | | | | | | | | | | |
| 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 | \$26.17 | \$8.07 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$214.89 | \$115.75 | \$0.00 | \$18.50 | \$19.06 | \$0.00 | \$43.65 | \$1.66 | \$15.03 | \$1.24 | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$148.34 | | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: PRUITTHEALTH - PEAKE Prvdr ID: 00143327A | | 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: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Growth Allowance: N/A Qtrly BIMS score: 31.03% Nurse Hours per On-Site Day/Quality Incentive: 3.25 | | | | 0.00% | 2.5% | Base Period Overall CMI: 1.5683 Quarterly Medicaid CMI: 1.4078 Qtrly Mcaid CMI w RUG Wght Options: 1.4324 | | | 1.5126 | 1.5030 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$249,390 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5683 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4324 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$108.82 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$206.73 | \$108.82 | \$0.00 | \$16.98 | \$24.76 | \$0.00 | \$30.83 | \$6.35 | \$15.56 | \$3.43 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <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>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$5.44 | \$5.44 | | | | | | | | | |
| 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 | \$26.42 | \$8.69 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$233.15 | \$117.51 | \$0.00 | \$17.20 | \$25.17 | \$0.00 | \$47.93 | \$6.35 | \$15.56 | \$3.43 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$162.04 | | | | | | | | | | |

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

INTERIM

| Provider: CHATUGE REGIONAL NURSING HOME Prvdr ID: 00143338A | | 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: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Growth Allowance: N/A Qtrly BIMS score: 32.84% Nurse Hours per On-Site Day/Quality Incentive: 2.92 | | | | N/A | 0.00% 2.5% 3.0% | Base Period Overall CMI: 1.5434 Quarterly Medicaid CMI: 1.4544 Qtrly Mcaid CMI w RUG Wght Options: 1.4798 | | | 1.5126 1.5030 1.5294 | |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance |
| | | | a | b | c | d | e | f | g | g | h | i |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>Hosp Based</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | | |
| 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 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$69,013 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5434 | | | | | | | | |
| 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 (FRV) | \$0.00 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4798 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$116.55 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$215.58 | \$116.55 | \$0.00 | \$32.46 | \$27.62 | \$0.00 | \$27.04 | \$1.72 | \$10.19 | \$0.00 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.90 | \$0.53 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.91 | \$2.91 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$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 | \$24.41 | \$6.94 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$239.99 | \$123.49 | \$0.00 | \$32.46 | \$27.62 | \$0.00 | \$44.51 | \$1.72 | \$10.19 | \$0.00 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$167.17 | | | | | | | | | |

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

INTERIM

| Provider: TREUTLEN COUNTY HEALTH AND REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00143349A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5515 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 51.35% | 5.5% | Quarterly Medicaid CMI: | | | 1.6575 | 1.5030 |
| | | | | | | | 3.34 | 5.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.6885 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$26,650 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5515 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6885 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$109.47 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$197.07 | \$109.47 | \$0.00 | \$22.15 | \$20.07 | \$0.00 | \$28.84 | \$1.54 | \$14.65 | \$0.35 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$6.02 | \$6.02 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$5.47 | \$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 | \$30.12 | \$12.02 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$227.19 | \$121.49 | \$0.00 | \$22.37 | \$20.48 | \$0.00 | \$46.31 | \$1.54 | \$14.65 | \$0.35 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$157.57 | | | | | | | | | | |

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: BERRIEN NURSING CENTER Prvdr ID: 00143382A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | N/A | 0.00% | 31.88% | 2.5% | 3.61 | 3.0% | 1.5416 | 1.5126 | 1.6830 | 1.5030 | 1.7136 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$168,673 | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | <i>(with L&H)</i> | \$26.15 | \$4.82 | \$20.75 | \$1.27 | | | | | | | | | | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.5416 | | | | | | | | | | | | | | | | | | | | |
| 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 <i>(FRV)</i> | \$1.27 | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7136 | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$99.94 | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$186.99 | \$99.94 | \$0.00 | \$22.21 | \$19.23 | \$0.00 | \$26.15 | \$4.82 | \$13.37 | \$1.27 | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.50 | \$2.50 | | | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>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 | \$24.13 | \$6.03 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$211.12 | \$105.97 | \$0.00 | \$22.43 | \$19.64 | \$0.00 | \$43.62 | \$4.82 | \$13.37 | \$1.27 | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$145.52 | | | | | | | | | | | | | | | | | | | | | |

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 | |
| Provider: TWIN OAKS CONVALESCENT CENTER Prvdr ID: 00143393A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | |
| | | | Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 31.03% Nurse Hours per On-Site Day/Quality Incentive: 4.03 | | | Facility Score: N/A Add-on Percent: 0.00% 2.5% 3.0% | | Case Mix Index (CMI) Data Base Period Overall CMI: 1.4509 Quarterly Medicaid CMI: 1.6400 Qtrly Mcaid CMI w RUG Wght Options: 1.6692 | | | Facility Specific: 1.4509 1.6400 1.6692 | | State-wide: 1.5126 1.5030 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>Hosp Based</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$110,345 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4509 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6692 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$111.50 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$224.45 | \$111.50 | \$0.00 | \$32.15 | \$27.62 | \$0.00 | \$30.83 | \$3.66 | \$17.65 | \$1.04 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$2.79 | \$2.79 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.35 | \$3.35 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.99 | \$6.67 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$248.44 | \$118.17 | \$0.00 | \$32.37 | \$27.62 | \$0.00 | \$47.93 | \$3.66 | \$17.65 | \$1.04 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$173.51 | | | | | | | | | | |

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: UNION COUNTY NURSING HOME Prvdr ID: 00143415A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | |
| | | | Growth Allowance: N/A | | | | Base Period Overall CMI: 1.2038 | | | | 1.2038 | 1.5126 |
| | | | Qtrly BIMS score: 35.62% | | | | Quarterly Medicaid CMI: 1.4711 | | | | 1.4711 | 1.5030 |
| | | | Nurse Hours per On-Site Day/Quality Incentive: 2.93 | | | | Qtrly Mcaid CMI w RUG Wght Options: 1.4997 | | | | 1.4997 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>Hosp Based</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$75,723 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.2038 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4997 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$132.75 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$237.92 | \$132.75 | \$0.00 | \$32.46 | \$27.62 | \$0.00 | \$28.61 | \$1.44 | \$10.30 | \$4.74 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.37 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$3.32 | \$3.32 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.98 | \$3.98 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$24.77 | \$7.30 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$262.69 | \$140.05 | \$0.00 | \$32.46 | \$27.62 | \$0.00 | \$46.08 | \$1.44 | \$10.30 | \$4.74 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$184.19 | | | | | | | | | |

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

INTERIM

| Provider: KENTWOOD NURSING FACILITY | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00143426A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5414 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 22.22% | 1.0% | Quarterly Medicaid CMI: | | | 1.4060 | 1.5030 |
| | | | | | | | 4.35 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.4274 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$122,457 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5414 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4274 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$105.43 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$185.68 | \$105.43 | \$0.00 | \$20.21 | \$22.61 | \$0.00 | \$18.23 | \$3.92 | \$15.10 | \$0.18 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$1.05 | \$1.05 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.16 | \$3.16 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$22.84 | \$4.74 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$208.52 | \$110.17 | \$0.00 | \$20.43 | \$23.02 | \$0.00 | \$35.70 | \$3.92 | \$15.10 | \$0.18 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$143.57 | | | | | | | | | | |

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

INTERIM

| Provider: CHULIO HILLS HEALTH AND REHAB | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00143437A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.8239 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 21.62% | 1.0% | Quarterly Medicaid CMI: | | | 1.9701 | 1.5030 |
| | | | | | | | 3.69 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 2.0085 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$147,206 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.8239 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 2.0085 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$176.07 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$260.04 | \$176.07 | \$0.00 | \$19.25 | \$21.42 | \$0.00 | \$26.66 | \$4.68 | \$11.08 | \$0.88 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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 | \$1.76 | \$1.76 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$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 | \$25.67 | \$7.57 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$285.71 | \$183.64 | \$0.00 | \$19.47 | \$21.83 | \$0.00 | \$44.13 | \$4.68 | \$11.08 | \$0.88 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$201.46 | | | | | | | | | | |

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

INTERIM

| Provider: WAYCROSS HEALTH AND REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00143459A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.4332 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 25.64% | 1.0% | Quarterly Medicaid CMI: | | | 1.3376 | 1.5030 |
| | | | | | | | 3.35 | 4.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.3623 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$49,530 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4332 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.3623 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$94.61 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$178.61 | \$94.61 | \$0.00 | \$19.56 | \$21.55 | \$0.00 | \$30.83 | \$2.23 | \$8.21 | \$1.62 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.78 | \$3.78 | | | | | | | | | |
| 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 | \$22.99 | \$5.26 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$201.60 | \$99.87 | \$0.00 | \$19.78 | \$21.96 | \$0.00 | \$47.93 | \$2.23 | \$8.21 | \$1.62 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$138.38 | | | | | | | | | | |

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: WASHINGTON CO EXTENDED CARE FACILITY Prvdr ID: 00143481A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | |
| | | | Growth Allowance: N/A Qtrly BIMS score: 36.59% Nurse Hours per On-Site Day/Quality Incentive: 3.93 | | | | Add-on Percent: 0.00% 2.5% 2.0% | | | | Base Period Overall CMI: 1.1503 Quarterly Medicaid CMI: 1.2118 Qtrly Mcaid CMI w RUG Wght Options: 1.2305 | | 1.5126 | 1.5030 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>Hosp Based</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | | | | | | |
| | As Filed Cost Center Costs (GL/PL) | As Filed FY20 GL/PL Rpt | | | | | | | | \$25,270 | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.1503 | | | | | | | | | | | |
| 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 | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2305 | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$108.92 | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$196.94 | \$108.92 | \$0.00 | \$29.66 | \$14.83 | \$0.00 | \$30.83 | \$1.21 | \$11.17 | \$0.32 | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.63 | \$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 | \$2.72 | \$2.72 | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.18 | \$2.18 | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$22.63 | \$4.90 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$219.57 | \$113.82 | \$0.00 | \$29.88 | \$15.24 | \$0.00 | \$47.93 | \$1.21 | \$11.17 | \$0.32 | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$151.85 | | | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$295,809 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4627 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7745 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$142.69 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$231.04 | \$142.69 | \$0.00 | \$22.02 | \$27.33 | \$0.00 | \$21.82 | \$5.39 | \$10.60 | \$1.19 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.34 | \$0.53 | \$0.00 | \$0.22 | \$0.22 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$3.57 | \$3.57 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.28 | \$4.28 | | | | | | | | |
| 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 | \$26.29 | \$8.38 | \$0.00 | \$0.22 | \$0.22 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$257.33 | \$151.07 | \$0.00 | \$22.24 | \$27.55 | \$0.00 | \$39.29 | \$5.39 | \$10.60 | \$1.19 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$180.17 | | | | | | | | | |

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

INTERIM

| Provider: WESTBURY CENTER OF JACKSON FOR NURSING AND HEALING | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|---|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00143514A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5249 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 32.28% | 2.5% | Quarterly Medicaid CMI: | | | 1.6813 | 1.5030 |
| | | | | | | | 2.08 | 2.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.7141 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$197,364 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5249 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7141 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$137.35 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$226.70 | \$137.35 | \$0.00 | \$23.49 | \$27.23 | \$0.00 | \$22.08 | \$3.24 | \$12.11 | \$1.20 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.41 | \$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 | \$3.43 | \$3.43 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$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 | \$24.69 | \$6.71 | \$0.00 | \$0.22 | \$0.29 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$251.39 | \$144.06 | \$0.00 | \$23.71 | \$27.52 | \$0.00 | \$39.55 | \$3.24 | \$12.11 | \$1.20 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$175.72 | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$203,152 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4089 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7456 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$154.52 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$242.28 | \$154.52 | \$0.00 | \$21.69 | \$27.62 | \$0.00 | \$23.26 | \$3.98 | \$9.95 | \$1.26 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.59 | \$0.00 | \$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 | \$8.50 | \$8.50 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.64 | \$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 | \$30.83 | \$13.14 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$273.11 | \$167.66 | \$0.00 | \$21.91 | \$27.62 | \$0.00 | \$40.73 | \$3.98 | \$9.95 | \$1.26 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$192.01 | | | | | | | | | |

Quarterly Case Mix Per Diem Calculation

Interim

| Provider: PruittHealth - Seaside, LLC Prvdr ID: 00143536A H/B ? : No Case Mix Per Diem Rate Effective Date: 07/01/22 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | <u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 35.3% Nurse Hours per On-Site Day/Quality Incentive: 2.29 | | | Facility Score: N/A | Add-on Percent: 0.00% 2.5% 4.0% | <u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6972 Quarterly Medicaid CMI: 1.6428 Qtrly Mcaid CMI w RUG Wght Options: 1.6734 | | | Facility Specific: 1.6972 1.6428 1.6734 | State-wide: 1.5126 1.5462 1.5738 |
|--|--|--------------------------|---|------------------|------------------|---------------------|---------------------------------------|---|-------------------|----------------------|---|--|
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
| | | | a | b | c | d | e | f | g | | h | i |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| | Cost Center Peer Groups per Selected Options | | | 1 | 1 | 2 | 1 | 1 | 1 | | | |
| | Type of Facility within Peer Group | | | All Facilities | All Facilities | Freestanding | All Facilities | All Facilities | All Facilities | | | |
| | Bed Size Range within Peer Group | | | All Bed Sizes | All Bed Sizes | All Bed Sizes | All Bed Sizes | All Bed Sizes | All Bed Sizes | | | |
| | Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | |
| | Peer Group Standards: Percentile | | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| | Peer Group Standards: Multiplier | | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| | Efficiency Measures (Maximums) | | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| | Per Diem Costs and Add-ons | | | | | | | | | | | |
| | GL-PL- Insurance Costs | 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 Srvcs) | FY 2020 Peer Group Limit | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | | \$22.08 | \$0.59 |
| | <u>Allowed @ 95% of Std</u> | | \$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 | | | 1.6734 | | | | | | | (FRV Rate) | |
| | Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | | | \$140.72 | | | | | | | | |
| | Quarterly Medicaid CMA Allowed Per Diem | | \$244.89 | \$140.72 | | \$23.26 | \$26.24 | | \$29.29 | 2.71 | \$22.08 | \$0.59 |
| | Quarterly Per Diem Add-On Amounts | | | | | | | | | | | |
| | BIMS Add-on Per Diem = 2.5% to Routine Srvcs) | | \$3.52 | \$3.52 | | | | | | | | |
| | Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% | | \$5.63 | \$5.63 | | | | | | | | |
| | Nursing Home Provider Fee | | \$17.10 | | | | | 17.10 | | | | |
| | Total Quarterly Per Diem Add-On Amounts | | \$26.25 | | | | | | | | | |
| | Quarterly Case Mix Based Per Diem Rate | | \$271.13 | \$149.86 | | \$23.26 | \$26.24 | | \$46.39 | \$2.71 | \$22.08 | \$0.59 |
| | Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75% | \$190.52 | | | | | | | | | | |

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 |
| Provider: WILDWOOD HEALTH AND REHAB Prvdr ID: 00143547A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | |
| | | | | Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 51.61% Nurse Hours per On-Site Day/Quality Incentive: 3.20 | | | Facility Score Add-on Percent: 0.00% 5.5% 3.0% | | Case Mix Index (CMI) Data Base Period Overall CMI: 1.5838 Quarterly Medicaid CMI: 1.5892 Qtrly Mcaid CMI w RUG Wght Options: 1.6190 | | | Facility Specific 1.5838 1.5892 1.6190 | State-wide 1.5126 1.5030 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$25,116 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5838 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6190 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$97.43 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$183.78 | \$97.43 | \$0.00 | \$21.39 | \$21.45 | \$0.00 | \$29.90 | \$1.78 | \$10.62 | \$1.21 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$5.36 | \$5.36 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.92 | \$2.92 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$26.91 | \$8.81 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$210.69 | \$106.24 | \$0.00 | \$21.61 | \$21.86 | \$0.00 | \$47.37 | \$1.78 | \$10.62 | \$1.21 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$145.19 | | | | | | | | | | |

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: | 1.4736 | 1.5126 |
| Provider: SOUTHLAND HEALTHCARE AND REHAB CENTER Prvdr ID: 00143558A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | N/A | 0.00% | 13.70% | 2.71 | 2.0% | 1.5608 | 1.5881 | 1.5030 | 1.5294 | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$30,936 | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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&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 | | 1.4736 | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5881 | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$82.04 | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$152.48 | \$82.04 | \$0.00 | \$13.80 | \$16.74 | \$0.00 | \$29.14 | \$1.00 | \$8.77 | \$0.99 | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$0.00 | \$0.00 | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$1.64 | \$1.64 | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$20.27 | \$2.17 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$172.75 | \$84.21 | \$0.00 | \$14.02 | \$17.15 | \$0.00 | \$46.61 | \$1.00 | \$8.77 | \$0.99 | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$116.74 | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: PRUITTHEALTH - WASHINGTON | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00143569A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.6214 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 33.33% | 2.5% | Quarterly Medicaid CMI: | | | 1.5797 | 1.5030 |
| | | | | | | | 2.91 | 5.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.6105 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$95,741 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6214 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6105 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$92.54 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$185.15 | \$92.54 | \$0.00 | \$17.84 | \$25.05 | \$0.00 | \$30.83 | \$6.76 | \$10.57 | \$1.56 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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 | \$2.31 | \$2.31 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.63 | \$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 | \$25.20 | \$7.47 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$210.35 | \$100.01 | \$0.00 | \$18.06 | \$25.46 | \$0.00 | \$47.93 | \$6.76 | \$10.57 | \$1.56 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$144.94 | | | | | | | | | | |

