

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.4488		1.4488	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 27.08%		Nurse Hours per On-Site Day/Quality Incentive: 4.12		27.08%	1.0%	Quarterly Medicaid CMI: 1.6149		1.6149	1.5342		
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6432		1.6432	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$9,970,481	\$5,416,106	\$0	\$1,285,023	\$1,166,712	\$0	\$1,824,754		\$277,886	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$752,491)	(\$79,287)	\$0	\$0	\$3,953	\$1,997	(\$564,734)		(\$114,420)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$533,415			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$112,929	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,864,334	\$5,336,819	\$0	\$1,285,023	\$1,170,665	\$1,997	\$1,260,020	\$533,415	\$163,466	\$112,929	
8	Total Nursing Facility Days	As Filed Days = 47,089 FY21 Audited C/R Days	47,089										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 47,089 FY21 GL-PL Ins Rpt Days								47,089			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$209.48	\$113.33	\$0.00	\$27.29	\$24.90	(with L&H)	\$26.76	\$11.33	\$3.47	\$2.40	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4488									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.22									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.22	\$0.00	\$27.29	\$24.90		\$26.76	\$11.33	\$3.47	\$2.40	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.73	\$78.22	\$0.00	\$26.82	\$24.90		\$26.76	\$11.33	13.30 (FRV)	\$2.40	
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	\$183.73	\$78.22	\$0.00	\$26.82	\$24.90	\$0.00	\$26.76	\$11.33	\$13.30	\$2.40	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6432									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.53									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.04	\$128.53	\$0.00	\$26.82	\$24.90	\$0.00	\$26.76	\$11.33	\$13.30	\$2.40	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.29	\$1.29									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.57	\$2.57									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.27	\$4.39	\$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	\$256.31	\$132.92	\$0.00	\$26.82	\$25.31	\$0.00	\$44.23	\$11.33	\$13.30	\$2.40	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.41										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: NEWNAN HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00040719A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5298		1.5298	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 24.49%		Nurse Hours per On-Site Day/Quality Incentive: 3.43		24.49%	1.0%	Quarterly Medicaid CMI: 1.4693		1.4693	1.5342		
							4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4949		1.4949	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,591,179	\$3,072,701	\$0	\$558,360	\$664,202	\$0	\$1,078,904		\$217,012	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$122,057)	(\$2,796)	\$0	(\$684)	\$0	(\$729)	(\$100,987)		(\$16,861)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$108,160			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$16,861	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,594,143	\$3,069,905	\$0	\$557,676	\$664,202	(\$729)	\$977,917	\$108,160	\$200,151	\$16,861	
8	Total Nursing Facility Days As Filed Days = 23,962	FY21 Audited C/R Days	23,962										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,962	FY21 GL-PL Ins Rpt Days								23,962			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$233.45	\$128.12	\$0.00	\$23.27	\$27.69	(with L&H)	\$40.81	\$4.51	\$8.35	\$0.70	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5298									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.75									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.75	\$0.00	\$23.27	\$27.69		\$40.81	\$4.51	\$8.35	\$0.70	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.48	\$83.75	\$0.00	\$23.27	\$27.69		\$36.91	\$4.51	13.65 (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	\$190.48	\$83.75	\$0.00	\$23.27	\$27.69	\$0.00	\$36.91	\$4.51	\$13.65	\$0.70	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4949									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.20									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.93	\$125.20	\$0.00	\$23.27	\$27.69	\$0.00	\$36.91	\$4.51	\$13.65	\$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)	\$1.16	\$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>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.01	\$5.01									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.52	\$6.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$256.45	\$131.99	\$0.00	\$23.49	\$28.10	\$0.00	\$54.01	\$4.51	\$13.65	\$0.70	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.51										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: RIVERVIEW HEALTH & REHAB CTR		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00040741A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.4615		1.4615	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 23.14%		Nurse Hours per On-Site Day/Quality Incentive: 3.01		23.14%	1.0%	Quarterly Medicaid CMI: 1.3858		1.3858	1.5342		
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4104		1.4104	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$13,387,173	\$7,513,911	\$0	\$1,272,536	\$1,138,699	\$0	\$2,189,973		\$1,272,054	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$584,980)	\$0	\$0	\$0	\$0	\$0	(\$483,548)		(\$101,432)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$483,548			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$101,432	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,387,173	\$7,513,911	\$0	\$1,272,536	\$1,138,699	\$0	\$1,706,425	\$483,548	\$1,170,622	\$101,432	
8	Total Nursing Facility Days	FY21 Audited C/R Days	51,330										
	As Filed Days = 51,330												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								51,330			
	As Filed Days = 51,330												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$260.80	\$146.38	\$0.00	\$24.79	\$22.18	(with L&H)	\$33.24	\$9.42	\$22.81	\$1.98	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.16									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$100.16	\$0.00	\$24.79	\$22.18		\$33.24	\$9.42	\$22.81	\$1.98	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$222.37	\$99.82	\$0.00	\$24.79	\$22.18		\$33.24	\$9.42	30.94 (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	\$222.37	\$99.82	\$0.00	\$24.79	\$22.18	\$0.00	\$33.24	\$9.42	\$30.94	\$1.98	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.79									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$263.34	\$140.79	\$0.00	\$24.79	\$22.18	\$0.00	\$33.24	\$9.42	\$30.94	\$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)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.41	\$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	\$2.82	\$2.82									
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	\$5.23	\$4.23	\$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	\$268.57	\$145.02	\$0.00	\$25.01	\$22.59	\$0.00	\$33.61	\$9.42	\$30.94	\$1.98	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$201.43										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THE WILLIAM BREMAN JEWISH HOME		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00040752A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6719	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	45.45%	5.5%	Quarterly Medicaid CMI:			1.2844	1.5342
							5.43	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3030	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$9,817,629	\$4,610,927	\$0	\$1,501,114	\$1,278,081	\$0	\$1,480,066		\$947,441	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$174,615)	\$0	\$0	\$0	\$0	\$0	(\$137,727)		(\$36,888)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$137,727			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,888	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,817,629	\$4,610,927	\$0	\$1,501,114	\$1,278,081	\$0	\$1,342,339	\$137,727	\$910,553	\$36,888	
8	Total Nursing Facility Days	As Filed Days = 25,930 FY21 Audited C/R Days	25,930										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,930 FY21 GL-PL Ins Rpt Days								25,930			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$378.62	\$177.82	\$0.00	\$57.89	\$49.29	(with L&H)	\$51.77	\$5.31	\$35.12	\$1.42	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6719									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$106.36									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$106.36	\$0.00	\$57.89	\$49.29		\$51.77	\$5.31	\$35.12	\$1.42	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$230.58	\$99.82	\$0.00	\$26.82	\$33.28		\$36.91	\$5.31	27.02 (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	\$230.58	\$99.82	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.31	\$27.02	\$1.42	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3030									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.07									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$260.83	\$130.07	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.31	\$27.02	\$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)	\$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	\$7.15	\$7.15									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.20	\$5.20									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.45	\$12.35	\$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	\$290.28	\$142.42	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$5.31	\$27.02	\$1.42	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$204.89										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & 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											