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

INTERIM

| Provider: WOOD DALE HEALTH AND REHABILITATION Prvdr ID: 00143591A | | | Add-on Data and Percentages | | | | Case Mix Index (CMI) Data | | | | Facility Specific | State-wide |
|--|--|------------------------------------|--|---|---|--|---|---|---|-----------------------|----------------------|---------------------|
| Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | Growth Allowance: N/A | | Facility Score: 48.78% | Add-on Percent: 0.00% | Base Period Overall CMI: 1.3420 | | | 1.3420 | 1.5126 | |
| | | | Qtrly BIMS score: 5.10 | | 5.5% | 3.0% | Quarterly Medicaid CMI: 1.1119 | | | 1.1119 | 1.5030 | |
| | | | Nurse Hours per On-Site Day/Quality Incentive: 5.10 | | 5.10 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: 1.1232 | | | 1.1232 | 1.5294 | |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance |
| | | | a | b | c | d | e | f | g | g | h | i |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$246,757 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3420 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.1232 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$92.17 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$189.11 | \$92.17 | \$0.00 | \$22.80 | \$22.60 | \$0.00 | \$30.83 | \$9.00 | \$11.55 | \$0.16 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <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 | \$2.77 | \$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 | \$26.10 | \$8.37 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$215.21 | \$100.54 | \$0.00 | \$23.02 | \$23.01 | \$0.00 | \$47.93 | \$9.00 | \$11.55 | \$0.16 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$148.58 | | | | | | | | | |

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: WRIGHTSVILLE MANOR HEALTH AND REHAB Prvdr ID: 00143602A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | N/A | 0.00% | 38.03% | 4.10 | 1.6759 | 1.7593 | 1.7936 | 1.5126 | 1.5030 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$51,390 | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | FY20 Audited C/R Days | 31,443 | | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | 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 | <i>(with L&H)</i> | \$21.84 | \$1.63 | \$16.37 | \$0.85 | | | | | | | | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.6759 | | | | | | | | | | | | | | | | | | |
| 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 <i>(FRV)</i> | \$0.85 | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7936 | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$97.09 | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$167.78 | \$97.09 | \$0.00 | \$19.31 | \$15.31 | \$0.00 | \$21.84 | \$1.63 | \$11.75 | \$0.85 | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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>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 | \$23.97 | \$5.87 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$191.75 | \$102.96 | \$0.00 | \$19.53 | \$15.72 | \$0.00 | \$39.31 | \$1.63 | \$11.75 | \$0.85 | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$130.99 | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: HERITAGE INN OF BARNESVILLE HEALTH AND REHAB | | Add-on Data and Percentages | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | | Facility Specific | State-wide | |
|---|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|
| Prvdr ID: 00143613A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | Growth Allowance: | N/A | Base Period Overall CMI: | | | | 1.5446 | 1.5126 | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | Qtrly BIMS score | 48.05% | Quarterly Medicaid CMI: | | | | 1.2962 | 1.5030 | |
| | | | | | 2.84 | Qtrly Mcaid CMI w RUG Wght Options: | | | | 1.3161 | 1.5294 | |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance |
| | | | a | b | c | d | e | f | g | g | h | i |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$62,530 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5446 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.3161 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$82.15 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$157.17 | \$82.15 | \$0.00 | \$16.84 | \$19.30 | \$0.00 | \$28.05 | \$1.74 | \$8.06 | \$1.03 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>5.5%</u> (to Routine 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 | \$2.46 | \$2.46 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$25.61 | \$7.51 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$182.78 | \$89.66 | \$0.00 | \$17.06 | \$19.71 | \$0.00 | \$45.52 | \$1.74 | \$8.06 | \$1.03 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$124.26 | | | | | | | | | |

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

INTERIM

| Provider: TRADITIONS HEALTH AND REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | | Facility Specific | State-wide |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|------------|
| Prvdr ID: 00143701A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | 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: 03/31/22 | | Qtrly BIMS score: 49.54% | | Nurse Hours per On-Site Day/Quality Incentive: 3.39 | | 49.54% | 5.5% | Quarterly Medicaid CMI: 1.5683 | | 1.5683 | 1.5030 | | |
| | | | | | | | 2.0% | Qtrly Mcaid CMI w RUG Wght Options: 1.5931 | | 1.5931 | 1.5294 | | |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$96,070 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5566 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5931 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$100.78 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$182.13 | \$100.78 | \$0.00 | \$18.35 | \$20.91 | \$0.00 | \$28.99 | \$1.63 | \$10.13 | \$1.34 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$5.54 | \$5.54 | | | | | | | | | |
| 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) | \$0.00 | | | | | | \$0.00 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$9.09 | \$8.09 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$191.22 | \$108.87 | \$0.00 | \$18.57 | \$21.32 | \$0.00 | \$29.36 | \$1.63 | \$10.13 | \$1.34 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$143.42 | | | | | | | | | | |

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: PRUITTHEALTH - LILBURN Prvdr ID: 00145527A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | | | | Facility Score | Add-on Percent | | | | | Facility Specific | State-wide |
| | | | | | | | N/A | 0.00% | | | | | 1.5251 | 1.5126 |
| | | | | | | | 34.67% | 2.5% | | | | | 1.5251 | 1.5030 |
| | | | | | | | 2.88 | 5.0% | | | | | 1.5523 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$309,511 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5251 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5523 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$106.08 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$188.32 | \$106.08 | \$0.00 | \$16.75 | \$24.04 | \$0.00 | \$24.97 | \$6.65 | \$8.35 | \$1.48 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.65 | \$2.65 | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$5.30 | \$5.30 | | | | | | | | | | |
| 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 | \$26.58 | \$8.48 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$214.90 | \$114.56 | \$0.00 | \$16.97 | \$24.45 | \$0.00 | \$42.44 | \$6.65 | \$8.35 | \$1.48 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$148.35 | | | | | | | | | | | |

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

INTERIM

| Provider: QUINTON MEMORIAL HC & REHAB CENTER | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00150279A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.4320 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 11.32% | 0.0% | Quarterly Medicaid CMI: | | | 1.0702 | 1.5030 |
| | | | | | | | 5.14 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.0849 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$332,562 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | | | | | | | 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 | | 1.4320 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.0849 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$96.04 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$198.52 | \$96.04 | \$0.00 | \$23.20 | \$19.94 | \$0.00 | \$30.83 | \$8.67 | \$19.59 | \$0.25 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.63 | \$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 | \$2.88 | \$2.88 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$20.61 | \$2.88 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$219.13 | \$98.92 | \$0.00 | \$23.42 | \$20.35 | \$0.00 | \$47.93 | \$8.67 | \$19.59 | \$0.25 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$151.52 | | | | | | | | | | |

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

INTERIM

| Provider: CHRISTIAN CITY REHABILITATION CENTER | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00158034A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5538 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 43.59% | 2.5% | Quarterly Medicaid CMI: | | | 1.5430 | 1.5030 |
| | | | | | | | 3.48 | 4.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.5695 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$408,033 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed 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 | | 1.5538 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5695 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$117.79 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$210.25 | \$117.79 | \$0.00 | \$20.34 | \$20.45 | \$0.00 | \$30.83 | \$6.06 | \$13.95 | \$0.83 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.94 | \$2.94 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.71 | \$4.71 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$0.00 | | | | | | \$0.00 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$8.81 | \$8.18 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$219.06 | \$125.97 | \$0.00 | \$20.56 | \$20.86 | \$0.00 | \$30.83 | \$6.06 | \$13.95 | \$0.83 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$164.30 | | | | | | | | | | |

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 |
| Provider: MANOR CARE REHABILITATION CENTER - DECATUR Prvdr ID: 00159266A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | |
| | | | Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: 20.34% Qtrly BIMS score: 4.36 Nurse Hours per On-Site Day/Quality Incentive: 0.0% | | | | Base Period Overall CMI: 1.5067 Quarterly Medicaid CMI: 1.1703 Qtrly Mcaid CMI w RUG Wght Options: 1.1835 | | | | Facility Specific: 1.5067 State-wide: 1.5126 1.1703 1.5030 1.1835 1.5294 | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$63,881 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5067 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.1835 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$95.73 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$179.88 | \$95.73 | \$0.00 | \$19.31 | \$20.21 | \$0.00 | \$30.83 | \$1.64 | \$10.66 | \$1.50 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <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>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 | \$19.22 | \$1.49 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$199.10 | \$97.22 | \$0.00 | \$19.53 | \$20.62 | \$0.00 | \$47.93 | \$1.64 | \$10.66 | \$1.50 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$136.50 | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | |
| 3 | Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 4 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 5 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$56,305 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6765 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5165 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$94.48 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$154.37 | \$94.48 | \$0.00 | \$18.64 | \$15.29 | \$0.00 | \$15.57 | \$1.56 | \$7.68 | \$1.15 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>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>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.83 | \$2.83 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.82 | \$5.72 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$178.19 | \$100.20 | \$0.00 | \$18.86 | \$15.70 | \$0.00 | \$33.04 | \$1.56 | \$7.68 | \$1.15 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$120.82 | | | | | | | | | |

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited 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: PARKSIDE POST ACUTE AND REHABILITATION Prvdr ID: 00169199A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | Growth Allowance: N/A Qtrly BIMS score: 36.59% Nurse Hours per On-Site Day/Quality Incentive: 3.49 | | | Facility Score: N/A Add-on Percent: 0.00% 2.5% 2.0% | | | Base Period Overall CMI: 1.5385 Quarterly Medicaid CMI: 1.5037 Qtrly Mcaid CMI w RUG Wght Options: 1.5272 | | | 1.5385 | 1.5126 | 1.5037 | 1.5030 | 1.5272 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$241,311 | | | | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5385 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5272 | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$105.93 | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$197.44 | \$105.93 | \$0.00 | \$20.88 | \$23.15 | \$0.00 | \$30.83 | \$4.35 | \$10.94 | \$1.36 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | | | | | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.65 | \$2.65 | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.12 | \$2.12 | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.03 | \$5.30 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$220.47 | \$111.23 | \$0.00 | \$21.10 | \$23.56 | \$0.00 | \$47.93 | \$4.35 | \$10.94 | \$1.36 | | | | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$152.53 | | | | | | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: WOODSTOCK NURSING & REHAB CTR | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00171212A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.8368 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 32.53% | 2.5% | Quarterly Medicaid CMI: | | | 1.6028 | 1.5030 |
| | | | | | | | 3.18 | 2.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.6310 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$116,872 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | (with L&H) | \$32.09 | \$2.33 | \$23.66 | \$1.15 | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.8368 | | | | | | | | | |
| 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 (FRV) | \$1.15 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6310 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$121.40 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$202.17 | \$121.40 | \$0.00 | \$18.28 | \$18.77 | \$0.00 | \$30.83 | \$2.33 | \$9.41 | \$1.15 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$3.04 | \$3.04 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.43 | \$2.43 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.73 | \$6.00 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$225.90 | \$127.40 | \$0.00 | \$18.50 | \$19.18 | \$0.00 | \$47.93 | \$2.33 | \$9.41 | \$1.15 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$156.60 | | | | | | | | | | |

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

INTERIM

| Provider: FAIRBURN HEALTH CARE CENTER | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | | Facility Specific | State-wide |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|------------|
| Prvdr ID: 00173071A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | Growth Allowance: N/A | | N/A | 0.00% | Base Period Overall CMI: 1.5412 | | 1.5412 | 1.5126 | | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Qtrly BIMS score: 26.19% | | Nurse Hours per On-Site Day/Quality Incentive: 2.94 | | 26.19% | 1.0% | Quarterly Medicaid CMI: 1.7255 | | 1.7255 | 1.5030 | | |
| | | | | | | | 2.0% | Qtrly Mcaid CMI w RUG Wght Options: 1.7588 | | 1.7588 | 1.5294 | | |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$183,196 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5412 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7588 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$85.90 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$159.81 | \$85.90 | \$0.00 | \$14.97 | \$13.98 | \$0.00 | \$29.57 | \$5.48 | \$9.17 | \$0.74 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$0.86 | \$0.86 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$1.72 | \$1.72 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.21 | \$3.11 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$181.02 | \$89.01 | \$0.00 | \$15.19 | \$14.39 | \$0.00 | \$47.04 | \$5.48 | \$9.17 | \$0.74 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$122.94 | | | | | | | | | | |

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

INTERIM

| Provider: THE OAKS - SCENIC VIEW SKILLED NURSING | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00178307A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.7203 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 34.55% | 2.5% | Quarterly Medicaid CMI: | | | 1.5057 | 1.5030 |
| | | | | | | | 3.76 | 5.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.5336 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$301,415 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.7203 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5336 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$103.46 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$186.28 | \$103.46 | \$0.00 | \$16.01 | \$21.93 | \$0.00 | \$27.07 | \$6.92 | \$9.20 | \$1.69 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <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 | \$5.17 | \$5.17 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$26.39 | \$8.29 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$212.67 | \$111.75 | \$0.00 | \$16.23 | \$22.34 | \$0.00 | \$44.54 | \$6.92 | \$9.20 | \$1.69 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$146.68 | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$242,452 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5492 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6134 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$103.85 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$185.45 | \$103.85 | \$0.00 | \$16.73 | \$18.21 | \$0.00 | \$24.91 | \$6.41 | \$13.61 | \$1.73 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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 | \$5.71 | \$5.71 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$5.19 | \$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 | \$29.53 | \$11.43 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$214.98 | \$115.28 | \$0.00 | \$16.95 | \$18.62 | \$0.00 | \$42.38 | \$6.41 | \$13.61 | \$1.73 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$148.41 | | | | | | | | | |

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

INTERIM

| Provider: GORDON HEALTH AND REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00202848A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.4670 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 30.59% | 2.5% | Quarterly Medicaid CMI: | | | 1.4960 | 1.5030 |
| | | | | | | | 3.18 | 5.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.5213 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$62,010 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4670 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5213 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$96.19 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$175.36 | \$96.19 | \$0.00 | \$19.09 | \$18.68 | \$0.00 | \$28.00 | \$1.55 | \$10.71 | \$1.14 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.40 | \$2.40 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.81 | \$4.81 | | | | | | | | | |
| 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 | \$25.84 | \$7.74 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$201.20 | \$103.93 | \$0.00 | \$19.31 | \$19.09 | \$0.00 | \$45.47 | \$1.55 | \$10.71 | \$1.14 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$138.08 | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>Hosp Based</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$126,579 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.2277 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2248 | | | | | | | | |
| 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 | \$214.07 | \$108.42 | \$0.00 | \$29.07 | \$27.62 | \$0.00 | \$30.83 | \$2.63 | \$15.50 | \$0.00 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.22 | \$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 | \$1.08 | \$1.08 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.25 | \$3.25 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.65 | \$4.33 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$235.72 | \$112.75 | \$0.00 | \$29.29 | \$27.62 | \$0.00 | \$47.93 | \$2.63 | \$15.50 | \$0.00 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$163.97 | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$183,196 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6841 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.9872 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$86.66 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$154.83 | \$86.66 | \$0.00 | \$16.04 | \$14.93 | \$0.00 | \$22.76 | \$4.54 | \$8.95 | \$0.95 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$4.77 | \$4.77 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$1.73 | \$1.73 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$25.13 | \$7.03 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$179.96 | \$93.69 | \$0.00 | \$16.26 | \$15.34 | \$0.00 | \$40.23 | \$4.54 | \$8.95 | \$0.95 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$122.15 | | | | | | | | | |

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: HIGH SHOALS HEALTH AND REHABILITATION Prvdr ID: 00212814A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | | | | Facility Score | Add-on Percent | | | | | Facility Specific | State-wide |
| | | | | | | | N/A | 0.00% | | | | | 1.2780 | 1.5126 |
| | | | | | | | 45.45% | 5.5% | | | | | 1.2088 | 1.5030 |
| | | | | | | | 3.06 | 4.0% | | | | | 1.2312 | 1.5294 |
| Case Mix Based Rate Calculations (see Policy Manual) | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Svcs Combined) | As Filed 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$56,637 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 Svcs | 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 | | 1.2780 | | | | | | | | | | |
| 11 | Routine Svcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$76.77 | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Svcs | 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 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 | \$165.41 | \$76.77 | \$0.00 | \$17.55 | \$21.49 | | \$30.83 | \$1.78 | 16.33 (FRV) | \$0.66 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2312 | | | | | | | | | | |
| 18 | Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$94.52 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$183.16 | \$94.52 | \$0.00 | \$17.55 | \$21.49 | \$0.00 | \$30.83 | \$1.78 | \$16.33 | \$0.66 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | | |
| 21 | BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs) | Ln 19 Col b x CPS Add-on | \$5.20 | \$5.20 | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs) | Ln 19 Col b x Stfng Add-on | \$3.78 | \$3.78 | | | | | | | | | | |
| 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 | \$27.24 | \$9.51 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$210.40 | \$104.03 | \$0.00 | \$17.77 | \$21.90 | \$0.00 | \$47.93 | \$1.78 | \$16.33 | \$0.66 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$144.98 | | | | | | | | | | | |

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

INTERIM

| Provider: PRUITTHEALTH - FORT OGLETHORPE | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00214695A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.3478 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 21.05% | 1.0% | Quarterly Medicaid CMI: | | | 1.4362 | 1.5030 |
| | | | | | | | 3.11 | 5.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.4604 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$244,355 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3478 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4604 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$106.39 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$181.30 | \$106.39 | \$0.00 | \$15.66 | \$19.36 | \$0.00 | \$22.89 | \$6.64 | \$9.31 | \$1.05 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$5.32 | \$5.32 | | | | | | | | | |
| 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 | \$25.01 | \$6.91 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$206.31 | \$113.30 | \$0.00 | \$15.88 | \$19.77 | \$0.00 | \$40.36 | \$6.64 | \$9.31 | \$1.05 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$141.91 | | | | | | | | | | |

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

INTERIM

| Provider: UNIVERSITY EXTENDED CARE-WESTWOOD Prvdr ID: 00219359A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Add-on Data and Percentages | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|--|---------------------|------------|
| | | | | | | | Growth Allowance: N/A | 0.00% | | | Base Period Overall CMI: 1.4488 | 1.5126 | |
| | | | | | | | Qtrly BIMS score: 33.68% | 2.5% | | | Quarterly Medicaid CMI: 1.4467 | 1.5030 | |
| | | | | | | | Nurse Hours per On-Site Day/Quality Incentive: 4.15 | 3.0% | | | Qtrly Mcaid CMI w RUG Wght Options: 1.4716 | 1.5294 | |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed 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 Adjstmtns | (\$805,241) | \$0 | \$0 | \$0 | \$0 | \$0 | (\$796,656) | | (\$8,585) | | |
| | As Filed Cost Center Costs (GL/PL) | As Filed FY20 GL/PL Rpt | | | | | | | | \$194,244 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 49,752 As Filed Days = 49,752 | | FY20 Audited C/R Days 49,752 | | FY20 GL-PL Ins Rpt Days | | | | 49,752 | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | 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 | | 1.4488 | | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$76.62 | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | 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 Srvcs) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4716 | | | | | | | | | |
| 18 | Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$112.75 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$182.87 | \$112.75 | \$0.00 | \$22.28 | \$18.95 | \$0.00 | \$9.50 | \$3.90 | \$15.32 | \$0.17 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvcs) | Ln 19 Col b x CPS Add-on | \$2.82 | \$2.82 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | \$3.38 | \$3.38 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$24.83 | \$6.73 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$207.70 | \$119.48 | \$0.00 | \$22.50 | \$19.36 | \$0.00 | \$26.97 | \$3.90 | \$15.32 | \$0.17 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$142.95 | | | | | | | | | | |

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: COMER HEALTH AND REHABILITATION Prvdr ID: 00220448A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | | | | Facility Score | Add-on Percent | | | | | Facility Specific | State-wide |
| | | | | | | | N/A | 0.00% | | | | | 1.4328 | 1.5126 |
| | | | | | | | 44.78% | 2.5% | | | | | 1.2790 | 1.5030 |
| | | | | | | | 2.89 | 7.0% | | | | | 1.2989 | 1.5294 |
| Case Mix Based Rate Calculations | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$61,789 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4328 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2989 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$83.84 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$166.42 | \$83.84 | \$0.00 | \$20.69 | \$19.69 | \$0.00 | \$30.83 | \$1.69 | \$9.28 | \$0.40 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$2.10 | \$2.10 | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>7.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$5.87 | \$5.87 | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$26.23 | \$8.50 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$192.65 | \$92.34 | \$0.00 | \$20.91 | \$20.10 | \$0.00 | \$47.93 | \$1.69 | \$9.28 | \$0.40 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$131.66 | | | | | | | | | | | |

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: GLENWOOD HEALTH AND REHABILITATION CENTER | | | | | | | Facility Score | Add-on Percent | | | | | Facility Specific | State-wide |
| Prvdr ID: 00220514A | | | | | | | N/A | 0.00% | | | | | 1.4825 | 1.5126 |
| Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | | | | 36.55% | 2.5% | | | | | 1.4156 | 1.5030 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | 2.66 | 3.0% | | | | | 1.4386 | 1.5294 |
| Nurse Hours per On-Site Day/Quality Incentive: | | | | | | | | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Svcs 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 | \$0 | | |
| | As Filed Cost Center Costs (GL/PL) | As Filed FY20 GL/PL Rpt | | | | | | | | \$113,179 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$0 | | |
| 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 Svcs | 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 | | 1.4825 | | | | | | | | | | |
| 11 | Routine Svcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$62.76 | \$0.00 | \$14.96 | \$12.57 | | \$28.16 | \$1.46 | \$17.62 | \$0.00 | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Svcs | 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 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 | \$126.51 | \$62.76 | \$0.00 | \$14.96 | \$12.57 | | \$28.16 | \$1.46 | 6.60 (FRV) | \$0.00 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4386 | | | | | | | | | | |
| 18 | Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$90.29 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$154.04 | \$90.29 | \$0.00 | \$14.96 | \$12.57 | \$0.00 | \$28.16 | \$1.46 | \$6.60 | \$0.00 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs) | 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 Svcs) | 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 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$177.64 | \$95.79 | \$0.00 | \$15.18 | \$12.98 | \$0.00 | \$45.63 | \$1.46 | \$6.60 | \$0.00 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$120.41 | | | | | | | | | | | |

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

INTERIM

| Provider: FOUNTAIN BLUE REHAB AND NURSING | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00222582A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.6003 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 35.09% | 2.5% | Quarterly Medicaid CMI: | | | 1.7345 | 1.5030 |
| | | | | | | | 2.80 | 2.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.7681 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$92,494 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6003 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7681 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$88.71 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$161.24 | \$88.71 | \$0.00 | \$16.78 | \$15.28 | \$0.00 | \$25.97 | \$3.21 | \$9.05 | \$2.24 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$1.77 | \$1.77 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$22.62 | \$4.52 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$183.86 | \$93.23 | \$0.00 | \$17.00 | \$15.69 | \$0.00 | \$43.44 | \$3.21 | \$9.05 | \$2.24 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$125.07 | | | | | | | | | | |

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

INTERIM

| Provider: EATONTON HEALTH AND REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00223473A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.4584 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 18.52% | 0.0% | Quarterly Medicaid CMI: | | | 1.4652 | 1.5030 |
| | | | | | | | 3.40 | 5.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.4904 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$55,120 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4584 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4904 | | | | | | | | | |
| 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 | \$175.44 | \$96.76 | \$0.00 | \$17.46 | \$21.19 | \$0.00 | \$27.32 | \$2.03 | \$9.66 | \$1.02 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <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 | \$4.84 | \$4.84 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.47 | \$5.37 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$198.91 | \$102.13 | \$0.00 | \$17.68 | \$21.60 | \$0.00 | \$44.79 | \$2.03 | \$9.66 | \$1.02 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$136.36 | | | | | | | | | | |

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

INTERIM

| Provider: CHESTNUT RIDGE NSG & REHAB CTR | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00228049A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.6452 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 28.05% | 1.0% | Quarterly Medicaid CMI: | | | 1.5043 | 1.5030 |
| | | | | | | | 2.79 | 2.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.5298 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$91,008 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | 48,328 | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 48,328 | | | | | | | | 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 | | 1.6452 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5298 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$100.92 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$176.10 | \$100.92 | \$0.00 | \$18.33 | \$16.67 | \$0.00 | \$29.43 | \$1.88 | \$8.27 | \$0.60 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$1.01 | \$1.01 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.02 | \$2.02 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.66 | \$3.56 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$197.76 | \$104.48 | \$0.00 | \$18.55 | \$17.08 | \$0.00 | \$46.90 | \$1.88 | \$8.27 | \$0.60 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$135.50 | | | | | | | | | | |

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 |
| Provider: MANOR CARE REHABILITATION CENTER - MARIETTA Prvdr ID: 00236211A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | |
| | | | Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 21.28% Nurse Hours per On-Site Day/Quality Incentive: 5.61 | | | | Base Period Overall CMI: 1.6045 Quarterly Medicaid CMI: 1.2823 Qtrly Mcaid CMI w RUG Wght Options: 1.2994 | | | | Facility Specific: 1.6045 State-wide: 1.5126 1.2823 1.5030 1.2994 1.5294 | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$104,075 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6045 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2994 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$111.09 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$199.99 | \$111.09 | \$0.00 | \$23.26 | \$19.44 | \$0.00 | \$30.83 | \$2.81 | \$10.85 | \$1.71 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.22 | \$2.22 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.59 | \$3.86 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$221.58 | \$114.95 | \$0.00 | \$23.48 | \$19.85 | \$0.00 | \$47.93 | \$2.81 | \$10.85 | \$1.71 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$153.36 | | | | | | | | | |

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

INTERIM

| Provider: PRUITHEALTH - SAVANNAH | | <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: 00238323A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | 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: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: 3.78 | | Qtrly BIMS score: 47.89% | | 47.89% | 5.5% | Quarterly Medicaid CMI: 1.6997 | | 1.6997 | 1.5030 | | |
| | | | | Nurse Hours per On-Site Day/Quality Incentive: 3.78 | | 3.78 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: 1.7320 | | 1.7320 | 1.5294 | | |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | | | |
| 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 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$246,360 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6824 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7320 | | | | | | | | | |
| 18 | Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$122.12 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$231.43 | \$122.12 | \$0.00 | \$16.52 | \$23.94 | \$0.00 | \$30.83 | \$5.99 | \$27.55 | \$4.48 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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 | \$6.72 | \$6.72 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs) | Ln 19 Col b x Stfng Add-on | \$3.66 | \$3.66 | | | | | | | | | |
| 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 | \$28.64 | \$10.91 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$260.07 | \$133.03 | \$0.00 | \$16.74 | \$24.35 | \$0.00 | \$47.93 | \$5.99 | \$27.55 | \$4.48 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$182.23 | | | | | | | | | | |

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: RESORTS AT POOLER INC Prvdr ID: 00238741A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | | | | Facility Score | Add-on Percent | | | | | Facility Specific | State-wide |
| | | | | | | | N/A | 0.00% | | | | | 1.3716 | 1.5126 |
| | | | | | | | 27.94% | 1.0% | | | | | 1.6016 | 1.5030 |
| | | | | | | | 3.02 | 2.0% | | | | | 1.6311 | 1.5294 |
| Case Mix Based Rate Calculations | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$150,724 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3716 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6311 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$81.82 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$164.91 | \$81.82 | \$0.00 | \$17.07 | \$18.27 | \$0.00 | \$28.90 | \$7.19 | \$7.94 | \$3.72 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | |
| 21 | BIMS Add-on Per Diem = <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>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 | \$21.09 | \$2.99 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$186.00 | \$84.81 | \$0.00 | \$17.29 | \$18.68 | \$0.00 | \$46.37 | \$7.19 | \$7.94 | \$3.72 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$126.68 | | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$4,593 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.7182 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.3617 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$93.25 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$171.83 | \$93.25 | \$0.00 | \$18.52 | \$16.62 | \$0.00 | \$30.83 | \$0.14 | \$10.56 | \$1.91 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <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 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$195.22 | \$98.91 | \$0.00 | \$18.74 | \$17.03 | \$0.00 | \$47.93 | \$0.14 | \$10.56 | \$1.91 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$133.59 | | | | | | | | | |

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

INTERIM

| Provider: PRUITTHEALTH - AUGUSTA HILLS | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00245055A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5193 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 26.47% | 1.0% | Quarterly Medicaid CMI: | | | 1.4862 | 1.5030 |
| | | | | | | | 2.96 | 5.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.5111 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$256,366 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5193 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5111 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$107.05 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$199.50 | \$107.05 | \$0.00 | \$19.61 | \$23.81 | \$0.00 | \$29.66 | \$9.05 | \$8.38 | \$1.94 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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 | \$5.35 | \$5.35 | | | | | | | | | |
| 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 | \$25.05 | \$6.95 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$224.55 | \$114.00 | \$0.00 | \$19.83 | \$24.22 | \$0.00 | \$47.13 | \$9.05 | \$8.38 | \$1.94 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$155.59 | | | | | | | | | | |

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: PRUITTHEALTH - MAGNOLIA MANOR Prvdr ID: 00252007A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | |
| | | | Growth Allowance: N/A Qtrly BIMS score: 16.28% Nurse Hours per On-Site Day/Quality Incentive: 3.36 | | | | Add-on Percent: 0.00% 0.0% 5.0% | | | | Base Period Overall CMI: 1.6788 Quarterly Medicaid CMI: 1.6595 Qtrly Mcaid CMI w RUG Wght Options: 1.6890 | | 1.5126 | 1.5030 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$203,610 | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6788 | | | | | | | | | | | |
| 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 | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6890 | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$97.27 | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$205.36 | \$97.27 | \$0.00 | \$15.50 | \$25.11 | \$0.00 | \$30.83 | \$6.35 | \$26.87 | \$3.43 | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | | | |
| 21 | BIMS Add-on Per Diem = <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 | \$4.86 | \$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 | \$23.12 | \$5.39 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$228.48 | \$102.66 | \$0.00 | \$15.72 | \$25.52 | \$0.00 | \$47.93 | \$6.35 | \$26.87 | \$3.43 | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$158.54 | | | | | | | | | | | | |

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

INTERIM

| Provider: PRUITTHEALTH - DECATUR Prvdr ID: 00252942A | | 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: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Growth Allowance: N/A Qtrly BIMS score: 20.00% Nurse Hours per On-Site Day/Quality Incentive: 2.45 | | | | N/A | 0.00% | Base Period Overall CMI: 1.5439 Quarterly Medicaid CMI: 1.7705 Qtrly Mcaid CMI w RUG Wght Options: 1.8037 | | | 1.5439 | 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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$298,050 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5439 | | | | | | | | |
| 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 | \$165.11 | \$72.86 | \$0.00 | \$15.87 | \$25.87 | | \$28.62 | \$6.35 | 14.20 (FRV) | \$1.34 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | \$165.11 | \$72.86 | \$0.00 | \$15.87 | \$25.87 | \$0.00 | \$28.62 | \$6.35 | \$14.20 | \$1.34 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.8037 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$131.42 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$223.67 | \$131.42 | \$0.00 | \$15.87 | \$25.87 | \$0.00 | \$28.62 | \$6.35 | \$14.20 | \$1.34 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$1.31 | \$1.31 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$5.26 | \$5.26 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$25.20 | \$7.10 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$248.87 | \$138.52 | \$0.00 | \$16.09 | \$26.28 | \$0.00 | \$46.09 | \$6.35 | \$14.20 | \$1.34 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$173.83 | | | | | | | | | |

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

INTERIM

| Provider: PRUITTHEALTH - LAFAYETTE Prvdr ID: 00254394A | | 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: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Growth Allowance: N/A | | Facility Score: 32.79% | Add-on Percent: 0.00% | Base Period Overall CMI: 1.4138 | | | | 1.4138 | 1.5126 | | |
| | | Qtrly BIMS score: 2.47 | | Facility Score: 2.47 | Add-on Percent: 2.5% | Quarterly Medicaid CMI: 1.4386 | | | | 1.4386 | 1.5030 | | |
| | | Nurse Hours per On-Site Day/Quality Incentive: 2.47 | | Facility Score: 2.47 | Add-on Percent: 4.0% | Qtrly Mcaid CMI w RUG Wght Options: 1.4620 | | | | 1.4620 | 1.5294 | | |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$203,659 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4138 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4620 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$90.73 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$165.47 | \$90.73 | \$0.00 | \$16.09 | \$19.62 | \$0.00 | \$22.42 | \$6.64 | \$9.09 | \$0.88 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.63 | \$3.63 | | | | | | | | | |
| 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 | \$24.53 | \$6.43 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$190.00 | \$97.16 | \$0.00 | \$16.31 | \$20.03 | \$0.00 | \$39.89 | \$6.64 | \$9.09 | \$0.88 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$129.68 | | | | | | | | | | |

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 | | |
| Provider: PRUITTHEALTH - WEST ATLANTA Prvdr ID: 00256088A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | | | | Facility Score | Add-on Percent | | | | | Facility Specific | State-wide |
| | | | | | | | N/A | 0.00% | | | | | 1.3403 | 1.5126 |
| | | | | | | | 24.69% | 1.0% | | | | | 1.5431 | 1.5030 |
| | | | | | | | 2.75 | 5.0% | | | | | 1.5686 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$244,652 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3403 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5686 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$126.81 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$213.81 | \$126.81 | \$0.00 | \$13.71 | \$26.55 | \$0.00 | \$26.97 | \$6.90 | \$11.32 | \$1.55 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | |
| 21 | BIMS Add-on Per Diem = <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 | \$6.34 | \$6.34 | | | | | | | | | | |
| 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 | \$26.24 | \$8.14 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$240.05 | \$134.95 | \$0.00 | \$13.93 | \$26.96 | \$0.00 | \$44.44 | \$6.90 | \$11.32 | \$1.55 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$167.21 | | | | | | | | | | | |