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 FY21 C/R - FY21 GL/PL Rpt	\$12,334,893	\$6,862,583	\$0	\$800,971	\$1,151,661	\$0	\$2,682,727		\$836,951	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$268,651)	(\$27,263)	\$0	(\$3,054)	\$2,719	\$4,408	(\$155,961)		(\$89,500)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$144,202		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$97,786
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,308,230	\$6,835,320	\$0	\$797,917	\$1,154,380	\$4,408	\$2,526,766	\$144,202	\$747,451	\$97,786
8	Total Nursing Facility Days	As Filed Days = 44,926 FY21 Audited C/R Days	44,926									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 44,926 FY21 GL-PL Ins Rpt Days								44,926		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$273.97	\$152.15	\$0.00	\$17.76	\$25.79	(with L&H)	\$56.24	\$3.21	\$16.64	\$2.18
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8411								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$82.64	\$0.00	\$17.76	\$25.79		\$56.24	\$3.21	\$16.64	\$2.18
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.46	\$82.64	\$0.00	\$17.76	\$25.79		\$36.91	\$3.21	10.97 (FRV)	\$2.18
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	\$179.46	\$82.64	\$0.00	\$17.76	\$25.79	\$0.00	\$36.91	\$3.21	\$10.97	\$2.18
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8238								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$150.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.54	\$150.72	\$0.00	\$17.76	\$25.79	\$0.00	\$36.91	\$3.21	\$10.97	\$2.18
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$1.51	\$1.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.03	\$6.03								
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	\$25.80	\$8.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$273.34	\$158.79	\$0.00	\$17.98	\$26.20	\$0.00	\$54.01	\$3.21	\$10.97	\$2.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.18									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Magnolia Manor Methodist Nursing Center	Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID: 00040785A	Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.6909	1.5751
H/B ? : No	BIMS:	30.2%	2.5%	Quarterly Medicaid CMI:	1.6167	1.5195
Case Mix Per Diem Rate Effective Date: 07/01/23	Nurse Hours per On-Site Day/Quality Incentive:	5.08	4.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.6491	1.5463
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23						

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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	FY2021 GL-PL Ins. Rpt								\$ 224,177		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2021 GL-PL Ins. Rpt								57,067		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2021 Peer Group Limit		\$99.82		\$26.82	\$33.28		\$36.91		\$31.24	\$1.39
	Allowed @ 95% of Std		\$219.62	\$94.83		\$25.48	\$31.62		\$35.06		\$31.24	\$1.39
	Growth Allowance 0.0%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$223.55	\$94.83		\$25.48	\$31.62		\$35.06	\$ 3.93	\$31.24	\$1.39
	Quarterly Facility Case Mix Index for Medicaid Residents			1.6491							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$156.38								
	Quarterly Medicaid CMA Allowed Per Diem		\$285.36	\$156.38		\$25.48	\$31.62		\$35.06	\$ 4.19	\$31.24	\$1.39
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)		\$3.91	\$3.91								
	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%		\$6.26	\$6.26								
	Nursing Home Provider Fee		\$0.00						0.00			
	Total Quarterly Per Diem Add-On Amounts		\$10.16									
	Quarterly Case Mix Based Per Diem Rate		\$295.53	\$166.55		\$25.48	\$31.62		\$35.06	\$4.19	\$31.24	\$1.39
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$221.65									

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

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: PINE VIEW NURSING AND REHAB CENTER Prvdr ID: 00040796A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													N/A	0.00%	1.3658	1.5751	32.98%	2.5%	1.8740	1.5342	2.70	4.0%	1.9087	1.5613
CASE MIX BASED RATE CALCULATIONS																								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,075,621	\$2,042,973	\$0	\$416,222	\$488,572	\$0	\$867,207		\$260,647	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$307,720)	\$0	\$0	\$0	\$0	\$0	(\$271,189)		(\$36,531)													
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$273,620														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,531												
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,078,052	\$2,042,973	\$0	\$416,222	\$488,572	\$0	\$596,018	\$273,620	\$224,116	\$36,531												
8	Total Nursing Facility Days	FY21 Audited C/R Days	19,797																					
	As Filed Days = 19,797																							
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								19,797														
	As Filed Days = 19,797																							
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$206.00	\$103.20	\$0.00	\$21.02	\$24.68	<i>(with L&H)</i>	\$30.11	\$13.82	\$11.32	\$1.85												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3658																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.56																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.56	\$0.00	\$21.02	\$24.68		\$30.11	\$13.82	\$11.32	\$1.85												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.11	\$75.56	\$0.00	\$21.02	\$24.68		\$30.11	\$13.82	9.07 <i>(FRV)</i>	\$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	\$176.11	\$75.56	\$0.00	\$21.02	\$24.68	\$0.00	\$30.11	\$13.82	\$9.07	\$1.85												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9087																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.22																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.77	\$144.22	\$0.00	\$21.02	\$24.68	\$0.00	\$30.11	\$13.82	\$9.07	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.61	\$3.61																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.77	\$5.77																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.01	\$9.91	\$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	\$272.78	\$154.13	\$0.00	\$21.24	\$25.09	\$0.00	\$47.58	\$13.82	\$9.07	\$1.85												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.76																					

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: TWIN VIEW HEALTH AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00040807A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6274	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	30.36%	2.5%	Quarterly Medicaid CMI:			1.7986	1.5342
							3.00	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8317	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,361,961	\$2,374,556	\$0	\$381,315	\$513,520	\$0	\$1,458,229		\$634,341	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$86,456)	\$0	\$0	\$0	\$0	\$0	(\$42,319)		(\$44,137)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$42,319			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$44,137	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,361,961	\$2,374,556	\$0	\$381,315	\$513,520	\$0	\$1,415,910	\$42,319	\$590,204	\$44,137	
8	Total Nursing Facility Days	FY21 Audited C/R Days	31,639										
	As Filed Days = 31,639												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								31,639			
	As Filed Days = 31,639												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$169.47	\$75.05	\$0.00	\$12.05	\$16.23	(with L&H)	\$44.75	\$1.34	\$18.65	\$1.40	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6274									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.12									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$46.12	\$0.00	\$12.05	\$16.23		\$44.75	\$1.34	\$18.65	\$1.40	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.44	\$46.12	\$0.00	\$12.05	\$16.23		\$36.91	\$1.34	9.39 (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	\$123.44	\$46.12	\$0.00	\$12.05	\$16.23	\$0.00	\$36.91	\$1.34	\$9.39	\$1.40	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8317									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.48									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.80	\$84.48	\$0.00	\$12.05	\$16.23	\$0.00	\$36.91	\$1.34	\$9.39	\$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)	\$1.16	\$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	\$2.11	\$2.11									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$23.75	\$6.02	\$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	\$185.55	\$90.50	\$0.00	\$12.27	\$16.64	\$0.00	\$54.01	\$1.34	\$9.39	\$1.40	
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 FY2021 Cost Report Data

FINAL

Provider: A.G. RHODES HOME WESLEY WOODS		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00040818A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.9697	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	40.28%	2.5%	Quarterly Medicaid CMI:			1.6307	1.5342