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: | 1.7887 | 1.5126 | | |
| | | | | | | | | | | | | | 2.64 | 4.0% | | | | 2.0011 | 1.5030 | | | | | |
| | | | | | | | | | | | | | 2.64 | 4.0% | | | | 2.0399 | 1.5294 | | | | | |
| | | | | | | | | | | | | | a | b | c | d | e | f | g | g | h | i | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$17,445 | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.7887 | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 2.0399 | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$76.25 | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$143.63 | \$76.25 | \$0.00 | \$13.35 | \$13.77 | \$0.00 | \$30.83 | \$0.53 | \$8.33 | \$0.57 | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$1.91 | \$1.91 | | | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$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 | \$23.22 | \$5.49 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$166.85 | \$81.74 | \$0.00 | \$13.57 | \$14.18 | \$0.00 | \$47.93 | \$0.53 | \$8.33 | \$0.57 | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$112.31 | | | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: PRUITTHEALTH - COVINGTON | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|------------|--------|
| Prvdr ID: 00265196A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | | 1.5993 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 24.00% | 1.0% | Quarterly Medicaid CMI: | | | | 1.5885 | 1.5030 |
| | | | | | | | 3.48 | 5.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | | 1.6174 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | | |
| | | | a | b | c | d | e | f | g | g | h | i | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$144,651 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5993 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6174 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$107.30 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$191.99 | \$107.30 | \$0.00 | \$15.74 | \$21.09 | \$0.00 | \$30.60 | \$6.05 | \$10.02 | \$1.19 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.33 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.17 | | \$0.00 | | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$1.07 | \$1.07 | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$5.37 | \$5.37 | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$24.87 | \$6.97 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.27 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$216.86 | \$114.27 | \$0.00 | \$15.96 | \$21.50 | \$0.00 | \$47.87 | \$6.05 | \$10.02 | \$1.19 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$149.82 | | | | | | | | | | | |

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

INTERIM

| Provider: LAGRANGE HEALTH AND REHAB | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|
| Prvdr ID: 00270245A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | 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: 03/31/22 | | Qtrly BIMS score: 23.08% | | Nurse Hours per On-Site Day/Quality Incentive: 3.28 | | 23.08% | 1.0% | Quarterly Medicaid CMI: 1.4170 | | | 1.4170 | 1.5030 |
| | | | | | | | 2.0% | Qtrly Mcaid CMI w RUG Wght Options: 1.4430 | | | 1.4430 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance |
| | | | a | b | c | d | e | f | g | g | h | i |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$62,345 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5438 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4430 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$87.84 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$168.44 | \$87.84 | \$0.00 | \$17.27 | \$21.28 | \$0.00 | \$28.50 | \$1.89 | \$10.35 | \$1.31 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$0.88 | \$0.88 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$1.76 | \$1.76 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.27 | \$3.17 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$189.71 | \$91.01 | \$0.00 | \$17.49 | \$21.69 | \$0.00 | \$45.97 | \$1.89 | \$10.35 | \$1.31 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$129.46 | | | | | | | | | |

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

INTERIM

| Provider: LUMBER CITY NURSING & REHABILITATION CENTER | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00270256A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5516 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 37.74% | 2.5% | Quarterly Medicaid CMI: | | | 1.4699 | 1.5030 |
| | | | | | | | 2.55 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.4942 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$45,042 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5516 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4942 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$71.75 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$138.45 | \$71.75 | \$0.00 | \$14.17 | \$15.99 | \$0.00 | \$23.85 | \$1.72 | \$9.99 | \$0.98 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-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 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$161.02 | \$76.22 | \$0.00 | \$14.39 | \$16.40 | \$0.00 | \$41.32 | \$1.72 | \$9.99 | \$0.98 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$107.94 | | | | | | | | | | |

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

INTERIM

| Provider: WILLOWOOD HEALTHCARE AND REHABILITATION Prvdr ID: 00271829A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | <u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 20.83% Nurse Hours per On-Site Day/Quality Incentive: 2.81 | | | <u>Facility Score</u> Add-on Percent: 0.00% 1.0% 3.0% | | <u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6442 Quarterly Medicaid CMI: 1.8496 Qtrly Mcaid CMI w RUG Wght Options: 1.8859 | | | | <u>Facility Specific</u> 1.6442 1.8496 1.8859 | <u>State-wide</u> 1.5126 1.5030 1.5294 |
|--|--|---|--|---|---|--|---|---|---|-----------------------|----------------------|--|---|
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Svcs Combined) | As Filed 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 Adjstmts | (\$83,513) | \$0 | \$0 | \$0 | \$628 | \$614 | (\$61,750) | | (\$23,005) | | |
| | As Filed Cost Center Costs (GL/PL) | As Filed FY20 GL/PL Rpt | | | | | | | | \$61,750 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 Svcs | Ln 7 / Ln 8 Col a | \$174.24 | \$84.75 | \$0.00 | \$17.55 | \$11.02 | <i>(with L&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 | | 1.6442 | | | | | | | | | |
| 11 | Routine Svcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$51.54 | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Svcs | 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 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 | \$122.96 | \$51.54 | \$0.00 | \$17.55 | \$11.02 | | \$29.60 | \$3.41 | 8.56 <i>(FRV)</i> | \$1.28 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | N/A | N/A | |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | \$122.96 | \$51.54 | \$0.00 | \$17.55 | \$11.02 | \$0.00 | \$29.60 | \$3.41 | \$8.56 | \$1.28 | |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.8859 | | | | | | | | | |
| 18 | Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$97.20 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$168.62 | \$97.20 | \$0.00 | \$17.55 | \$11.02 | \$0.00 | \$29.60 | \$3.41 | \$8.56 | \$1.28 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs) | Ln 19 Col b x CPS Add-on | \$0.97 | \$0.97 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs) | Ln 19 Col b x Stfng Add-on | \$2.92 | \$2.92 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$22.52 | \$4.42 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$191.14 | \$101.62 | \$0.00 | \$17.77 | \$11.43 | \$0.00 | \$47.07 | \$3.41 | \$8.56 | \$1.28 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$130.53 | | | | | | | | | | |

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

INTERIM

| Provider: CRESTVIEW HEALTH & REHAB CTR Prvdr ID: 00273567A | | 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: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Growth Allowance: N/A Qtrly BIMS score: 35.91% Nurse Hours per On-Site Day/Quality Incentive: 3.10 | | | | N/A | 0.00% 2.5% 3.0% | Base Period Overall CMI: 1.1622 Quarterly Medicaid CMI: 1.3054 Qtrly Mcaid CMI w RUG Wght Options: 1.3262 | | | 1.1622 1.3054 1.3262 | 1.5126 1.5030 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance |
| | | | a | b | c | d | e | f | g | g | h | i |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>Hosp Based</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | | |
| 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 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$111,103 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.1622 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.3262 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$117.40 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$212.02 | \$117.40 | \$0.00 | \$24.36 | \$27.62 | \$0.00 | \$30.83 | \$1.05 | \$10.39 | \$0.37 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$2.94 | \$2.94 | | | | | | | | |
| 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) | \$0.00 | | | | | | \$0.00 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$6.68 | \$6.46 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$218.70 | \$123.86 | \$0.00 | \$24.58 | \$27.62 | \$0.00 | \$30.83 | \$1.05 | \$10.39 | \$0.37 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$164.03 | | | | | | | | | |

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: | 1.7817 | 1.5126 |
| Provider: CRISP REGIONAL NSG & REHAB CTR Prvdr ID: 00274128A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | 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: | 1.7817 | 1.5126 |
| | | | | | | | | | | | | | 23.81% | 1.0% | 2.96 | 3.0% | 1.7627 | 1.5030 | 1.7978 | 1.5294 | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>Hosp Based</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$95,905 | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.7817 | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7978 | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$159.12 | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$256.16 | \$159.12 | \$0.00 | \$23.26 | \$27.62 | \$0.00 | \$30.83 | \$4.19 | \$10.62 | \$0.52 | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.23 | \$0.01 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$1.59 | \$1.59 | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.77 | \$4.77 | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.69 | \$6.37 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$279.85 | \$165.49 | \$0.00 | \$23.48 | \$27.62 | \$0.00 | \$47.93 | \$4.19 | \$10.62 | \$0.52 | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$197.06 | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: THOMASVILLE HEALTH & REHAB, LLC Prvdr ID: 00277604A | | | | <u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 33.33% Nurse Hours per On-Site Day/Quality Incentive: 3.18 | | | <u>Facility Score</u> Add-on Percent: 0.00% 2.5% 3.0% | | <u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5549 Quarterly Medicaid CMI: 1.8114 Qtrly Mcaid CMI w RUG Wght Options: 1.8477 | | | <u>Facility Specific</u> 1.5549 1.8114 1.8477 | <u>State-wide</u> 1.5126 1.5030 1.5294 |
|--|--|---|-----------------|--|---|--|--|---|---|-----------------------|-----------------------|--|---|
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| <u>CASE MIX BASED RATE CALCULATIONS</u> | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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 Adjstmts | (\$43,060) | \$0 | \$0 | \$0 | \$0 | \$0 | (\$26,585) | | (\$16,475) | | |
| | As Filed Cost Center Costs (GL/PL) | As Filed FY20 GL/PL Rpt | | | | | | | | \$26,585 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$16,475 | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$2,718,140 | \$1,205,144 | \$0 | \$344,742 | \$285,189 | \$0 | \$466,958 | \$26,585 | \$373,047 | \$16,475 | |
| 8 | Total Nursing Facility Days | As Filed Days = 15,702 FY20 Audited C/R Days | 15,702 | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 15,702 FY20 GL-PL Ins Rpt Days | | | | | | | | 15,702 | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$173.11 | \$76.75 | \$0.00 | \$21.96 | \$18.16 | <i>(with L&H)</i> | \$29.74 | \$1.69 | \$23.76 | \$1.05 | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.5549 | | | | | | | | | |
| 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 <i>(FRV)</i> | \$1.05 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 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 | \$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 | | 1.8477 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$91.20 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$174.21 | \$91.20 | \$0.00 | \$21.96 | \$18.16 | \$0.00 | \$29.74 | \$1.69 | \$10.41 | \$1.05 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = | Ln 19 Col b x CPS Add-on | \$2.28 | \$2.28 | | | | | | | | | |
| 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 | \$23.65 | \$5.55 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$197.86 | \$96.75 | \$0.00 | \$22.18 | \$18.57 | \$0.00 | \$47.21 | \$1.69 | \$10.41 | \$1.05 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$135.57 | | | | | | | | | | |

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 |
| Provider: DELMAR GARDENS OF SMYRNA Prvdr ID: 00296271A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | Facility Score | State-wide | | | | | | | |
| | | | | | | | | | | | | | N/A | 20.51% | 3.18 | 0.00% | 1.0% | 3.0% | Base Period Overall CMI: | 1.3619 | 1.5126 |
| | | | | | | | | | | | | | 20.51% | 3.18 | 3.0% | Quarterly Medicaid CMI: | 1.3904 | 1.5030 | | | |
| | | | | | | | | | | | | | 3.18 | 3.0% | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | 1.4102 | 1.5294 | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$95,100 | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3619 | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4102 | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$110.33 | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$206.20 | \$110.33 | \$0.00 | \$24.48 | \$25.35 | \$0.00 | \$29.45 | \$2.57 | \$12.08 | \$1.94 | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.31 | \$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 | \$1.10 | \$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 | \$22.82 | \$4.94 | \$0.00 | \$0.00 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$229.02 | \$115.27 | \$0.00 | \$24.48 | \$25.76 | \$0.00 | \$46.92 | \$2.57 | \$12.08 | \$1.94 | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$158.94 | | | | | | | | | | | | | | | | | | |

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: NHC HEALTHCARE FT OGLETHORPE Prvdr ID: 00344759A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | | | | Facility Score | Add-on Percent | | | | | Facility Specific | State-wide |
| | | | | | | | N/A | 0.00% | | | | | 1.2636 | 1.5126 |
| | | | | | | | 30.00% | 2.5% | | | | | 1.1055 | 1.5030 |
| | | | | | | | 3.34 | 3.0% | | | | | 1.1186 | 1.5294 |
| Case Mix Based Rate Calculations | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$209,600 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.2636 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.1186 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$88.97 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$168.18 | \$88.97 | \$0.00 | \$18.84 | \$18.76 | \$0.00 | \$23.90 | \$4.59 | \$11.74 | \$1.38 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | |
| 21 | BIMS Add-on Per Diem = <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>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 | \$23.52 | \$5.42 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$191.70 | \$94.39 | \$0.00 | \$19.06 | \$19.17 | \$0.00 | \$41.37 | \$4.59 | \$11.74 | \$1.38 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$130.95 | | | | | | | | | | | |

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 | | |
| Provider: PRESBYTERIAN VILLAGE Prvdr ID: 00362832A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | Growth Allowance: N/A Qtrly BIMS score: 42.11% Nurse Hours per On-Site Day/Quality Incentive: 5.41 | | | | Add-on Percent: 0.00% 2.5% 3.0% | | | | Base Period Overall CMI: 1.6303 Quarterly Medicaid CMI: 1.5043 Qtrly Mcaid CMI w RUG Wght Options: 1.5317 | | Facility Specific: 1.6303 1.5043 1.5317 | State-wide: 1.5126 1.5030 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$49,152 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6303 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5317 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$135.59 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$241.64 | \$135.59 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$30.83 | \$1.36 | \$20.13 | \$1.63 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$3.39 | \$3.39 | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.07 | \$4.07 | | | | | | | | | | |
| 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 | \$7.46 | \$7.46 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$249.10 | \$143.05 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$30.83 | \$1.36 | \$20.13 | \$1.63 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$186.83 | | | | | | | | | | | |

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

INTERIM

| Provider: CAMELLIA GARDENS OF LIFE CARE | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00366341A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.3991 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 31.82% | 2.5% | Quarterly Medicaid CMI: | | | 1.0764 | 1.5030 |
| | | | | | | | 3.44 | 5.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.0862 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$83,687 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3991 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.0862 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$81.90 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$172.08 | \$81.90 | \$0.00 | \$20.29 | \$24.23 | \$0.00 | \$30.83 | \$3.37 | \$9.61 | \$1.85 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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 | \$2.05 | \$2.05 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.10 | \$4.10 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$24.41 | \$6.68 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$196.49 | \$88.58 | \$0.00 | \$20.51 | \$24.64 | \$0.00 | \$47.93 | \$3.37 | \$9.61 | \$1.85 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$134.54 | | | | | | | | | | |

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

INTERIM

| Provider: QUIET OAKS HEALTH CARE CENTER | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00370851A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.4189 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 72.34% | 5.5% | Quarterly Medicaid CMI: | | | 1.4569 | 1.5030 |
| | | | | | | | 3.30 | 4.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.4849 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$115,242 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4189 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4849 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$94.91 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$189.57 | \$94.91 | \$0.00 | \$18.86 | \$27.62 | \$0.00 | \$28.17 | \$5.63 | \$11.61 | \$2.77 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.12 | \$0.53 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$5.22 | \$5.22 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.80 | \$3.80 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$27.24 | \$9.55 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$216.81 | \$104.46 | \$0.00 | \$19.08 | \$27.62 | \$0.00 | \$45.64 | \$5.63 | \$11.61 | \$2.77 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$149.78 | | | | | | | | | | |

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 |
| Provider: WESTWOOD HEALTHCARE AND REHABILITATION Prvdr ID: 00370862A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | |
| | | | Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 39.13% Nurse Hours per On-Site Day/Quality Incentive: 3.28 | | | | Base Period Overall CMI: 1.6741 Quarterly Medicaid CMI: 2.0558 Qtrly Mcaid CMI w RUG Wght Options: 2.0963 | | | | Facility Specific: 1.6741 State-wide: 1.5126 2.0558 1.5030 2.0963 1.5294 | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$62,377 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6741 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 2.0963 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$110.24 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$198.51 | \$110.24 | \$0.00 | \$20.81 | \$16.27 | \$0.00 | \$30.83 | \$7.55 | \$10.43 | \$2.38 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.76 | \$2.76 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>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 | \$24.33 | \$6.60 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$222.84 | \$116.84 | \$0.00 | \$21.03 | \$16.68 | \$0.00 | \$47.93 | \$7.55 | \$10.43 | \$2.38 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$154.31 | | | | | | | | | |

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: LIFE CARE CENTER OF GWINNETT Prvdr ID: 00370873A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | | | | Facility Score | Add-on Percent | | | | | Facility Specific | State-wide |
| | | | | | | | N/A | 0.00% | | | | | 1.4069 | 1.5126 |
| | | | | | | | 35.71% | 2.5% | | | | | 1.1736 | 1.5030 |
| | | | | | | | 3.49 | 5.0% | | | | | 1.1873 | 1.5294 |
| Case Mix Based Rate Calculations | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$159,202 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 FY20 Audited C/R Days | 32,137 | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 32,139 FY20 GL-PL Ins Rpt Days | | | | | | | | 32,137 | | | | |
| 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 | | 1.4069 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.1873 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$101.56 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$203.96 | \$101.56 | \$0.00 | \$24.48 | \$27.61 | \$0.00 | \$30.83 | \$4.95 | \$11.46 | \$3.07 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.54 | \$0.53 | \$0.00 | \$0.00 | \$0.01 | \$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 | \$2.54 | \$2.54 | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$5.08 | \$5.08 | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$25.26 | \$8.15 | \$0.00 | \$0.00 | \$0.01 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$229.22 | \$109.71 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$47.93 | \$4.95 | \$11.46 | \$3.07 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$159.09 | | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$72,600 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3570 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.3254 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$117.32 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$220.29 | \$117.32 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$30.83 | \$3.41 | \$9.87 | \$6.76 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <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 | \$3.52 | \$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 | \$20.62 | \$3.52 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$240.91 | \$120.84 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$47.93 | \$3.41 | \$9.87 | \$6.76 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$167.86 | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$84,482 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5284 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.8886 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$122.06 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$200.19 | \$122.06 | \$0.00 | \$18.49 | \$16.43 | \$0.00 | \$23.59 | \$2.01 | \$15.76 | \$1.85 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$1.22 | \$1.22 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.44 | \$2.44 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$22.29 | \$4.19 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$222.48 | \$126.25 | \$0.00 | \$18.71 | \$16.84 | \$0.00 | \$41.06 | \$2.01 | \$15.76 | \$1.85 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$154.04 | | | | | | | | | |