							4.33	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6580	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$13,482,790	\$7,228,606	\$0	\$1,422,061	\$1,457,962	\$0	\$2,879,146		\$495,015	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$312,440)	(\$67,765)	\$0	\$0	\$0	(\$2,930)	(\$191,886)		(\$49,859)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$191,886			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$49,859	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,412,095	\$7,160,841	\$0	\$1,422,061	\$1,457,962	(\$2,930)	\$2,687,260	\$191,886	\$445,156	\$49,859	
8	Total Nursing Facility Days As Filed Days = 42,172	FY21 Audited C/R Days	42,172										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,172	FY21 GL-PL Ins Rpt Days								42,172			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$318.03	\$169.80	\$0.00	\$33.72	\$34.50	(with L&H)	\$63.72	\$4.55	\$10.56	\$1.18	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9697									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.21									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.21	\$0.00	\$33.72	\$34.50		\$63.72	\$4.55	\$10.56	\$1.18	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.03	\$86.21	\$0.00	\$26.82	\$33.28		\$36.91	\$4.55	16.08 (FRV)	\$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	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.03	\$86.21	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.55	\$16.08	\$1.18	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6580									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.94									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$261.76	\$142.94	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.55	\$16.08	\$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)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.57	\$3.57									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.15	\$7.15									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.35	\$11.25	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$290.11	\$154.19	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$4.55	\$16.08	\$1.18	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$204.76										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - AUSTELL Prvdr ID: 00059276A		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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Growth Allowance: N/A Qtrly BIMS score: 28.77% Nurse Hours per On-Site Day/Quality Incentive: 3.99				N/A	0.00% 1.0% 6.0%	Base Period Overall CMI: 1.6540 Quarterly Medicaid CMI: 1.7052 Qtrly Mcaid CMI w RUG Wght Options: 1.7356				1.6540 1.7052 1.7356	1.5751 1.5342 1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$8,107,137	\$4,337,535	\$0	\$819,528	\$840,605	\$0	\$1,640,508		\$468,961	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$618,525)	(\$123,162)	\$0	\$0	(\$4,384)	(\$4,303)	(\$423,168)		(\$63,508)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$539,088			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$52,204	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,079,904	\$4,214,373	\$0	\$819,528	\$836,221	(\$4,303)	\$1,217,340	\$539,088	\$405,453	\$52,204	
8	Total Nursing Facility Days As Filed Days = 39,749	FY21 Audited C/R Days	39,749										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,749	FY21 GL-PL Ins Rpt Days								39,749			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$203.27	\$106.02	\$0.00	\$20.62	\$20.93	(with L&H)	\$30.63	\$13.56	\$10.20	\$1.31	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6540									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.10									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.10	\$0.00	\$20.62	\$20.93		\$30.63	\$13.56	\$10.20	\$1.31	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.46	\$64.10	\$0.00	\$20.62	\$20.93		\$30.63	\$13.56	13.31 (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	\$164.46	\$64.10	\$0.00	\$20.62	\$20.93	\$0.00	\$30.63	\$13.56	\$13.31	\$1.31	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7356									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.25									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.61	\$111.25	\$0.00	\$20.62	\$20.93	\$0.00	\$30.63	\$13.56	\$13.31	\$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	\$1.11	\$1.11									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.68	\$6.68									
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	\$26.42	\$8.32	\$0.00	\$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	\$238.03	\$119.57	\$0.00	\$20.84	\$21.34	\$0.00	\$48.10	\$13.56	\$13.31	\$1.31	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.70										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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:	1.4632	1.5751
Provider: NORTHRIDGE HEALTH AND REHABILITATION Prvdr ID: 00059331A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													N/A	0.00%	25.00%	1.0%	2.48	4.0%	1.4440	1.4680	1.5342	1.5613
CASE MIX BASED RATE CALCULATIONS																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,398,513	\$3,241,152	\$0	\$621,073	\$847,062	\$0	\$1,079,898		\$609,328	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$60,065)	\$37,744	\$0	\$9,241	\$0	\$9,471	(\$104,086)		(\$12,435)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$86,840												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$12,435										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,437,723	\$3,278,896	\$0	\$630,314	\$847,062	\$9,471	\$975,812	\$86,840	\$596,893	\$12,435										
8	Total Nursing Facility Days	As Filed Days = 28,402 FY21 Audited C/R Days	28,402																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,402 FY21 GL-PL Ins Rpt Days								28,402												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$226.68	\$115.45	\$0.00	\$22.19	\$30.16	(with L&H)	\$34.36	\$3.06	\$21.02	\$0.44										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4632																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.91																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.91	\$0.00	\$22.19	\$30.16		\$34.36	\$3.06	\$21.02	\$0.44										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.09	\$78.91	\$0.00	\$22.19	\$30.16		\$34.36	\$3.06	16.97 <i>(FRV)</i>	\$0.44										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.09	\$78.91	\$0.00	\$22.19	\$30.16	\$0.00	\$34.36	\$3.06	\$16.97	\$0.44										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4680																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.84																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.02	\$115.84	\$0.00	\$22.19	\$30.16	\$0.00	\$34.36	\$3.06	\$16.97	\$0.44										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$1.16	\$1.16																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.63	\$4.63																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.42	\$6.32	\$0.00	\$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	\$247.44	\$122.16	\$0.00	\$22.41	\$30.57	\$0.00	\$51.83	\$3.06	\$16.97	\$0.44										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.76																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: THE BELL MINOR HOME Prvdr ID: 00059397A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Growth Allowance: N/A Qtrly BIMS score: 33.33% Nurse Hours per On-Site Day/Quality Incentive: 3.94			Facility Score: N/A Add-on Percent: 0.00% 2.5% 3.0%			Base Period Overall CMI: 1.7042 Quarterly Medicaid CMI: 1.6112 Qtrly Mcaid CMI w RUG Wght Options: 1.6431			1.7042	1.5751	1.6112	1.5342	1.6431	1.5613
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,703,141	\$3,320,839	\$0	\$524,837	\$536,001	\$0	\$1,357,015		\$1,964,449	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$281,312)	\$0	\$0	\$0	\$0	\$0	(\$216,206)		(\$65,106)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$209,748																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$65,106															
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,696,683	\$3,320,839	\$0	\$524,837	\$536,001	\$0	\$1,140,809	\$209,748	\$1,899,343	\$65,106															
8	Total Nursing Facility Days	As Filed Days = 28,745 FY21 Audited C/R Days	28,745																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,745 FY21 GL-PL Ins Rpt Days								28,745																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$267.77	\$115.53	\$0.00	\$18.26	\$18.65	(with L&H)	\$39.69	\$7.30	\$66.08	\$2.26															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7042																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.79																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.79	\$0.00	\$18.26	\$18.65		\$39.69	\$7.30	\$66.08	\$2.26															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.94	\$67.79	\$0.00	\$18.26	\$18.65		\$36.91	\$7.30	13.77 (FRV)	\$2.26															
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	\$164.94	\$67.79	\$0.00	\$18.26	\$18.65	\$0.00	\$36.91	\$7.30	\$13.77	\$2.26															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6431																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.39																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.54	\$111.39	\$0.00	\$18.26	\$18.65	\$0.00	\$36.91	\$7.30	\$13.77	\$2.26															