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 CROSSING HEALTH CENTER | | | | | | | | | | | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | 1.4319 | 1.5126 | | | |
| Prvdr ID: 00403939A | | | | | | | | | | | | | | Qtrly BIMS score | 58.33% | 5.5% | Quarterly Medicaid CMI: | 1.5431 | 1.5030 | | | |
| Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | | | | | | | | | | | Nurse Hours per On-Site Day/Quality Incentive: | 3.36 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | 1.5724 | 1.5294 | | | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | a | b | c | d | e | f | g | g | h | i |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | |
| Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$183,542 | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | | | | | | | | \$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 | | | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed 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 | | 1.4319 | | | | | | | | | | | | | | | | | | |
| 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 | \$0.80 | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5724 | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$84.39 | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$162.41 | \$84.39 | \$0.00 | \$15.23 | \$15.75 | \$0.00 | \$30.83 | \$5.29 | \$10.12 | \$0.80 | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$4.64 | \$4.64 | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$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 | \$25.43 | \$7.70 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$187.84 | \$92.09 | \$0.00 | \$15.45 | \$16.16 | \$0.00 | \$47.93 | \$5.29 | \$10.12 | \$0.80 | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$128.06 | | | | | | | | | | | | | | | | | | | |

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: TOWNSEND PARK HEALTH AND REHABILITATION | | | | | | | | | | | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | 1.4214 | 1.5126 | | | |
| Prvdr ID: 00404995A | | | | | | | | | | | | | | Qtrly BIMS score | 36.51% | 2.5% | Quarterly Medicaid CMI: | 1.2270 | 1.5030 | | | |
| Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | | | | | | | | | | | Nurse Hours per On-Site Day/Quality Incentive: | 3.14 | 4.0% | Qtrly Mcaid CMI w RUG Wght Options: | 1.2454 | 1.5294 | | | |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | a | b | c | d | e | f | g | g | h | i |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | |
| Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$65,260 | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | | | | | | | | \$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 | | | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed 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 | | 1.4214 | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2454 | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$96.08 | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$188.97 | \$96.08 | \$0.00 | \$19.87 | \$26.16 | \$0.00 | \$30.83 | \$1.71 | \$13.94 | \$0.38 | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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 | \$2.40 | \$2.40 | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.84 | \$3.84 | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$24.50 | \$6.77 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$213.47 | \$102.85 | \$0.00 | \$20.09 | \$26.57 | \$0.00 | \$47.93 | \$1.71 | \$13.94 | \$0.38 | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$147.28 | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: FOUR COUNTY HEALTH AND REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00405292A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.4501 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 55.77% | 5.5% | Quarterly Medicaid CMI: | | | 1.3118 | 1.5030 |
| | | | | | | | 3.32 | 6.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.3313 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$45,630 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4501 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.3313 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$78.04 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$156.06 | \$78.04 | \$0.00 | \$18.19 | \$19.27 | \$0.00 | \$27.95 | \$1.63 | \$9.78 | \$1.20 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$4.29 | \$4.29 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.68 | \$4.68 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$27.60 | \$9.50 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$183.66 | \$87.54 | \$0.00 | \$18.41 | \$19.68 | \$0.00 | \$45.42 | \$1.63 | \$9.78 | \$1.20 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$124.92 | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | |
| 3 | Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 4 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 5 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$81,250 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | FY20 Audited C/R Days | 47,417 | | | | | | | | | |
| | As Filed Days = 47,417 | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | FY20 GL-PL Ins Rpt Days | | | | | | | | 47,417 | | |
| | As Filed 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 | | 1.6287 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5135 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$95.76 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$186.99 | \$95.76 | \$0.00 | \$19.41 | \$23.57 | \$0.00 | \$30.83 | \$1.71 | \$14.09 | \$1.62 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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 | \$0.96 | \$0.96 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.83 | \$3.83 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.05 | \$5.32 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$210.04 | \$101.08 | \$0.00 | \$19.63 | \$23.98 | \$0.00 | \$47.93 | \$1.71 | \$14.09 | \$1.62 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$144.71 | | | | | | | | | |

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited 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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$126,411 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6201 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5867 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$92.39 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$180.57 | \$92.39 | \$0.00 | \$16.11 | \$22.77 | \$0.00 | \$27.67 | \$6.73 | \$13.52 | \$1.38 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$0.92 | \$0.92 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.62 | \$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 | \$24.17 | \$6.07 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$204.74 | \$98.46 | \$0.00 | \$16.33 | \$23.18 | \$0.00 | \$45.14 | \$6.73 | \$13.52 | \$1.38 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$140.73 | | | | | | | | | |

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 | | |
| Provider: CHERRY BLOSSOM HEALTH AND REHABILITATION Prvdr ID: 00413509A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | | | | Facility Score: N/A Qtrly BIMS score: 27.59% Nurse Hours per On-Site Day/Quality Incentive: 3.24 | | | | | Add-on Percent: 0.00% 1.0% 2.0% | Facility Specific: 1.7015 Quarterly Medicaid CMI: 1.4758 Qtrly Mcaid CMI w RUG Wght Options: 1.5033 | State-wide: 1.5126 1.5030 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Svcs Combined) | As Filed 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$43,861 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 Svcs | 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 | | 1.7015 | | | | | | | | | | |
| 11 | Routine Svcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$60.05 | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Svcs | 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 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 | \$144.77 | \$60.05 | \$0.00 | \$18.23 | \$21.21 | | \$30.83 | \$1.74 | 11.26 (FRV) | \$1.45 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5033 | | | | | | | | | | |
| 18 | Qtrly Routine Svcs 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 | \$174.99 | \$90.27 | \$0.00 | \$18.23 | \$21.21 | \$0.00 | \$30.83 | \$1.74 | \$11.26 | \$1.45 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs) | Ln 19 Col b x CPS Add-on | \$0.90 | \$0.90 | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs) | Ln 19 Col b x Stfng Add-on | \$1.81 | \$1.81 | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$20.97 | \$3.24 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$195.96 | \$93.51 | \$0.00 | \$18.45 | \$21.62 | \$0.00 | \$47.93 | \$1.74 | \$11.26 | \$1.45 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$134.15 | | | | | | | | | | | |

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: LEGACY HEALTH AND REHABILITATION Prvdr ID: 00415522A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | Growth Allowance: N/A Qtrly BIMS score: 48.00% Nurse Hours per On-Site Day/Quality Incentive: 3.53 | | | Facility Score: N/A Add-on Percent: 0.00% 5.5% 3.0% | | | Base Period Overall CMI: 1.2889 Quarterly Medicaid CMI: 1.1600 Qtrly Mcaid CMI w RUG Wght Options: 1.1784 | | | 1.2889 | 1.5126 | 1.1600 | 1.5030 | 1.1784 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$27,779 | | | | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.2889 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.1784 | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$104.31 | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$220.27 | \$104.31 | \$0.00 | \$20.70 | \$27.62 | \$0.00 | \$30.83 | \$1.65 | \$34.67 | \$0.49 | | | | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.22 | \$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 | \$5.74 | \$5.74 | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.13 | \$3.13 | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$26.19 | \$8.87 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$246.46 | \$113.18 | \$0.00 | \$20.92 | \$27.62 | \$0.00 | \$47.93 | \$1.65 | \$34.67 | \$0.49 | | | | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$172.02 | | | | | | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: FOUNTAINVIEW CTR FOR ALZHEIMER | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00421429A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.4785 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 83.02% | 5.5% | Quarterly Medicaid CMI: | | | 1.4936 | 1.5030 |
| | | | | | | | 2.01 | 2.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.5168 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$175,659 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4785 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5168 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$117.28 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$215.74 | \$117.28 | \$0.00 | \$24.00 | \$25.10 | \$0.00 | \$28.14 | \$4.29 | \$12.44 | \$4.49 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$6.45 | \$6.45 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>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 | \$27.43 | \$9.33 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$243.17 | \$126.61 | \$0.00 | \$24.22 | \$25.51 | \$0.00 | \$45.61 | \$4.29 | \$12.44 | \$4.49 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$169.55 | | | | | | | | | | |

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: SANDY SPRINGS HEALTH AND REHABILITATION Prvdr ID: 00426214A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | 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% | | 37.08% | 2.5% | 3.37 | 3.0% | 1.6181 | 1.5126 |
| | | | | | | | | | | | | | | | | | | | | | 1.6033 | 1.5030 |
| | | | | | | | | | | | | | | | | | | | | | 1.6332 | 1.5294 |
| | | | a | b | c | d | e | f | g | g | h | i | | | | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$41,106 | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed 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 | | 1.6181 | | | | | | | | | | | | | | | | | | |
| 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 (FRV) | \$2.77 | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6332 | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$113.96 | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$206.70 | \$113.96 | \$0.00 | \$19.81 | \$26.07 | \$0.00 | \$30.83 | \$1.05 | \$12.21 | \$2.77 | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | \$0.00 | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.85 | \$2.85 | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.42 | \$3.42 | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$24.53 | \$6.80 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$231.23 | \$120.76 | \$0.00 | \$20.03 | \$26.48 | \$0.00 | \$47.93 | \$1.05 | \$12.21 | \$2.77 | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$160.60 | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: TAYLOR COUNTY HEALTH AND REHABILITATION Prvdr ID: 00432924A | | | | 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: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | Growth Allowance: N/A | | | N/A | 0.00% | Base Period Overall CMI: 1.5450 | | | 1.5450 | 1.5126 |
| | | | | Qtrly BIMS score: 42.59% | | | 42.59% | 2.5% | Quarterly Medicaid CMI: 1.5576 | | | 1.5576 | 1.5030 |
| | | | | Nurse Hours per On-Site Day/Quality Incentive: | | | 3.48 | 4.0% | Qtrly Mcaid CMI w RUG Wght Options: 1.5871 | | | 1.5871 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$41,795 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5450 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5871 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$100.54 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$184.27 | \$100.54 | \$0.00 | \$19.68 | \$20.02 | \$0.00 | \$30.27 | \$1.66 | \$10.31 | \$1.79 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.51 | \$2.51 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$4.02 | \$4.02 | | | | | | | | | |
| 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 | \$25.16 | \$7.06 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$209.43 | \$107.60 | \$0.00 | \$19.90 | \$20.43 | \$0.00 | \$47.74 | \$1.66 | \$10.31 | \$1.79 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$144.25 | | | | | | | | | | |

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%;"> Provider: HILL HAVEN NURSING HOME Prvdr ID: 00448456A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 </div> <div style="width: 30%; text-align: center;"> <u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 61.36% Nurse Hours per On-Site Day/Quality Incentive: 3.57 </div> <div style="width: 15%; text-align: center;"> <u>Facility Score</u> Add-on Percent: 0.00% 5.5% 3.0% </div> <div style="width: 20%; text-align: center;"> <u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4295 Quarterly Medicaid CMI: 1.3341 Qtrly Mcaid CMI w RUG Wght Options: 1.3575 </div> <div style="width: 10%; text-align: center;"> <u>Facility Specific</u> 1.4295 1.3341 1.3575 </div> <div style="width: 10%; text-align: center;"> <u>State-wide</u> 1.5126 1.5030 1.5294 </div> </div> | | | | | | | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$74,118 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$23,030 |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$3,754,323 | \$1,941,478 | \$0 | \$318,100 | \$468,156 | \$0 | \$603,058 | \$74,118 | \$326,383 | \$23,030 |
| 8 | Total Nursing Facility Days | As Filed Days = 23,192 FY20 Audited C/R Days | 23,192 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 23,192 FY20 GL-PL Ins Rpt Days | | | | | | | | 23,192 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$161.88 | \$83.71 | \$0.00 | \$13.72 | \$20.19 | (with L&H) | \$26.00 | \$3.20 | \$14.07 | \$0.99 |
| 10 | Base Period Facility <u>Case Mix Index</u> for All Residents | from 4 qtrs of FY20 | | 1.4295 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | \$133.03 | \$58.56 | \$0.00 | \$13.72 | \$20.19 | \$0.00 | \$26.00 | \$3.20 | \$10.37 | \$0.99 |
| 17 | Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents | per Current Qtr End | | 1.3575 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$79.50 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$153.97 | \$79.50 | \$0.00 | \$13.72 | \$20.19 | \$0.00 | \$26.00 | \$3.20 | \$10.37 | \$0.99 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$4.37 | \$4.37 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.39 | \$2.39 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$25.39 | \$7.29 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$179.36 | \$86.79 | \$0.00 | \$13.94 | \$20.60 | \$0.00 | \$43.47 | \$3.20 | \$10.37 | \$0.99 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$121.70 | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$131,931 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.7794 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6050 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$130.66 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$232.41 | \$130.66 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$30.83 | \$3.29 | \$14.96 | \$0.57 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.53 | \$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 | \$3.27 | \$3.27 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.92 | \$3.92 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$24.82 | \$7.72 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$257.23 | \$138.38 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$47.93 | \$3.29 | \$14.96 | \$0.57 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$180.10 | | | | | | | | | |

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

INTERIM

| Provider: CAMBRIDGE POST ACUTE CARE CENTER | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00494139A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.6660 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 36.78% | 2.5% | Quarterly Medicaid CMI: | | | 1.4809 | 1.5030 |
| | | | | | | | 2.44 | 1.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.5044 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$275,643 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6660 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5044 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$83.06 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$167.09 | \$83.06 | \$0.00 | \$16.98 | \$17.41 | \$0.00 | \$30.35 | \$6.02 | \$11.39 | \$1.88 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.52 | \$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 | \$2.08 | \$2.08 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$0.83 | \$0.83 | | | | | | | | | |
| 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 | \$21.53 | \$3.44 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.46 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$188.62 | \$86.50 | \$0.00 | \$17.20 | \$17.82 | \$0.00 | \$47.81 | \$6.02 | \$11.39 | \$1.88 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$128.64 | | | | | | | | | | |

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: POWDER SPRINGS CENTER FOR NURSING & HEALING Prvdr ID: 00530824A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | |
| | | | Growth Allowance: N/A Qtrly BIMS score: 21.93% Nurse Hours per On-Site Day/Quality Incentive: 2.85 | | | | Add-on Percent: 0.00% 1.0% 3.0% | | | | Base Period Overall CMI: 1.5348 Quarterly Medicaid CMI: 1.4339 Qtrly Mcaid CMI w RUG Wght Options: 1.4553 | | 1.5126 | 1.5030 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$298,151 | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$123,385 | | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$13,395,056 | \$6,744,456 | \$0 | \$1,129,806 | \$1,317,438 | \$17,527 | \$1,693,232 | \$298,151 | \$2,071,061 | \$123,385 | | | |
| 8 | Total Nursing Facility Days | As Filed Days = 64,924 FY20 Audited C/R Days | 64,924 | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 64,924 FY20 GL-PL Ins Rpt Days | | | | | | | | 64,924 | | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$206.31 | \$103.88 | \$0.00 | \$17.40 | \$20.56 | (with L&H) | \$26.08 | \$4.59 | \$31.90 | \$1.90 | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.5348 | | | | | | | | | | | |
| 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 (FRV) | \$1.90 | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4553 | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$98.49 | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$181.84 | \$98.49 | \$0.00 | \$17.40 | \$20.56 | \$0.00 | \$26.08 | \$4.59 | \$12.82 | \$1.90 | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | | |
| 21 | BIMS Add-on Per Diem = <u>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 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$204.40 | \$102.95 | \$0.00 | \$17.62 | \$20.97 | \$0.00 | \$43.55 | \$4.59 | \$12.82 | \$1.90 | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$140.48 | | | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$92,064 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6332 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5431 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$115.50 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$198.23 | \$115.50 | \$0.00 | \$17.01 | \$17.47 | \$0.00 | \$30.83 | \$2.22 | \$12.82 | \$2.38 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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 | \$1.16 | \$1.16 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.47 | \$3.47 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$22.89 | \$5.16 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$221.12 | \$120.66 | \$0.00 | \$17.23 | \$17.88 | \$0.00 | \$47.93 | \$2.22 | \$12.82 | \$2.38 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$153.02 | | | | | | | | | |

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 | |
| Provider: MAPLE RIDGE HEALTH CARE CENTER Prvdr ID: 00534619A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 58.54% Nurse Hours per On-Site Day/Quality Incentive: 3.28 | | | Facility Score Add-on Percent: 0.00% 5.5% 3.0% | | | Case Mix Index (CMI) Data Base Period Overall CMI: 1.6288 Quarterly Medicaid CMI: 1.5913 Qtrly Mcaid CMI w RUG Wght Options: 1.6211 | | | Facility Specific 1.6288 1.5913 1.6211 | State-wide 1.5126 1.5030 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$121,829 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6288 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6211 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$91.66 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$184.45 | \$91.66 | \$0.00 | \$21.59 | \$19.43 | \$0.00 | \$30.83 | \$4.97 | \$13.42 | \$2.55 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | | |
| 21 | BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$5.04 | \$5.04 | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.75 | \$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 | \$26.05 | \$8.32 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$210.50 | \$99.98 | \$0.00 | \$21.81 | \$19.84 | \$0.00 | \$47.93 | \$4.97 | \$13.42 | \$2.55 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$145.05 | | | | | | | | | | | |

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

INTERIM

| Provider: ROSEMONT AT STONE MOUNTAIN | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00587331A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.6470 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 65.22% | 5.5% | Quarterly Medicaid CMI: | | | 1.9005 | 1.5030 |
| | | | | | | | 2.96 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.9383 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$227,574 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6470 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.9383 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$105.39 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$177.87 | \$105.39 | \$0.00 | \$16.60 | \$15.21 | \$0.00 | \$24.04 | \$4.31 | \$10.55 | \$1.77 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$5.80 | \$5.80 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.16 | \$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 | \$27.59 | \$9.49 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$205.46 | \$114.88 | \$0.00 | \$16.82 | \$15.62 | \$0.00 | \$41.51 | \$4.31 | \$10.55 | \$1.77 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$141.27 | | | | | | | | | | |

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: BAYVIEW NURSING HOME Prvdr ID: 00624951A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | | | | Facility Score | Add-on Percent | | | | | Facility Specific | State-wide |
| | | | | | | | N/A | 0.00% | | | | | 1.4596 | 1.5126 |
| | | | | | | | 39.02% | 2.5% | | | | | 1.4698 | 1.5030 |
| | | | | | | | 3.90 | 3.0% | | | | | 1.4972 | 1.5294 |
| Case Mix Based Rate Calculations | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$45,807 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | (with L&H) | \$22.47 | \$2.15 | \$14.54 | \$2.13 | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.4596 | | | | | | | | | | |
| 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 (FRV) | \$2.13 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | N/A | N/A | | |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | \$177.23 | \$69.06 | \$0.00 | \$23.81 | \$24.18 | \$0.00 | \$22.47 | \$2.15 | \$33.43 | \$2.13 | | |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.4972 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$103.40 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$211.57 | \$103.40 | \$0.00 | \$23.81 | \$24.18 | \$0.00 | \$22.47 | \$2.15 | \$33.43 | \$2.13 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.59 | \$2.59 | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.10 | \$3.10 | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$24.32 | \$6.22 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$235.89 | \$109.62 | \$0.00 | \$24.03 | \$24.59 | \$0.00 | \$39.94 | \$2.15 | \$33.43 | \$2.13 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$164.09 | | | | | | | | | | | |

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: BRIARWOOD HEALTH AND REHABILITATION CENTER Prvdr ID: 00706813A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | N/A | 0.00% | 1.7138 | 1.5126 | | | | | | |
| | | | | | | | | | | | | | 35.85% | 2.5% | 1.4017 | 1.5030 | | | | | | |
| | | | | | | | | | | | | | 2.78 | 3.0% | 1.4251 | 1.5294 | | | | | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | a | b | c | d | e | f | g | g | h | i |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | |
| Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$518,980 | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$117,912 | | | | | | | | | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$8,081,457 | \$3,680,398 | \$0 | \$575,259 | \$627,841 | \$14,319 | \$1,178,327 | \$518,980 | \$1,368,421 | \$117,912 | | | | | | | | | | |
| 8 | Total Nursing Facility Days | As Filed Days = 32,511 FY20 Audited C/R Days | 32,995 | | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 32,511 FY20 GL-PL Ins Rpt Days | | | | | | | | 32,995 | | | | | | | | | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$244.91 | \$111.54 | \$0.00 | \$17.43 | \$19.46 | <i>(with L&H)</i> | \$35.71 | \$15.73 | \$41.47 | \$3.57 | | | | | | | | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.7138 | | | | | | | | | | | | | | | | | | |
| 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 <i>(FRV)</i> | \$3.57 | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4251 | | | | | | | | | | | | | | | | | | |
| 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 | \$190.24 | \$92.75 | \$0.00 | \$17.43 | \$19.46 | \$0.00 | \$30.83 | \$15.73 | \$10.47 | \$3.57 | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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 | \$2.32 | \$2.32 | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.78 | \$2.78 | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.36 | \$5.63 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$213.60 | \$98.38 | \$0.00 | \$17.65 | \$19.87 | \$0.00 | \$47.93 | \$15.73 | \$10.47 | \$3.57 | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$147.38 | | | | | | | | | | | | | | | | | | | |

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: | 1.6712 | 1.5126 |
| Provider: LEE COUNTY HEALTH AND REHABILITATION Prvdr ID: 00712665A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | 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: | 1.6712 | 1.5126 |
| | | | | | | | | | | | | | 19.05% | 0.0% | 3.40 | 3.0% | 1.7881 | 1.5030 | 1.8220 | 1.5294 | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$31,785 | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6712 | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.8220 | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$111.03 | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$203.37 | \$111.03 | \$0.00 | \$21.93 | \$22.44 | \$0.00 | \$30.83 | \$1.54 | \$13.58 | \$2.02 | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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 | \$3.33 | \$3.33 | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.59 | \$3.86 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$224.96 | \$114.89 | \$0.00 | \$22.15 | \$22.85 | \$0.00 | \$47.93 | \$1.54 | \$13.58 | \$2.02 | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$155.90 | | | | | | | | | | | | | | | | | | | |

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: BRYAN COUNTY HLTH & REHAB CTR Prvdr ID: 00715569A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | N/A | 0.00% | 59.09% | 3.60 | 1.6622 | 1.6755 | 1.7085 | 1.5126 | 1.5030 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$199,724 | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$108,262 | | | | | | | | | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$6,256,600 | \$3,451,686 | \$0 | \$628,199 | \$758,735 | (\$38,928) | \$796,094 | \$199,724 | \$352,828 | \$108,262 | | | | | | | | | | |
| 8 | Total Nursing Facility Days | As Filed Days = 31,784 FY20 Audited C/R Days | 31,784 | | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 31,784 FY20 GL-PL Ins Rpt Days | | | | | | | | 31,784 | | | | | | | | | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$196.85 | \$108.60 | \$0.00 | \$19.76 | \$22.65 | (with L&H) | \$25.05 | \$6.28 | \$11.10 | \$3.41 | | | | | | | | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.6622 | | | | | | | | | | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$65.34 | | | | | | | | | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$65.34 | \$0.00 | \$19.76 | \$22.65 | | \$25.05 | \$6.28 | \$11.10 | \$3.41 | | | | | | | | | | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | | | | | | | | | | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$155.57 | \$65.34 | \$0.00 | \$19.76 | \$22.65 | | \$25.05 | \$6.28 | 13.08 <i>(FRV)</i> | \$3.41 | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7085 | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$111.63 | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$201.86 | \$111.63 | \$0.00 | \$19.76 | \$22.65 | \$0.00 | \$25.05 | \$6.28 | \$13.08 | \$3.41 | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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 | \$6.14 | \$6.14 | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.35 | \$3.35 | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$28.12 | \$10.02 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$229.98 | \$121.65 | \$0.00 | \$19.98 | \$23.06 | \$0.00 | \$42.52 | \$6.28 | \$13.08 | \$3.41 | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$159.66 | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: THUNDERBOLT TRANSITIONAL CARE & REHAB CENTER | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | | Facility Specific | State-wide | |
|---|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|------------|--------|
| Prvdr ID: 00727801A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | | 1.5492 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 23.88% | 1.0% | Quarterly Medicaid CMI: | | | | 1.6936 | 1.5030 |
| | | | | | | | 2.55 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | | 1.7257 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | | |
| | | | a | b | c | d | e | f | g | g | h | i | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$256,501 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5492 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7257 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$108.96 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$191.26 | \$108.96 | \$0.00 | \$15.48 | \$18.61 | \$0.00 | \$22.75 | \$5.72 | \$16.75 | \$2.99 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | |
| 21 | BIMS Add-on Per Diem = <u>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>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 | \$22.99 | \$4.89 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$214.25 | \$113.85 | \$0.00 | \$15.70 | \$19.02 | \$0.00 | \$40.22 | \$5.72 | \$16.75 | \$2.99 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$147.86 | | | | | | | | | | | |

Quarterly Case Mix Per Diem Rate Calculations

Interim

| | | | | | |
|--|---|----------------|-------------------------------------|-------------------|------------|
| Provider: NORTHSIDE GWINNETT EXTENDED CARE CENTER | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | Facility Specific | State-wide |
| Prvdr ID: 00781382A | Growth Allowance: N/A | 0.00% | Base Period Overall CMI: | 1.7126 | 1.5126 |
| H/B ? : yes | BIMS 25.0% | 1.0% | Quarterly Medicaid CMI: | 1.3326 | 1.5294 |
| Case Mix Per Diem Rate Effective Date: 07/01/22 | Nurse Hours per On-Site Day/Quality Incentive: 6.33 | 5.0% | Qtrly Mcaid CMI w RUG Wght Options: | 1.3558 | 1.5030 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|--------------------------------|-----------------|------------------|------------------|----------------|--------------------|------------------------|-------------------|----------------------|----------------------|---------------------|
| | | | a | b | c | d | e | f | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| | Cost Center Peer Groups per Selected Options | | | 1 | 1 | 2 | 1 | 1 | 1 | | | |
| | Type of Facility within Peer Group | | | All Facilities | All Facilities | Hosp Based | All Facilities | All Facilities | All Facilities | | | |
| | Bed Size Range within Peer Group | | | All Bed Sizes | All Bed Sizes | All Bed Sizes | All Bed Sizes | All Bed Sizes | All Bed Sizes | | | |
| | Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | |
| | Peer Group Standards: Percentile | | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| | Peer Group Standards: Multiplier | | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| | Efficiency Measures (Maximums) | | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| | Base Period Per Diem Allowed Amounts | | | | | | | | | | | |
| | Net Historical Cost 2019 | 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 | | | 1.7126 | | | | | | | | |
| | 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 |
| | Quarterly Per Diem Rate Prior to Add-Ons | | | | | | | | | | (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 | | | 1.3558 | | | | | | | | |
| | Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem | | | \$120.02 | | | | | | | | |
| | Quarterly Medicaid CMA Allowed Per Diem | | \$224.24 | \$120.02 | | \$32.46 | \$27.62 | | \$30.83 | \$0.00 | \$13.31 | \$0.00 |
| | Quarterly Per Diem Add-On Amounts | | | | | | | | | | | |
| | 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 = 1.0% (to Routine Svcs) | | \$1.20 | 1.20 | | | | | | | | |
| | Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% | | \$6.00 | 6.00 | | | | | | | | |
| | Nursing Home Provider Fee | | \$ 17.10 | | | | | | \$ 17.10 | | | |
| | Total Quarterly Per Diem Add-On Amounts | | \$24.30 | | | | | | | | | |
| | Quarterly Case Mix Based Per Diem Rate | | \$248.54 | \$127.22 | | \$32.46 | \$27.62 | | \$47.93 | \$0.00 | \$13.31 | \$0.00 |
| | Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvd Fee) x 75% | \$173.58 | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$60,235 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.7555 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5748 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$103.37 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$196.02 | \$103.37 | \$0.00 | \$16.83 | \$21.55 | \$0.00 | \$30.83 | \$0.87 | \$15.37 | \$7.20 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$1.03 | \$1.03 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.07 | \$2.07 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.36 | \$3.63 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$217.38 | \$107.00 | \$0.00 | \$17.05 | \$21.96 | \$0.00 | \$47.93 | \$0.87 | \$15.37 | \$7.20 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$150.21 | | | | | | | | | |

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: THE D. SCOTT HUDGENS CENTER FOR SKILLED NURSING Prvdr ID: 000815493B Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | |
| | | | Growth Allowance: N/A | | | | Base Period Overall CMI: 1.4372 | | | | 1.4372 | 1.5126 |
| | | | Qtrly BIMS score: 59.26% | | | | Quarterly Medicaid CMI: 1.4552 | | | | 1.4552 | 1.5030 |
| | | | Nurse Hours per On-Site Day/Quality Incentive: 5.59 | | | | Qtrly Mcaid CMI w RUG Wght Options: 1.4780 | | | | 1.4780 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$5,457 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4372 | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$105.57 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$105.57 | \$0.00 | \$33.06 | \$33.58 | | \$40.83 | \$0.50 | \$14.84 | \$1.75 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$196.78 | \$88.52 | \$0.00 | \$24.48 | \$27.62 | | \$30.83 | \$0.50 | 23.08 <i>(FRV)</i> | \$1.75 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4780 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$130.83 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$239.09 | \$130.83 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$30.83 | \$0.50 | \$23.08 | \$1.75 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$7.20 | \$7.20 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.92 | \$3.92 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$28.22 | \$11.12 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$267.31 | \$141.95 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$47.93 | \$0.50 | \$23.08 | \$1.75 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$187.66 | | | | | | | | | |

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

INTERIM

| Provider: LIFE CARE CTR OF LAWRENCEVILLE | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|------------|--------|
| Prvdr ID: 00818914A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | | 1.5321 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 3.23% | 0.0% | Quarterly Medicaid CMI: | | | | 1.4210 | 1.5030 |
| | | | | | | | 4.00 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | | 1.4424 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | | |
| | | | a | b | c | d | e | f | g | g | h | i | | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$132,361 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5321 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.4424 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$123.47 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$228.53 | \$123.47 | \$0.00 | \$24.48 | \$24.51 | \$0.00 | \$30.83 | \$4.19 | \$16.64 | \$4.41 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.94 | \$0.53 | \$0.00 | \$0.00 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | | |
| 21 | BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$0.00 | \$0.00 | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.70 | \$3.70 | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.74 | \$4.23 | \$0.00 | \$0.00 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$250.27 | \$127.70 | \$0.00 | \$24.48 | \$24.92 | \$0.00 | \$47.93 | \$4.19 | \$16.64 | \$4.41 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$174.88 | | | | | | | | | | | |

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

INTERIM

| Provider: SENIOR CARE CENTER - BRUNSWICK | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 000830827B | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.4206 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 30.61% | 2.5% | Quarterly Medicaid CMI: | | | 1.2415 | 1.5030 |
| | | | | | | | 4.40 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.2588 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$276,230 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4206 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2588 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$111.43 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$201.67 | \$111.43 | \$0.00 | \$24.48 | \$17.22 | \$0.00 | \$30.83 | \$3.91 | \$13.56 | \$0.24 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$2.79 | \$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) | \$0.00 | | | | | | \$0.00 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$6.54 | \$6.13 | \$0.00 | \$0.00 | \$0.41 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$208.21 | \$117.56 | \$0.00 | \$24.48 | \$17.63 | \$0.00 | \$30.83 | \$3.91 | \$13.56 | \$0.24 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$156.16 | | | | | | | | | | |

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

INTERIM

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | Add-on Data and Percentages | | | | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | | | | | | | |
|--|--|---|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--|----------------|----------------|--------------------------|--|------------|------------------|---|----------------|-------------------------|-------------------|------------|--|----------------|----------------|-------------------------------------|
| | | | | | | | | | | | | | Growth Allowance: | Facility Score | Add-on Percent | Base Period Overall CMI: | Facility Specific | State-wide | Qtrly BIMS score | Facility Score | Add-on Percent | Quarterly Medicaid CMI: | Facility Specific | State-wide | Nurse Hours per On-Site Day/Quality Incentive: | Facility Score | Add-on Percent | Qtrly Mcaid CMI w RUG Wght Options: |
| Provider: ROSELANE HEALTH AND REHABILITATION CENTER Prvdr ID: 00831751A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | Growth Allowance: N/A Qtrly BIMS score: 34.72% Nurse Hours per On-Site Day/Quality Incentive: 2.67 | | | | Facility Score: N/A Add-on Percent: 0.00% 2.5% 3.0% | | | Base Period Overall CMI: 1.8005 Quarterly Medicaid CMI: 1.6886 Qtrly Mcaid CMI w RUG Wght Options: 1.7180 | | | 1.8005 | 1.5126 | 1.6886 | 1.5030 | 1.7180 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | a | b | c | d | e | f | g | g | h | i | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Svcs Combined) | As Filed 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$57,291 | | | | | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 Svcs | 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 | | 1.8005 | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Routine Svcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$67.51 | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Svcs | 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 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 | \$151.85 | \$67.51 | \$0.00 | \$17.84 | \$19.68 | | \$30.83 | \$1.35 | 13.65 (FRV) | \$0.99 | | | | | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7180 | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$115.98 | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$200.32 | \$115.98 | \$0.00 | \$17.84 | \$19.68 | \$0.00 | \$30.83 | \$1.35 | \$13.65 | \$0.99 | | | | | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | | | | | | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs) | Ln 19 Col b x CPS Add-on | \$2.90 | \$2.90 | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs) | Ln 19 Col b x Stfng Add-on | \$3.48 | \$3.48 | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$24.64 | \$6.91 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$224.96 | \$122.89 | \$0.00 | \$18.06 | \$20.09 | \$0.00 | \$47.93 | \$1.35 | \$13.65 | \$0.99 | | | | | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$155.90 | | | | | | | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: REGENCY PARK HEALTH AND REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00837207A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5131 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 10.00% | 0.0% | Quarterly Medicaid CMI: | | | 1.3224 | 1.5030 |
| | | | | | | | 6.49 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.3427 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$332,664 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5131 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.3427 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$118.86 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$229.12 | \$118.86 | \$0.00 | \$24.48 | \$22.54 | \$0.00 | \$30.83 | \$11.02 | \$21.07 | \$0.32 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.41 | \$0.00 | \$0.00 | \$0.00 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$0.00 | \$0.00 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.57 | \$3.57 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.08 | \$3.57 | \$0.00 | \$0.00 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$250.20 | \$122.43 | \$0.00 | \$24.48 | \$22.95 | \$0.00 | \$47.93 | \$11.02 | \$21.07 | \$0.32 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$174.83 | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$191,419 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.6191 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6738 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$115.64 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$206.32 | \$115.64 | \$0.00 | \$18.32 | \$19.66 | \$0.00 | \$30.83 | \$5.62 | \$12.54 | \$3.71 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$1.16 | \$1.16 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.47 | \$3.47 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$22.89 | \$5.16 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$229.21 | \$120.80 | \$0.00 | \$18.54 | \$20.07 | \$0.00 | \$47.93 | \$5.62 | \$12.54 | \$3.71 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$159.08 | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>Hosp Based</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$95,719 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4786 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6483 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$99.00 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$185.41 | \$99.00 | \$0.00 | \$27.42 | \$24.82 | \$0.00 | \$16.05 | \$2.52 | \$14.74 | \$0.86 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$5.45 | \$5.45 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.97 | \$2.97 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$27.05 | \$8.95 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$212.46 | \$107.95 | \$0.00 | \$27.64 | \$25.23 | \$0.00 | \$33.52 | \$2.52 | \$14.74 | \$0.86 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$146.52 | | | | | | | | | |