Quarterly Per Diem Add-on Amounts																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$2.78	\$2.78																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.34	\$3.34																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.38	\$6.65	\$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	\$232.92	\$118.04	\$0.00	\$18.48	\$19.06	\$0.00	\$54.01	\$7.30	\$13.77	\$2.26															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.87																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: AZALEA HEALTH AND REHABILITATION CENTER Prvdr ID: 00059441A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													
							Facility Score: N/A	Add-on Percent: 0.00%	Base Period Overall CMI: 1.6667				1.5751
							Qtrly BIMS score: 30.91%	2.5%	Quarterly Medicaid CMI: 1.8527				1.5342
							Nurse Hours per On-Site Day/Quality Incentive: 3.60	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8882				1.5613
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,477,747	\$3,484,636	\$0	\$570,067	\$530,237	\$0	\$720,145		\$1,172,662	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$137,859	(\$137,975)	\$0	(\$3,500)	(\$1,159)	\$2,912	\$325,894		(\$48,313)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$7,131			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$48,398	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,671,135	\$3,346,661	\$0	\$566,567	\$529,078	\$2,912	\$1,046,039	\$7,131	\$1,124,349	\$48,398	
8	Total Nursing Facility Days As Filed Days = 25,933	FY21 Audited C/R Days	25,933										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,933	FY21 GL-PL Ins Rpt Days								25,933			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$257.25	\$129.05	\$0.00	\$21.85	\$20.51	(with L&H)	\$40.34	\$0.27	\$43.36	\$1.87	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6667									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.43									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.43	\$0.00	\$21.85	\$20.51		\$40.34	\$0.27	\$43.36	\$1.87	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.79	\$77.43	\$0.00	\$21.85	\$20.51		\$36.91	\$0.27	13.95 (FRV)	\$1.87	
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	\$172.79	\$77.43	\$0.00	\$21.85	\$20.51	\$0.00	\$36.91	\$0.27	\$13.95	\$1.87	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8882									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.20									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.56	\$146.20	\$0.00	\$21.85	\$20.51	\$0.00	\$36.91	\$0.27	\$13.95	\$1.87	
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	\$3.66	\$3.66									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.92	\$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	\$24.84	\$7.11	\$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	\$266.40	\$153.31	\$0.00	\$22.07	\$20.92	\$0.00	\$54.01	\$0.27	\$13.95	\$1.87	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.98										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,881,579	\$2,552,761	\$0	\$402,375	\$386,137	\$0	\$912,637		\$627,669	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$72,539)	(\$1,439)	\$0	(\$1,537)	(\$2,794)	(\$2,118)	\$323		(\$64,974)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$234,159		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$63,883
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,107,082	\$2,551,322	\$0	\$400,838	\$383,343	(\$2,118)	\$912,960	\$234,159	\$562,695	\$63,883
8	Total Nursing Facility Days As Filed Days = 21,028	FY21 Audited C/R Days	21,028									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,028	FY21 GL-PL Ins Rpt Days								21,028		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$242.88	\$121.33	\$0.00	\$19.06	\$18.13	(with L&H)	\$43.42	\$11.14	\$26.76	\$3.04
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8020								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.33	\$0.00	\$19.06	\$18.13		\$43.42	\$11.14	\$26.76	\$3.04
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.68	\$67.33	\$0.00	\$19.06	\$18.13		\$36.91	\$11.14	12.07 (FRV)	\$3.04
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	\$167.68	\$67.33	\$0.00	\$19.06	\$18.13	\$0.00	\$36.91	\$11.14	\$12.07	\$3.04
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7234								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.39	\$116.04	\$0.00	\$19.06	\$18.13	\$0.00	\$36.91	\$11.14	\$12.07	\$3.04
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <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>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.32	\$2.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.74	\$4.01	\$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	\$238.13	\$120.05	\$0.00	\$19.28	\$18.54	\$0.00	\$54.01	\$11.14	\$12.07	\$3.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.77									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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 - AUGUSTA Prvdr ID: 00059463A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Growth Allowance: N/A Qtrly BIMS score: 21.95% Nurse Hours per On-Site Day/Quality Incentive: 2.82			Facility Score: N/A Add-on Percent: 0.00% Add-on Percent: 1.0% Add-on Percent: 5.0%			Base Period Overall CMI: 1.5473 Quarterly Medicaid CMI: 1.3920 Qtrly Mcaid CMI w RUG Wght Options: 1.4134			1.5473	1.5751	1.3920	1.5342	1.4134	1.5613
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,391,168	\$3,473,721	\$0	\$588,918	\$796,394	\$0	\$1,330,528		\$201,607	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$498,724)	(\$122,775)	\$0	\$0	\$0	\$846	(\$338,801)		(\$37,994)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$434,391																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$37,371															
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,364,206	\$3,350,946	\$0	\$588,918	\$796,394	\$846	\$991,727	\$434,391	\$163,613	\$37,371															
8	Total Nursing Facility Days	As Filed Days = 27,419 FY21 Audited C/R Days	27,419																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,419 FY21 GL-PL Ins Rpt Days								27,419																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$232.11	\$122.21	\$0.00	\$21.48	\$29.08	(with L&H)	\$36.17	\$15.84	\$5.97	\$1.36															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5473																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.98																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.98	\$0.00	\$21.48	\$29.08		\$36.17	\$15.84	\$5.97	\$1.36															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.20	\$78.98	\$0.00	\$21.48	\$29.08		\$36.17	\$15.84	11.29 (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	\$194.20	\$78.98	\$0.00	\$21.48	\$29.08	\$0.00	\$36.17	\$15.84	\$11.29	\$1.36															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4134																							
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	\$226.85	\$111.63	\$0.00	\$21.48	\$29.08	\$0.00	\$36.17	\$15.84	\$11.29	\$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)	\$1.53	\$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	\$1.12	\$1.12																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.58	\$5.58																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.33	\$7.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00															
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$252.18	\$118.86	\$0.00	\$21.70	\$29.49	\$0.00	\$53.64	\$15.84	\$11.29	\$1.36															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.31																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: BOLINGREEN HEALTH AND REHABILITATION Prvdr ID: 00059485A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Growth Allowance: N/A Qtrly BIMS score: 28.00% Nurse Hours per On-Site Day/Quality Incentive: 3.48			Facility Score: N/A Add-on Percent: 0.00% Add-on Percent: 1.0% Add-on Percent: 5.0%			Base Period Overall CMI: 1.6188 Quarterly Medicaid CMI: 1.5823 Qtrly Mcaid CMI w RUG Wght Options: 1.6095			1.6188	1.5751	1.5823	1.5342	1.6095	1.5613
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 FY21 C/R - FY21 GL/PL Rpt	\$6,610,580	\$3,262,896	\$0	\$650,634	\$703,694	\$0	\$1,142,810		\$850,546	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$197,900)	\$16,093	\$0	(\$720)	\$1,124	\$715	(\$202,798)		(\$12,314)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$127,413																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$12,357															
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,552,450	\$3,278,989	\$0	\$649,914	\$704,818	\$715	\$940,012	\$127,413	\$838,232	\$12,357															
8	Total Nursing Facility Days	FY21 Audited C/R Days	25,268																								
	As Filed Days = 25,200																										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								25,268																	