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

INTERIM

| Provider: CANDLER SKILLED NURSING UNIT | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|---|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 00870911A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5294 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 0.00% | 0.0% | Quarterly Medicaid CMI: | | | 1.5030 | 1.5030 |
| | | | | | | | 7.79 | 0.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.5294 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>Hosp Based</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$19,533 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5294 | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$191.72 | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$191.72 | \$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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5294 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$135.38 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$233.12 | \$135.38 | \$0.00 | \$20.26 | \$27.62 | \$0.00 | \$30.83 | \$5.93 | \$11.34 | \$1.76 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.22 | \$0.00 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <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 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$250.44 | \$135.38 | \$0.00 | \$20.48 | \$27.62 | \$0.00 | \$47.93 | \$5.93 | \$11.34 | \$1.76 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$175.01 | | | | | | | | | | |

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: LAUREL PARK AT HENRY MED CTR Prvdr ID: 00908553A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | |
| | | | Growth Allowance: N/A | | | | Base Period Overall CMI: 1.6602 | | | | 1.6602 | 1.5126 |
| | | | Qtrly BIMS score: 21.57% | | | | Quarterly Medicaid CMI: 1.6749 | | | | 1.6749 | 1.5030 |
| | | | Nurse Hours per On-Site Day/Quality Incentive: 3.91 | | | | Qtrly Mcaid CMI w RUG Wght Options: 1.7054 | | | | 1.7054 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$181,572 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | <i>(with L&H)</i> | \$39.46 | \$6.43 | \$6.75 | \$0.69 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.6602 | | | | | | | | |
| 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 <i>(FRV)</i> | \$0.69 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7054 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$138.72 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$241.59 | \$138.72 | \$0.00 | \$17.59 | \$27.62 | \$0.00 | \$30.83 | \$6.43 | \$19.71 | \$0.69 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$1.39 | \$1.39 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$6.94 | \$6.94 | | | | | | | | |
| 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 | \$26.18 | \$8.86 | \$0.00 | \$0.22 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$267.77 | \$147.58 | \$0.00 | \$17.81 | \$27.62 | \$0.00 | \$47.93 | \$6.43 | \$19.71 | \$0.69 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$188.00 | | | | | | | | | |

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: ATRIUM HEALTH NAVICENT BALDWIN Prvdr ID: 00947658A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | N/A | 0.00% | 0.00% | 6.53 | 0.00% | 0.0% | 0.0% | 1.5294 | 1.5030 | 1.5294 | 1.5126 | 1.5030 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>Hosp Based</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$93,023 | | | | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5294 | | | | | | | | | | | | | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$170.16 | | | | | | | | | | | | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$170.16 | \$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 | | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5294 | | | | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$135.38 | | | | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$269.30 | \$135.38 | \$0.00 | \$32.46 | \$27.62 | \$0.00 | \$30.83 | \$23.25 | \$19.76 | \$0.00 | | | | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | | | | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <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 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$286.40 | \$135.38 | \$0.00 | \$32.46 | \$27.62 | \$0.00 | \$47.93 | \$23.25 | \$19.76 | \$0.00 | | | | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$201.98 | | | | | | | | | | | | | | | | | | | | | | |

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

INTERIM

| Provider: ZEBULON PARK HEALTH AND REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 003125041B | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.4513 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 29.41% | 1.0% | Quarterly Medicaid CMI: | | | 1.6551 | 1.5030 |
| | | | | | | | 3.75 | 4.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.6858 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$35,612 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.4513 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6858 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$128.81 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$237.75 | \$128.81 | \$0.00 | \$19.94 | \$24.00 | \$0.00 | \$30.83 | \$1.60 | \$31.62 | \$0.95 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$1.29 | \$1.29 | | | | | | | | | |
| 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 | \$24.70 | \$6.97 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$262.45 | \$135.78 | \$0.00 | \$20.16 | \$24.41 | \$0.00 | \$47.93 | \$1.60 | \$31.62 | \$0.95 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$184.01 | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$35,580 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5403 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.3934 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$118.16 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$240.10 | \$118.16 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$30.83 | \$1.77 | \$36.09 | \$1.15 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.53 | \$0.53 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <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 | \$3.54 | \$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 | \$21.17 | \$4.07 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$261.27 | \$122.23 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$47.93 | \$1.77 | \$36.09 | \$1.15 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$183.13 | | | | | | | | | |

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

INTERIM

| Provider: STEVENS PARK HEALTH AND REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 003143404A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.6429 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 9.09% | 0.0% | Quarterly Medicaid CMI: | | | 1.2739 | 1.5030 |
| | | | | | | | 3.71 | 4.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.2930 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$22,100 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$9,493 | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$3,752,187 | \$1,628,731 | \$0 | \$388,098 | \$400,026 | \$7,096 | \$933,970 | \$22,100 | \$362,673 | \$9,493 | |
| 8 | Total Nursing Facility Days | As Filed Days = 13,682 FY20 Audited C/R Days | 13,682 | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 13,682 FY20 GL-PL Ins Rpt Days | | | | | | | | 13,682 | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$274.25 | \$119.04 | \$0.00 | \$28.37 | \$29.76 | (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 | | 1.6429 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2930 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$93.69 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$209.82 | \$93.69 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$30.83 | \$1.62 | \$30.89 | \$0.69 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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>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 | \$21.38 | \$4.28 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$231.20 | \$97.97 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$47.93 | \$1.62 | \$30.89 | \$0.69 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$160.58 | | | | | | | | | | |

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

INTERIM

| Provider: CHELSEY PARK HEALTH AND REHABILITATION | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 003165720A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5440 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 28.95% | 1.0% | Quarterly Medicaid CMI: | | | 1.4975 | 1.5030 |
| | | | | | | | 3.58 | 5.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.5240 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$31,655 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5440 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5240 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$121.78 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$239.92 | \$121.78 | \$0.00 | \$22.88 | \$26.33 | \$0.00 | \$30.83 | \$1.68 | \$35.08 | \$1.34 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <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>5.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$6.09 | \$6.09 | | | | | | | | | |
| 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 | \$25.57 | \$7.84 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$265.49 | \$129.62 | \$0.00 | \$23.10 | \$26.74 | \$0.00 | \$47.93 | \$1.68 | \$35.08 | \$1.34 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$186.29 | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | |
| 3 | Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 4 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 5 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$30,355 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.3682 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.3052 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$115.54 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$234.86 | \$115.54 | \$0.00 | \$24.48 | \$25.24 | \$0.00 | \$30.83 | \$1.63 | \$35.68 | \$1.46 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$1.16 | \$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 | \$4.62 | \$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 | \$23.29 | \$5.78 | \$0.00 | \$0.00 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$258.15 | \$121.32 | \$0.00 | \$24.48 | \$25.65 | \$0.00 | \$47.93 | \$1.63 | \$35.68 | \$1.46 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$180.79 | | | | | | | | | |

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: BUDD TERRACE AT WESLEY WOODS Prvdr ID: 003167547A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | | | | Facility Score | Add-on Percent | | | | | Facility Specific | State-wide |
| | | | | | | | N/A | 0.00% | | | | | 1.3224 | 1.5126 |
| | | | | | | | 25.61% | 1.0% | | | | | 1.2202 | 1.5030 |
| | | | | | | | 6.94 | 3.0% | | | | | 1.2388 | 1.5294 |
| Case Mix Based Rate Calculations | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Svcs Combined) | As Filed 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 | \$0 | | |
| | As Filed Cost Center Costs (GL/PL) | As Filed FY20 GL/PL Rpt | | | | | | | | \$159,800 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$0 | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$22,860,075 | \$12,619,821 | \$0 | \$2,222,159 | \$2,658,656 | \$0 | \$4,468,926 | \$159,800 | \$730,713 | \$0 | | |
| 8 | Total Nursing Facility Days | FY20 Audited C/R Days | 68,828 | | | | | | | | | | | |
| | As Filed Days = 68,828 | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | FY20 GL-PL Ins Rpt Days | | | | | | | | 68,828 | | | | |
| | As Filed Days = 68,828 | | | | | | | | | | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Svcs | 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 | | 1.3224 | | | | | | | | | | |
| 11 | Routine Svcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$138.65 | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Svcs | 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 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 | \$188.52 | \$88.52 | \$0.00 | \$24.48 | \$27.62 | | \$30.83 | \$2.32 | 14.75 (FRV) | \$0.00 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.2388 | | | | | | | | | | |
| 18 | Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$109.66 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$209.66 | \$109.66 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$30.83 | \$2.32 | \$14.75 | \$0.00 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs) | 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 Svcs) | Ln 19 Col b x Stfng Add-on | \$3.29 | \$3.29 | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.49 | \$4.39 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$231.15 | \$114.05 | \$0.00 | \$24.48 | \$27.62 | \$0.00 | \$47.93 | \$2.32 | \$14.75 | \$0.00 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$160.54 | | | | | | | | | | | |

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: MEADOWS PARK HEALTH AND REHABILITATION Prvdr ID: 003167911A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | | | | Facility Score | Add-on Percent | | | | | Facility Specific | State-wide |
| | | | | | | | N/A | 0.00% | | | | | 1.7348 | 1.5126 |
| | | | | | | | 26.67% | 1.0% | | | | | 1.7029 | 1.5030 |
| | | | | | | | 4.02 | 6.0% | | | | | 1.7369 | 1.5294 |
| BASE PERIOD PER DIEM ALLOWED AMOUNTS | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvc Combined) | As Filed FY20 C/R - FY20 GL/PL Rpt | \$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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$39,780 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.7348 | | | | | | | | | | |
| 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 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7369 | | | | | | | | | | |
| 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 | \$221.29 | \$118.11 | \$0.00 | \$19.01 | \$21.68 | \$0.00 | \$30.83 | \$1.60 | \$29.06 | \$1.00 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | | | |
| 21 | BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$1.18 | \$1.18 | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$7.09 | \$7.09 | | | | | | | | | | |
| 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 | \$26.53 | \$8.80 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$247.82 | \$126.91 | \$0.00 | \$19.23 | \$22.09 | \$0.00 | \$47.93 | \$1.60 | \$29.06 | \$1.00 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$173.04 | | | | | | | | | | | |

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: ROCKMART HEALTH Pvdr ID: 003182988A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | | |
| | | | Growth Allowance: N/A Qtrly BIMS score: 36.11% Nurse Hours per On-Site Day/Quality Incentive: 4.34 | | | | Add-on Percent: 0.00% 2.5% 3.0% | | | | Base Period Overall CMI: 1.5946 Quarterly Medicaid CMI: 1.5686 Qtrly Mcaid CMI w RUG Wght Options: 1.5981 | | 1.5126 | 1.5030 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$53,269 | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5946 | | | | | | | | | | | |
| 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 | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5981 | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$98.49 | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$189.98 | \$98.49 | \$0.00 | \$22.79 | \$27.09 | \$0.00 | \$27.98 | \$3.21 | \$9.03 | \$1.39 | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.52 | \$0.53 | \$0.00 | \$0.22 | \$0.40 | \$0.00 | \$0.37 | | \$0.00 | | | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.46 | \$2.46 | | | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>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 | \$24.03 | \$5.94 | \$0.00 | \$0.22 | \$0.40 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$214.01 | \$104.43 | \$0.00 | \$23.01 | \$27.49 | \$0.00 | \$45.45 | \$3.21 | \$9.03 | \$1.39 | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$147.68 | | | | | | | | | | | | |

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

INTERIM

| Provider: ADVANCED HEALTH AND REHAB OF TWIGGS COUNTY | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|---|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 003185378A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5787 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 33.71% | 2.5% | Quarterly Medicaid CMI: | | | 1.5164 | 1.5030 |
| | | | | | | | 3.74 | 2.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.5441 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$99,936 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5787 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5441 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$112.19 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$196.43 | \$112.19 | \$0.00 | \$16.62 | \$17.61 | \$0.00 | \$30.83 | \$2.77 | \$15.47 | \$0.94 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.16 | \$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 | \$2.80 | \$2.80 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.24 | \$2.24 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.30 | \$5.57 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$219.73 | \$117.76 | \$0.00 | \$16.84 | \$18.02 | \$0.00 | \$47.93 | \$2.77 | \$15.47 | \$0.94 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$151.97 | | | | | | | | | | |

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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$54,540 | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.2399 | | | | | | | | |
| 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 |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.3856 | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$122.65 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$221.35 | \$122.65 | \$0.00 | \$17.23 | \$23.26 | \$0.00 | \$30.83 | \$1.69 | \$23.42 | \$2.27 |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$0.63 | \$0.00 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.00 | | \$0.00 | |
| 21 | BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$6.75 | \$6.75 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$3.68 | \$3.68 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$28.16 | \$10.43 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.10 | \$0.00 | \$0.00 | \$0.00 |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$249.51 | \$133.08 | \$0.00 | \$17.45 | \$23.67 | \$0.00 | \$47.93 | \$1.69 | \$23.42 | \$2.27 |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$174.31 | | | | | | | | | |

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

INTERIM

| Provider: OCEANSIDE HEALTH AND REHAB | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 003188970A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5553 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 30.36% | 2.5% | Quarterly Medicaid CMI: | | | 1.6997 | 1.5030 |
| | | | | | | | 3.18 | 3.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.7321 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$52,247 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5553 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.7321 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$110.56 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$197.29 | \$110.56 | \$0.00 | \$15.19 | \$22.87 | \$0.00 | \$26.57 | \$1.95 | \$16.61 | \$3.54 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$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 | \$3.32 | \$3.32 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$24.71 | \$6.61 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$222.00 | \$117.17 | \$0.00 | \$15.41 | \$23.28 | \$0.00 | \$44.04 | \$1.95 | \$16.61 | \$3.54 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$153.68 | | | | | | | | | | |

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

INTERIM

| Provider: GLEN EAGLE HEALTHCARE AND REHAB | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 003214231A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5752 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 24.24% | 1.0% | Quarterly Medicaid CMI: | | | 1.5849 | 1.5030 |
| | | | | | | | 2.97 | 2.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.6127 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$23,420 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$16,843 | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$3,205,237 | \$1,639,734 | \$0 | \$317,052 | \$340,540 | (\$1,077) | \$557,926 | \$23,420 | \$310,799 | \$16,843 | |
| 8 | Total Nursing Facility Days | As Filed Days = 20,739 | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 20,739 | | | | | | | | 20,739 | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$154.56 | \$79.07 | \$0.00 | \$15.29 | \$16.37 | (with L&H) | \$26.90 | \$1.13 | \$14.99 | \$0.81 | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.5752 | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$50.20 | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$50.20 | \$0.00 | \$15.29 | \$16.37 | | \$26.90 | \$1.13 | \$14.99 | \$0.81 | |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvc) | per Peer Group Limits | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | \$0.00 | N/A | | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | \$120.98 | \$50.20 | \$0.00 | \$15.29 | \$16.37 | | \$26.90 | \$1.13 | 10.28 (FRV) | \$0.81 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6127 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$80.96 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$151.74 | \$80.96 | \$0.00 | \$15.29 | \$16.37 | \$0.00 | \$26.90 | \$1.13 | \$10.28 | \$0.81 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <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 | \$1.62 | \$1.62 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$21.06 | \$2.96 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$172.80 | \$83.92 | \$0.00 | \$15.51 | \$16.78 | \$0.00 | \$44.37 | \$1.13 | \$10.28 | \$0.81 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$116.78 | | | | | | | | | | |