	As Filed Days = 25,200																										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$259.31	\$129.77	\$0.00	\$25.72	\$27.92	(with L&H)	\$37.20	\$5.04	\$33.17	\$0.49															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6188																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.16																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.16	\$0.00	\$25.72	\$27.92		\$37.20	\$5.04	\$33.17	\$0.49															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.74	\$80.16	\$0.00	\$25.72	\$27.92		\$36.91	\$5.04	10.50 <i>(FRV)</i>	\$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	\$186.74	\$80.16	\$0.00	\$25.72	\$27.92	\$0.00	\$36.91	\$5.04	\$10.50	\$0.49															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6095																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.02																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.60	\$129.02	\$0.00	\$25.72	\$27.92	\$0.00	\$36.91	\$5.04	\$10.50	\$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)	\$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>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.45	\$6.45																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.00	\$8.27	\$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	\$261.60	\$137.29	\$0.00	\$25.94	\$28.33	\$0.00	\$54.01	\$5.04	\$10.50	\$0.49															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.38																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: BROWN HEALTH AND REHABILITATION Prvdr ID: 00059562A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.6533	1.5751						
													Qtrly BIMS score	31.67%	2.5%	Quarterly Medicaid CMI:	1.5382	1.5342						
													Nurse Hours per On-Site Day/Quality Incentive:	3.32	5.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.5659	1.5613						
			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 FY21 C/R - FY21 GL/PL Rpt	\$6,372,178	\$3,384,168	\$0	\$601,357	\$958,424	\$0	\$1,139,741		\$288,488	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$146,026)	(\$3,234)	\$0	(\$799)	\$0	(\$1,083)	(\$115,441)		(\$25,469)													
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$104,000														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,469												
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,355,621	\$3,380,934	\$0	\$600,558	\$958,424	(\$1,083)	\$1,024,300	\$104,000	\$263,019	\$25,469												
8	Total Nursing Facility Days	FY21 Audited C/R Days	27,991	27,991																				
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								27,991														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$227.07	\$120.79	\$0.00	\$21.46	\$34.20	(with L&H)	\$36.59	\$3.72	\$9.40	\$0.91												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6533																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.06																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.06	\$0.00	\$21.46	\$34.20		\$36.59	\$3.72	\$9.40	\$0.91												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.05	\$73.06	\$0.00	\$21.46	\$33.28		\$36.59	\$3.72	19.03	\$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	\$188.05	\$73.06	\$0.00	\$21.46	\$33.28	\$0.00	\$36.59	\$3.72	\$19.03	\$0.91												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5659																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.40																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.39	\$114.40	\$0.00	\$21.46	\$33.28	\$0.00	\$36.59	\$3.72	\$19.03	\$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)	\$0.99	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.24		\$0.00													
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.86	\$2.86																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.72	\$5.72																				
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	\$26.67	\$9.11	\$0.00	\$0.22	\$0.00	\$0.00	\$17.34	\$0.00	\$0.00	\$0.00												
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$256.06	\$123.51	\$0.00	\$21.68	\$33.28	\$0.00	\$53.93	\$3.72	\$19.03	\$0.91												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.22																					

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6520	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	25.00%	1.0%	Quarterly Medicaid CMI:			1.6343	1.5342
							2.71	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6631	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$7,194,989	\$3,359,324	\$0	\$645,708	\$667,054	\$0	\$1,304,706		\$1,218,197	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$73,801)	\$0	\$0	\$0	\$0	\$0	(\$16,242)		(\$57,559)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$16,242			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,559	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,194,989	\$3,359,324	\$0	\$645,708	\$667,054	\$0	\$1,288,464	\$16,242	\$1,160,638	\$57,559	
8	Total Nursing Facility Days	FY21 Audited C/R Days	34,428										
	As Filed Days = 34,428												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								34,428			
	As Filed Days = 34,428												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$208.99	\$97.58	\$0.00	\$18.76	\$19.38	(with L&H)	\$37.42	\$0.47	\$33.71	\$1.67	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6520									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.07									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.07	\$0.00	\$18.76	\$19.38		\$37.42	\$0.47	\$33.71	\$1.67	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.90	\$59.07	\$0.00	\$18.76	\$19.38		\$36.91	\$0.47	8.64 (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	\$144.90	\$59.07	\$0.00	\$18.76	\$19.38	\$0.00	\$36.91	\$0.47	\$8.64	\$1.67	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6631									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.24									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.07	\$98.24	\$0.00	\$18.76	\$19.38	\$0.00	\$36.91	\$0.47	\$8.64	\$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>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	\$22.19	\$4.46	\$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	\$206.26	\$102.70	\$0.00	\$18.98	\$19.79	\$0.00	\$54.01	\$0.47	\$8.64	\$1.67	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.87										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CHAPLINWOOD NURSING HOME		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00059694A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4511	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	25.37%	1.0%	Quarterly Medicaid CMI:			1.3836	1.5342
							3.61	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4074	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,911,710	\$2,741,653	\$0	\$722,370	\$623,310	\$0	\$964,829		\$859,548	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$199,865)	(\$5,892)	\$0	(\$735)	(\$17,060)	(\$664)	(\$146,115)		(\$29,399)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$105,351			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$29,390	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,846,586	\$2,735,761	\$0	\$721,635	\$606,250	(\$664)	\$818,714	\$105,351	\$830,149	\$29,390	
8	Total Nursing Facility Days As Filed Days = 25,746	FY21 Audited C/R Days	25,765										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,746	FY21 GL-PL Ins Rpt Days								25,765			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$226.92	\$106.18	\$0.00	\$28.01	\$23.50	(with L&H)	\$31.78	\$4.09	\$32.22	\$1.14	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4511									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.17									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.17	\$0.00	\$28.01	\$23.50		\$31.78	\$4.09	\$32.22	\$1.14	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.23	\$73.17	\$0.00	\$26.82	\$23.50		\$31.78	\$4.09	11.73 (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	\$172.23	\$73.17	\$0.00	\$26.82	\$23.50	\$0.00	\$31.78	\$4.09	\$11.73	\$1.14	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4074									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.98									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.04	\$102.98	\$0.00	\$26.82	\$23.50	\$0.00	\$31.78	\$4.09	\$11.73	\$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)	\$1.31	\$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	\$1.03	\$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	\$24.59	\$6.71	\$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	\$226.63	\$109.69	\$0.00	\$26.82	\$23.91	\$0.00	\$49.25	\$4.09	\$11.73	\$1.14	
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 FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5314	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	22.45%	1.0%	Quarterly Medicaid CMI:			1.6229	1.5342
							3.01	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6531	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$3,730,251	\$1,976,701	\$0	\$319,522	\$357,678	\$0	\$598,933		\$477,417	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$79,831)	\$0	\$0	\$0	(\$1,588)	(\$1,433)	(\$60,607)		(\$16,203)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$48,030			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$16,066	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,714,516	\$1,976,701	\$0	\$319,522	\$356,090	(\$1,433)	\$538,326	\$48,030	\$461,214	\$16,066	