Quarterly Case Mix Per Diem Calculation

Interim

| Provider: MeSun Health and Rehabilitation Center Prvdr ID: 003245344A H/B?: No | | | <u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 62.5% Nurse Hours per On-Site Day/Quality Incentive: 4.47 | | | Facility Score: N/A | Add-on Percent: 0.00% 5.5% 0.0% | <u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3019 Quarterly Medicaid CMI: 1.3200 Qtrly Mcaid CMI w RUG Wght Options: 1.3200 | | | Facility Specific Use Stwd: 1.3019 1.3200 | State-wide: 1.5126 1.5294 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 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | |
| | Cost Center Peer Groups per Selected Options | | | 1 | 1 | 2 | 1 | 1 | 1 | | | |
| | Type of Facility within Peer Group | | | All Facilities | All Facilities | Freestanding | All Facilities | All Facilities | All Facilities | | | |
| | Bed Size Range within Peer Group | | | All Bed Sizes | All Bed Sizes | All Bed Sizes | All Bed Sizes | All Bed Sizes | All Bed Sizes | | | |
| | Peer Group Standards & Efficiency Measure Limits | | | | | | | | | | | |
| | Peer Group Standards: Percentile | | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | |
| | Peer Group Standards: Multiplier | | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | |
| | Efficiency Measures (Maximums) | | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | |
| | Per Diem Costs and Add-ons | | | | | | | | | | | |
| | GL-PL- Insurance Costs | FY2020 GL-PL Ins. Rpt | | | | | | | | \$0.00 | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | FY2020 GL-PL Ins. Rpt | | | | | | | | 0 | | |
| | Standard Per Diem (After CMA for Routine Srvcs) | FY 2020 Peer Group Limit | | \$88.52 | | \$24.48 | \$27.62 | | \$30.83 | | \$30.11 | \$0.00 |
| | <u>Allowed @ 90% of Std</u> | | \$184.42 | \$79.67 | | \$22.03 | \$24.86 | | \$27.75 | | \$30.11 | \$0.00 |
| | Growth Allowance 0.00% | | \$0.00 | \$0.00 | | \$0.00 | \$0.00 | | \$0.00 | | | |
| | CMA Allowed Per Diem (After Growth Allowance) | | \$184.42 | \$79.67 | | \$22.03 | \$24.86 | | \$27.75 | \$ | - | \$0.00 |
| | Quarterly Facility Case Mix Index for Medicaid Residents | | | 1.3200 | | | | | | | | |
| | Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | | | \$105.16 | | | | | | | (FRV Rate) | |
| | Quarterly Medicaid CMA Allowed Per Diem | | \$212.62 | \$105.16 | | \$22.03 | \$24.86 | | \$27.75 | 2.71 | \$30.11 | \$0.00 |
| | Quarterly Per Diem Add-On Amounts | | | | | | | | | | | |
| | BIMS Add-on Per Diem = 5.5% to Routine Srvcs) | | \$5.78 | \$5.78 | | | | | | | | |
| | Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% | | \$0.00 | \$0.00 | | | | | | | | |
| | Nursing Home Provider Fee | | \$17.10 | | | | | 17.10 | | | | |
| | Total Quarterly Per Diem Add-On Amounts | | \$22.88 | | | | | | | | | |
| | Quarterly Case Mix Based Per Diem Rate | | \$235.51 | \$110.95 | | \$22.03 | \$24.86 | | \$44.85 | \$2.71 | \$30.11 | \$0.00 |
| | Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75% | | \$163.81 | | | | | | | | | |

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: PRUITTHEALTH - ROME Prvdr ID: 299031876A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | | |
| | | | | | | | Facility Score | Add-on Percent | | | | | Facility Specific | State-wide |
| | | | | | | | N/A | 0.00% | | | | | 1.5521 | 1.5126 |
| | | | | | | | 39.13% | 2.5% | | | | | 1.5522 | 1.5030 |
| | | | | | | | 3.36 | 5.0% | | | | | 1.5778 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvc Combined) | As Filed FY20 C/R - FY20 GL/PL Rpt | \$6,006,223 | \$3,171,371 | \$0 | \$499,275 | \$627,553 | \$0 | \$1,137,632 | | \$570,392 | \$0 | | |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY20 C/R Audit Adjstmnts | (\$264,690) | (\$49,454) | \$0 | \$0 | (\$6,935) | (\$8,088) | (\$163,597) | | (\$36,616) | | | |
| | As Filed Cost Center Costs (GL/PL) | As Filed FY20 GL/PL Rpt | | | | | | | | \$203,634 | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$37,717 | | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$5,982,884 | \$3,121,917 | \$0 | \$499,275 | \$620,618 | (\$8,088) | \$974,035 | \$203,634 | \$533,776 | \$37,717 | | |
| 8 | Total Nursing Facility Days | As Filed Days = 32,699 FY20 Audited C/R Days | 32,699 | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 32,699 FY20 GL-PL Ins Rpt Days | | | | | | | | 32,699 | | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$182.96 | \$95.47 | \$0.00 | \$15.27 | \$18.73 | (with L&H) | \$29.79 | \$6.23 | \$16.32 | \$1.15 | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.5521 | | | | | | | | | | |
| 11 | Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | \$61.51 | | | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvc | RS = Ln 11, AllOthr = Ln 9 | | \$61.51 | \$0.00 | \$15.27 | \$18.73 | | \$29.79 | \$6.23 | \$16.32 | \$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 | \$152.93 | \$61.51 | \$0.00 | \$15.27 | \$18.73 | | \$29.79 | \$6.23 | 20.25 (FRV) | \$1.15 | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | N/A | N/A | | |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | \$152.93 | \$61.51 | \$0.00 | \$15.27 | \$18.73 | \$0.00 | \$29.79 | \$6.23 | \$20.25 | \$1.15 | | |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.5778 | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$97.05 | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$188.47 | \$97.05 | \$0.00 | \$15.27 | \$18.73 | \$0.00 | \$29.79 | \$6.23 | \$20.25 | \$1.15 | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | |
| 21 | BIMS Add-on Per Diem = <u>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 | \$4.85 | \$4.85 | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$25.91 | \$7.81 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$214.38 | \$104.86 | \$0.00 | \$15.49 | \$19.14 | \$0.00 | \$47.26 | \$6.23 | \$20.25 | \$1.15 | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$147.96 | | | | | | | | | | | |

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

INTERIM

| Provider: RELIABLE HEALTH & REHAB AT LAKEWOOD | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 321026473A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5585 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 38.60% | 2.5% | Quarterly Medicaid CMI: | | | 1.6531 | 1.5030 |
| | | | | | | | 2.64 | 2.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.6843 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$145,554 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | | 1.5585 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.6843 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$113.29 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$203.65 | \$113.29 | \$0.00 | \$15.86 | \$25.54 | \$0.00 | \$29.34 | \$4.36 | \$10.78 | \$4.48 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | |
| 21 | BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc) | Ln 19 Col b x CPS Add-on | \$2.83 | \$2.83 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$2.27 | \$2.27 | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$23.73 | \$5.63 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$227.38 | \$118.92 | \$0.00 | \$16.08 | \$25.95 | \$0.00 | \$46.81 | \$4.36 | \$10.78 | \$4.48 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$157.71 | | | | | | | | | | |

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

INTERIM

| Provider: GLENWOOD HEALTHCARE | | Add-on Data and Percentages | | | | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | | Facility Specific | State-wide | |
|--|--|--|-----------------|---|---|--|---|---|---|-----------------------|----------------------|---------------------|--------|
| Prvdr ID: 701562744A | | Case Mix Per Diem Rate Effective Date: 7/1/2022 | | | | Growth Allowance: | N/A | 0.00% | Base Period Overall CMI: | | | 1.5617 | 1.5126 |
| MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | Nurse Hours per On-Site Day/Quality Incentive: | | | | Qtrly BIMS score | 32.43% | 2.5% | Quarterly Medicaid CMI: | | | 1.5365 | 1.5030 |
| | | | | | | | 2.92 | 2.0% | Qtrly Mcaid CMI w RUG Wght Options: | | | 1.5666 | 1.5294 |
| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G - GL/PL Insurance | Property and Related | Taxes and Insurance | |
| | | | a | b | c | d | e | f | g | g | h | i | |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group | (see Policy Manual) | | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 2 Free Standing All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | 1 All Facilities All Bed Sizes | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | |
| 3 | Peer Group Standards: Multiplier | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | |
| 4 | Efficiency Measure Maximums (see line 20 for actual) | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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) | As Filed FY20 GL/PL Rpt | | | | | | | | \$30,150 | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$23,439 | |
| 7 | Cost Center Costs After Audit Adjustments | FY20 Audited C/R | \$2,707,800 | \$1,310,844 | \$0 | \$250,776 | \$290,509 | \$0 | \$458,908 | \$30,150 | \$343,174 | \$23,439 | |
| 8 | Total Nursing Facility Days | As Filed Days = 16,563 FY20 Audited C/R Days | 16,563 | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | As Filed Days = 16,563 FY20 GL-PL Ins Rpt Days | | | | | | | | 16,563 | | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvc | Ln 7 / Ln 8 Col a | \$163.49 | \$79.14 | \$0.00 | \$15.14 | \$17.54 | (with L&H) | \$27.71 | \$1.82 | \$20.72 | \$1.42 | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.5617 | | | | | | | | | |
| 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 | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = <u>0.00%</u> | Ln 14 x Grwth Allwnc % | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | | 1.5666 | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$79.38 | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$156.02 | \$79.38 | \$0.00 | \$15.14 | \$17.54 | \$0.00 | \$27.71 | \$1.82 | \$13.01 | \$1.42 | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$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 | \$1.98 | \$1.98 | | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) | Ln 19 Col b x Stfng Add-on | \$1.59 | \$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 | \$22.20 | \$4.10 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$178.22 | \$83.48 | \$0.00 | \$15.36 | \$17.95 | \$0.00 | \$45.18 | \$1.82 | \$13.01 | \$1.42 | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$120.84 | | | | | | | | | | |

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: | 1.6420 | 1.5126 |
| Provider: EVERGREEN HEALTH AND REHABILITATION CENTER Prvdr ID: 835154999A Case Mix Per Diem Rate Effective Date: 7/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 03/31/22 | | | | | | | | | | | | | N/A | 0.00% | 74.12% | 5.5% | 3.54 | 4.0% | 1.6997 | 1.5030 | 1.7304 | 1.5294 |
| CASE MIX BASED RATE CALCULATIONS | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> | (see Policy Manual) | | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 2 <i>Free Standing</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | 1 <i>All Facilities</i> <i>All Bed Sizes</i> | | | | | | | | | | | | | |
| 2 | Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> | (see Policy Manual) | | 90.0% | 90.0% | 90.0% | 85.0% | | 50.0% | | | | | | | | | | | | | |
| 3 | <i>Peer Group Standards: Multiplier</i> | (see Policy Manual) | | 100.0% | 100.0% | 100.0% | 100.0% | | 105.0% | | | | | | | | | | | | | |
| 4 | <i>Efficiency Measure Maximums (see line 20 for actual)</i> | (see Policy Manual) | | \$0.53 | \$0.00 | \$0.22 | \$0.41 | | \$0.37 | | | | | | | | | | | | | |
| Base Period Per Diem Allowed Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special 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 Adjstmts | (\$103,903) | \$0 | \$0 | \$0 | \$0 | \$0 | (\$84,396) | | (\$19,507) | | | | | | | | | | | |
| | As Filed Cost Center Costs (GL/PL) | As Filed FY20 GL/PL Rpt | | | | | | | | \$84,396 | | | | | | | | | | | | |
| | As Filed Cost Center Costs (Taxes and Insurance) | As Filed FY20 C/R | | | | | | | | | | \$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 | FY20 Audited C/R Days | 33,490 | | | | | | | | | | | | | | | | | | | |
| | As Filed Days = 33,490 | | | | | | | | | | | | | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | FY20 GL-PL Ins Rpt Days | | | | | | | | 33,490 | | | | | | | | | | | | |
| | As Filed 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 | <i>(with L&H)</i> | \$27.01 | \$2.52 | \$7.39 | \$0.58 | | | | | | | | | | |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY20 | | 1.6420 | | | | | | | | | | | | | | | | | | |
| 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 | \$0.58 | | | | | | | | | | |
| | | | | | | | | | | <i>(FRV)</i> | | | | | | | | | | | | |
| Quarterly Per Diem Rate Prior to Add-ons | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Growth Allowance 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 | \$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 | | 1.7304 | | | | | | | | | | | | | | | | | | |
| 18 | Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | \$88.87 | | | | | | | | | | | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | \$161.77 | \$88.87 | \$0.00 | \$16.82 | \$19.02 | \$0.00 | \$27.01 | \$2.52 | \$6.95 | \$0.58 | | | | | | | | | | |
| Quarterly Per Diem Add-on Amounts | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) | (see Policy Manual) | \$1.53 | \$0.53 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$0.37 | | \$0.00 | | | | | | | | | | | |
| 21 | BIMS Add-on Per Diem = <u>5.5%</u> (to Routine 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 | \$3.55 | \$3.55 | | | | | | | | | | | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | \$17.10 | | | | | | \$17.10 | | | | | | | | | | | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | \$27.07 | \$8.97 | \$0.00 | \$0.22 | \$0.41 | \$0.00 | \$17.47 | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | |
| 25 | Quarterly Case Mix Based Per Diem Rate | Ln 19 + Ln 24 | \$188.84 | \$97.84 | \$0.00 | \$17.04 | \$19.43 | \$0.00 | \$44.48 | \$2.52 | \$6.95 | \$0.58 | | | | | | | | | | |
| 26 | Quarterly Per Diem Rate for Bed Hold and Leave Days | (Ln 25 - Ln 23) * 0.75 | \$128.81 | | | | | | | | | | | | | | | | | | | |

MONTH: 7/1/2022

INTERIM

FISCAL YEAR ENDING JUNE 30, 2020

FRV 14.43

| Provider Name | Provider Number | RS-SNF | RS-ICF | SP-SERV | Dietary | Lnd-Hse | Opr-Mnt | Adm-Genrl | Prop Rel | Tax/ | | |
|--------------------------------|-----------------|-------------|-----------------|-----------------|------------------|---------|--------------------|-------------------------|----------------|---------------------|---------------|----------|
| PARKWOOD DEV. CTR. | 00142348A | 10 | 10 | 10 | 8 | 6 | 6 | 6 | 2 | | | |
| CERTIFIED BEDS | 110 | SNF | ICF | | | | | | | | | |
| MEDICAID DAYS | 40494 | 0 | 40,494 | | | | | | | | | |
| Descriptions | Total SNF | Total ICF | Routine Svc SNF | Routine Svc ICF | Special Services | Dietary | Laundry/ Housekpng | Operations/ Maintenance | Admin/ General | A&G-GL-PL Insurance | Prop. Related | Tax/ Ins |
| REP HST COST | | 6,882,518 | 0 | 1,465,866 | 2,178,565 | 563,201 | 562,187 | 477,812 | 779,181 | 266,595.00 | 484,958 | 104,153 |
| HIST COST ADJ | | | | | | | | | | | | |
| 1399 | | (2,178,565) | | | (2,178,565) | | | | | | | |
| 1199 | | 2,178,565 | | 2,178,565 | | | | | | | | |
| 1699 | | (477,812) | | | | | | (477,812) | | | | |
| 1599 | | 477,812 | | | | | 477,812 | | | | | |
| 1899 | | - | | | | | | | | | - | |
| 1999 | | - | | | | | | | | | - | |
| 1200 | | - | 0 | (22,712) | | | | | | | | |
| 1400 | | 2,146 | | | | 2,146 | | | | | | |
| 1500 | | (45,710) | | | | | (45,710) | | | | | |
| 1700 | | 45,650 | | | | | | | 45,650 | | | |
| 1800 | | - | | | | | | | | | - | |
| 1898 | | - | | | | | | | | | - | 9,272 |
| TOTAL HIST ADJ | | (11,354) | 0 | 2,155,853 | (2,178,565) | 2,146 | 432,102 | (477,812) | 45,650 | | - | 9,272 |
| NET HST COST | | 6,871,164 | 0 | 3,621,719 | - | 565,347 | 994,289 | - | 824,831 | 266,595 | 484,958 | 113,425 |
| PROJ COST ADJ | | | | | | | | | | | | |
| 2800 | | - | | | | | | | | | - | |
| 2000 | | - | 0 | | | - | - | | - | | - | |
| TOTAL PROJ ADJS | | - | 0 | - | - | - | - | | - | | - | |
| TOTAL HST/PROJ | | 6,871,164 | 0 | - | - | 565,347 | 994,289 | | 824,831 | 266,595 | 484,958 | 113,425 |
| REP PAT DAYS | | 40,494 | 0 | 40,494 | | 40,494 | 40,494 | | 40,494 | 40,494 | 40,494 | 40,494 |
| PAT DAY ADJS | | - | | | | | | | | | | |
| ADJ PAT DAYS | | 40,494 | | 40,494 | - | 40,494 | 40,494 | | 40,494 | 40,494 | 40,494 | 40,494 |
| TOTAL PT. DAYS GL-PL INS. RPT. | | | | | | | | | | | | |
| NET PER DIEM | | 169.68 | | 89.44 | - | 13.96 | 24.55 | | 20.37 | 6.58 | 11.98 | 2.80 |
| STAND PER DIEM | | 172.13 | | 89.44 | - | 13.96 | 24.55 | | 20.37 | 6.58 | 14.43 | 2.80 |
| NURSING HOME PROVIDER FEE | | 17.10 | | | | | | | | | (FRV) | |
| ALLOW PER DIEM | | 172.13 | | 89.44 | - | 13.96 | 24.55 | | 20.37 | 6.58 | 14.43 | 2.80 |
| GTH 0.00% | | - | | - | - | - | - | | - | | - | - |
| INCEN PER DIEM | | 1.53 | | 0.53 | - | 0.22 | 0.41 | | 0.37 | | | |
| TOTAL PER DIEM | | 190.76 | | | | | | | | | | |
| BED HOLD & LEAVE DAY PER DIEM | | 130.25 | | | | | | | | | | |