8	Total Nursing Facility Days	As Filed Days = 20,795 FY21 Audited C/R Days	20,795										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,795 FY21 GL-PL Ins Rpt Days								20,795			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$178.63	\$95.06	\$0.00	\$15.37	\$17.05	(with L&H)	\$25.89	\$2.31	\$22.18	\$0.77	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5314									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.07									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.07	\$0.00	\$15.37	\$17.05		\$25.89	\$2.31	\$22.18	\$0.77	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.90	\$62.07	\$0.00	\$15.37	\$17.05		\$25.89	\$2.31	7.44 (FRV)	\$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	\$130.90	\$62.07	\$0.00	\$15.37	\$17.05	\$0.00	\$25.89	\$2.31	\$7.44	\$0.77	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6531									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.61									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.44	\$102.61	\$0.00	\$15.37	\$17.05	\$0.00	\$25.89	\$2.31	\$7.44	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.08	\$3.08									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.74	\$4.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.18	\$107.25	\$0.00	\$15.59	\$17.46	\$0.00	\$43.36	\$2.31	\$7.44	\$0.77	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.81										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SOUTHWELL HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00059826A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.3026		1.3026	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 48.44%		Nurse Hours per On-Site Day/Quality Incentive: 4.04		48.44%	5.5%	Quarterly Medicaid CMI: 1.2571		1.2571	1.5342		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2761		1.2761	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$8,115,461	\$4,680,583	\$0	\$1,064,464	\$266,661	\$389,237	\$370,570		\$1,343,946	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$30,264)	\$0	\$0	\$0	\$0	\$0	(\$18,221)		(\$12,043)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$15,867			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$12,043	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,113,107	\$4,680,583	\$0	\$1,064,464	\$266,661	\$389,237	\$352,349	\$15,867	\$1,331,903	\$12,043	
8	Total Nursing Facility Days As Filed Days = 33,254	FY21 Audited C/R Days	33,254										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,254	FY21 GL-PL Ins Rpt Days								33,254			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$243.97	\$140.75	\$0.00	\$32.01	\$19.72	(with L&H)	\$10.60	\$0.48	\$40.05	\$0.36	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3026									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$108.06									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$108.06	\$0.00	\$32.01	\$19.72		\$10.60	\$0.48	\$40.05	\$0.36	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.66	\$99.82	\$0.00	\$32.01	\$19.72		\$10.60	\$0.48	24.67 (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	\$187.66	\$99.82	\$0.00	\$32.01	\$19.72	\$0.00	\$10.60	\$0.48	\$24.67	\$0.36	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2761									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.38									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.22	\$127.38	\$0.00	\$32.01	\$19.72	\$0.00	\$10.60	\$0.48	\$24.67	\$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)	\$1.00	\$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	\$7.01	\$7.01									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.82	\$3.82									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.93	\$10.83	\$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	\$244.15	\$138.21	\$0.00	\$32.23	\$20.13	\$0.00	\$28.07	\$0.48	\$24.67	\$0.36	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.29										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: CORDELE HEALTH AND REHABILITATION														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.7385	1.5751
Prvdr ID: 00059892A														Qtrly BIMS score	20.41%	1.0%	Quarterly Medicaid CMI:	1.8189	1.5342
Case Mix Per Diem Rate Effective Date: 7/1/2023														Nurse Hours per On-Site Day/Quality Incentive:	3.94	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.8544	1.5613
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23																			
CASE MIX BASED RATE CALCULATIONS																			
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</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 FY21 C/R - FY21 GL/PL Rpt	\$6,323,383	\$3,422,865	\$0	\$593,067	\$261,502	\$272,847	\$1,190,580		\$582,522	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$126,965)	\$212,715	\$0	(\$141,973)	(\$2,295)	(\$41,405)	(\$148,227)		(\$5,780)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$48,092									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$7,979							
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,252,489	\$3,635,580	\$0	\$451,094	\$259,207	\$231,442	\$1,042,353	\$48,092	\$576,742	\$7,979							
8	Total Nursing Facility Days	As Filed Days = 18,671																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,671																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$334.73	\$194.63	\$0.00	\$24.15	\$26.27	(with L&H)	\$55.80	\$2.57	\$30.88	\$0.43							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7385															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$111.96															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$111.96	\$0.00	\$24.15	\$26.27		\$55.80	\$2.57	\$30.88	\$0.43							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.82	\$99.82	\$0.00	\$24.15	\$26.27		\$36.91	\$2.57	9.67 (FRV)	\$0.43							
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	\$199.82	\$99.82	\$0.00	\$24.15	\$26.27	\$0.00	\$36.91	\$2.57	\$9.67	\$0.43							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8544															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$185.11															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$285.11	\$185.11	\$0.00	\$24.15	\$26.27	\$0.00	\$36.91	\$2.57	\$9.67	\$0.43							
Quarterly Per Diem Add-on Amounts																			
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00								
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.85	\$1.85															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.55	\$5.55															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.13	\$7.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00							
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$310.24	\$192.51	\$0.00	\$24.37	\$26.68	\$0.00	\$54.01	\$2.57	\$9.67	\$0.43							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$219.86																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: DUBLINAIR HEALTH & REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00059947A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5934	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	38.16%	2.5%	Quarterly Medicaid CMI:			1.5059	1.5342
							3.16	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5346	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$6,723,633	\$3,635,916	\$0	\$673,920	\$631,207	\$0	\$1,049,540		\$733,050	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$193,169)	(\$340,290)	\$0	\$0	\$1,281	\$557	\$208,447		(\$63,164)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,463	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,587,927	\$3,295,626	\$0	\$673,920	\$632,488	\$557	\$1,257,987	\$0	\$669,886	\$57,463	
8	Total Nursing Facility Days As Filed Days = 31,218	FY21 Audited C/R Days	31,222										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,218	FY21 GL-PL Ins Rpt Days								31,222			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$211.00	\$105.55	\$0.00	\$21.58	\$20.28	(with L&H)	\$40.29	\$0.00	\$21.46	\$1.84	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5934									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.24									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.24	\$0.00	\$21.58	\$20.28		\$40.29	\$0.00	\$21.46	\$1.84	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.25	\$66.24	\$0.00	\$21.58	\$20.28		\$36.91	\$0.00	9.40 (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	\$156.25	\$66.24	\$0.00	\$21.58	\$20.28	\$0.00	\$36.91	\$0.00	\$9.40	\$1.84	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5346									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.65									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.66	\$101.65	\$0.00	\$21.58	\$20.28	\$0.00	\$36.91	\$0.00	\$9.40	\$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	\$2.54	\$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	\$23.85	\$6.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.51	\$107.77	\$0.00	\$21.80	\$20.69	\$0.00	\$54.01	\$0.00	\$9.40	\$1.84	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.81										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: RIVER TOWNE CENTER															Facility Score	Add-on Percent	Base Period Overall CMI:	1.7626	1.5751
Prvdr ID: 00082684A															Qtrly BIMS score	1.0%	Quarterly Medicaid CMI:	1.9629	1.5342
Case Mix Per Diem Rate Effective Date: 7/1/2023															Nurse Hours per On-Site Day/Quality Incentive:	2.0%	Qtrly Mcaid CMI w RUG Wght Options:	2.0018	1.5613
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23																			
			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 FY21 C/R - FY21 GL/PL Rpt	\$8,985,902	\$4,829,017	\$0	\$664,958	\$579,286	\$0	\$1,803,360		\$1,109,281	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$306,534)	(\$75,593)	\$0	\$0	(\$10,418)	(\$8,885)	(\$137,926)		(\$73,712)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$200,258									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R																	\$71,256
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,950,882	\$4,753,424	\$0	\$664,958	\$568,868	(\$8,885)	\$1,665,434	\$200,258	\$1,035,569	\$71,256							
8	Total Nursing Facility Days	As Filed Days = 39,612 FY21 Audited C/R Days		39,612															
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,612 FY21 GL-PL Ins Rpt Days																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$225.97	\$120.00	\$0.00	\$16.79	\$14.14	(with L&H)	\$42.04	\$5.06	\$26.14	\$1.80							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7626															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.08															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.08	\$0.00	\$16.79	\$14.14		\$42.04	\$5.06	\$26.14	\$1.80							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.07	\$68.08	\$0.00	\$16.79	\$14.14		\$36.91	\$5.06	8.29 (FRV)	\$1.80							
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	\$151.07	\$68.08	\$0.00	\$16.79	\$14.14	\$0.00	\$36.91	\$5.06	\$8.29	\$1.80							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0018															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.28															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.27	\$136.28	\$0.00	\$16.79	\$14.14	\$0.00	\$36.91	\$5.06	\$8.29	\$1.80							
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	\$0.00							
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.36	\$1.36															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.73	\$2.73															
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	\$22.35	\$4.62	\$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	\$241.62	\$140.90	\$0.00	\$17.01	\$14.55	\$0.00	\$54.01	\$5.06	\$8.29	\$1.80							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.39																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HEARDMONT HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00082981A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6148	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	20.45%	1.0%	Quarterly Medicaid CMI:			1.3925	1.5342
							3.02	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4179	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$2,822,690	\$1,397,452	\$0	\$278,543	\$350,395	\$0	\$554,209		\$242,091	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$53,131)	(\$15,507)	\$0	\$0	\$0	\$0	(\$19,802)		(\$17,822)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,822	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,787,381	\$1,381,945	\$0	\$278,543	\$350,395	\$0	\$534,407	\$0	\$224,269	\$17,822	
8	Total Nursing Facility Days	As Filed Days = 15,257 FY21 Audited C/R Days	15,257										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,257 FY21 GL-PL Ins Rpt Days								15,257			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$182.71	\$90.58	\$0.00	\$18.26	\$22.97	(with L&H)	\$35.03	\$0.00	\$14.70	\$1.17	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6148									
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	\$18.26	\$22.97		\$35.03	\$0.00	\$14.70	\$1.17	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.53	\$56.09	\$0.00	\$18.26	\$22.97		\$35.03	\$0.00	9.01 (FRV)	\$1.17	
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	\$142.53	\$56.09	\$0.00	\$18.26	\$22.97	\$0.00	\$35.03	\$0.00	\$9.01	\$1.17	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4179									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.53									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.97	\$79.53	\$0.00	\$18.26	\$22.97	\$0.00	\$35.03	\$0.00	\$9.01	\$1.17	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <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>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	\$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	\$187.79	\$83.25	\$0.00	\$18.48	\$23.38	\$0.00	\$52.50	\$0.00	\$9.01	\$1.17	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.02										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													N/A	0.00%	29.41%	3.54	1.3325	1.2576	1.2784	1.5751	1.5342	1.5613
CASE MIX BASED RATE CALCULATIONS																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,875,249	\$2,902,132	\$0	\$509,241	\$647,414	\$0	\$1,113,943		\$1,702,519	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$329,585)	(\$3,033)	\$0	(\$742)	\$0	(\$979)	(\$85,852)		(\$238,979)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$88,400												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$238,979										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,873,043	\$2,899,099	\$0	\$508,499	\$647,414	(\$979)	\$1,028,091	\$88,400	\$1,463,540	\$238,979										
8	Total Nursing Facility Days	FY21 Audited C/R Days	25,994																			
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								25,994												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$264.40	\$111.53	\$0.00	\$19.56	\$24.87	(with L&H)	\$39.55	\$3.40	\$56.30	\$9.19										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3325																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.70																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.70	\$0.00	\$19.56	\$24.87		\$39.55	\$3.40	\$56.30	\$9.19										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.70	\$83.70	\$0.00	\$19.56	\$24.87		\$36.91	\$3.40	35.07 <i>(FRV)</i>	\$9.19										
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	\$212.70	\$83.70	\$0.00	\$19.56	\$24.87	\$0.00	\$36.91	\$3.40	\$35.07	\$9.19										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2784																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.00																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.00	\$107.00	\$0.00	\$19.56	\$24.87	\$0.00	\$36.91	\$3.40	\$35.07	\$9.19										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00											
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>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	\$24.68	\$6.95	\$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	\$260.68	\$113.95	\$0.00	\$19.78	\$25.28	\$0.00	\$54.01	\$3.40	\$35.07	\$9.19										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.69																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: SIGNATURE HEALTHCARE AT TOWER ROAD														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.9806	1.5751
Prvdr ID: 00083003A														Qtrly BIMS score	22.41%	1.0%	Quarterly Medicaid CMI:	1.5785	1.5342
Case Mix Per Diem Rate Effective Date: 7/1/2023														Nurse Hours per On-Site Day/Quality Incentive:	2.70	2.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.6072	1.5613
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23																			
			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 FY21 C/R - FY21 GL/PL Rpt	\$12,672,211	\$5,954,005	\$0	\$788,185	\$752,233	\$0	\$2,478,486		\$2,699,302	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$305,769)	(\$51,163)	\$0	(\$1,654)	(\$2,819)	(\$7,418)	(\$155,881)		(\$86,834)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$142,704									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R											\$87,082						
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,596,228	\$5,902,842	\$0	\$786,531	\$749,414	(\$7,418)	\$2,322,605	\$142,704	\$2,612,468	\$87,082							
8	Total Nursing Facility Days	As Filed Days = 40,589 FY21 Audited C/R Days		40,590															
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,589 FY21 GL-PL Ins Rpt Days									40,590								
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$310.34	\$145.43	\$0.00	\$19.38	\$18.28	(with L&H)	\$57.22	\$3.52	\$64.36	\$2.15							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9806															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.43															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.43	\$0.00	\$19.38	\$18.28		\$57.22	\$3.52	\$64.36	\$2.15							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.33	\$73.43	\$0.00	\$19.38	\$18.28		\$36.91	\$3.52	10.66 (FRV)	\$2.15							
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	\$164.33	\$73.43	\$0.00	\$19.38	\$18.28	\$0.00	\$36.91	\$3.52	\$10.66	\$2.15							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6072															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.02															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.92	\$118.02	\$0.00	\$19.38	\$18.28	\$0.00	\$36.91	\$3.52	\$10.66	\$2.15							
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	\$0.00							
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.36	\$2.36															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.80	\$4.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00							
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$230.72	\$122.09	\$0.00	\$19.60	\$18.69	\$0.00	\$54.01	\$3.52	\$10.66	\$2.15							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.22																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: GREEN ACRES HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00083014A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.4484	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	30.00%	2.5%	Quarterly Medicaid CMI:				1.2742	1.5342
							4.02	5.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.2938	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$6,134,826	\$2,691,135	\$0	\$500,979	\$619,415	\$0	\$1,514,804		\$808,493	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$185,727)	(\$4,676)	\$0	(\$714)	\$0	\$1,176	(\$150,363)		(\$31,150)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$101,920				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,150		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,082,169	\$2,686,459	\$0	\$500,265	\$619,415	\$1,176	\$1,364,441	\$101,920	\$777,343	\$31,150		
8	Total Nursing Facility Days As Filed Days = 25,003	FY21 Audited C/R Days	25,003											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,003	FY21 GL-PL Ins Rpt Days								25,003				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$243.27	\$107.45	\$0.00	\$20.01	\$24.82	(with L&H)	\$54.57	\$4.08	\$31.09	\$1.25		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4484										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.19										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.19	\$0.00	\$20.01	\$24.82		\$54.57	\$4.08	\$31.09	\$1.25		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.61	\$74.19	\$0.00	\$20.01	\$24.82		\$36.91	\$4.08	11.35 (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	\$172.61	\$74.19	\$0.00	\$20.01	\$24.82	\$0.00	\$36.91	\$4.08	\$11.35	\$1.25		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2938										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.99										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.41	\$95.99	\$0.00	\$20.01	\$24.82	\$0.00	\$36.91	\$4.08	\$11.35	\$1.25		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <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	\$4.80	\$4.80										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.46	\$7.73	\$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	\$219.87	\$103.72	\$0.00	\$20.23	\$25.23	\$0.00	\$54.01	\$4.08	\$11.35	\$1.25		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.08											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.7127	1.5751
							27.54%	1.0%					1.5569	1.5342
							3.38	5.0%					1.5835	1.5613
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,104,821	\$2,734,122	\$0	\$429,826	\$448,449	\$0	\$1,179,121		\$1,313,303	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$287,323)	(\$92,131)	\$0	\$0	\$610	\$694	(\$124,540)		(\$71,956)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$213,308				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$72,167		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,102,973	\$2,641,991	\$0	\$429,826	\$449,059	\$694	\$1,054,581	\$213,308	\$1,241,347	\$72,167		
8	Total Nursing Facility Days	FY21 Audited C/R Days		25,214										
	As Filed Days = 25,214													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								25,214				
	As Filed Days = 25,214													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$242.05	\$104.78	\$0.00	\$17.05	\$17.84	(with L&H)	\$41.83	\$8.46	\$49.23	\$2.86		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7127										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.18										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.18	\$0.00	\$17.05	\$17.84		\$41.83	\$8.46	\$49.23	\$2.86		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.76	\$61.18	\$0.00	\$17.05	\$17.84		\$36.91	\$8.46	11.46 (FRV)	\$2.86		
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	\$155.76	\$61.18	\$0.00	\$17.05	\$17.84	\$0.00	\$36.91	\$8.46	\$11.46	\$2.86		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5835										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.88										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.46	\$96.88	\$0.00	\$17.05	\$17.84	\$0.00	\$36.91	\$8.46	\$11.46	\$2.86		
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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.84	\$4.84										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.07	\$6.34	\$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	\$215.53	\$103.22	\$0.00	\$17.27	\$18.25	\$0.00	\$54.01	\$8.46	\$11.46	\$2.86		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.82											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6901	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	51.16%	5.5%	Quarterly Medicaid CMI:			1.6657	1.5342
							3.53	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6986	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,392,350	\$2,527,375	\$0	\$465,714	\$786,530	\$0	\$881,388		\$731,343	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$109,338)	(\$2,396)	\$0	(\$587)	\$0	(\$555)	(\$73,181)		(\$32,619)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$80,080			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$32,619	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,395,711	\$2,524,979	\$0	\$465,127	\$786,530	(\$555)	\$808,207	\$80,080	\$698,724	\$32,619	
8	Total Nursing Facility Days	As Filed Days = 20,533 FY21 Audited C/R Days	20,533										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,533 FY21 GL-PL Ins Rpt Days								20,533			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$262.78	\$122.97	\$0.00	\$22.65	\$38.28	(with L&H)	\$39.36	\$3.90	\$34.03	\$1.59	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6901									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.76									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.76	\$0.00	\$22.65	\$38.28		\$39.36	\$3.90	\$34.03	\$1.59	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.65	\$72.76	\$0.00	\$22.65	\$33.28		\$36.91	\$3.90	13.56 (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	\$184.65	\$72.76	\$0.00	\$22.65	\$33.28	\$0.00	\$36.91	\$3.90	\$13.56	\$1.59	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6986									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.59									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.48	\$123.59	\$0.00	\$22.65	\$33.28	\$0.00	\$36.91	\$3.90	\$13.56	\$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)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.80	\$6.80									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.18	\$6.18									
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	\$30.83	\$13.51	\$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	\$266.31	\$137.10	\$0.00	\$22.87	\$33.28	\$0.00	\$54.01	\$3.90	\$13.56	\$1.59	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.91										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7055	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	34.52%	2.5%	Quarterly Medicaid CMI:			1.6055	1.5342
							5.85	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6366	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$8,519,756	\$4,197,430	\$0	\$1,006,046	\$895,258	\$0	\$1,804,512		\$616,510	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$449,008)	(\$47,703)	\$0	\$0	\$2,907	(\$22,132)	(\$348,284)		(\$33,796)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$290,503			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$30,780	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,392,031	\$4,149,727	\$0	\$1,006,046	\$898,165	(\$22,132)	\$1,456,228	\$290,503	\$582,714	\$30,780	
8	Total Nursing Facility Days	As Filed Days = 36,280 FY21 Audited C/R Days	36,280										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,280 FY21 GL-PL Ins Rpt Days								36,280			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$231.32	\$114.38	\$0.00	\$27.73	\$24.15	(with L&H)	\$40.14	\$8.01	\$16.06	\$0.85	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7055									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.07									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.07	\$0.00	\$27.73	\$24.15		\$40.14	\$8.01	\$16.06	\$0.85	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.64	\$67.07	\$0.00	\$26.82	\$24.15		\$36.91	\$8.01	10.83 (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	\$174.64	\$67.07	\$0.00	\$26.82	\$24.15	\$0.00	\$36.91	\$8.01	\$10.83	\$0.85	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6366									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.77									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.34	\$109.77	\$0.00	\$26.82	\$24.15	\$0.00	\$36.91	\$8.01	\$10.83	\$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)	\$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	\$2.74	\$2.74									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.39	\$4.39									
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	\$25.17	\$7.66	\$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	\$242.51	\$117.43	\$0.00	\$26.82	\$24.56	\$0.00	\$54.01	\$8.01	\$10.83	\$0.85	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.06										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 CENTER FOR ADVANCED REHAB AT PARKSIDE Prvdr ID: 00083102A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 26.03% Nurse Hours per On-Site Day/Quality Incentive: 3.60			Facility Score Add-on Percent: 0.00% 1.0% 3.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.9316 Quarterly Medicaid CMI: 1.8829 Qtrly Mcaid CMI w RUG Wght Options: 1.9205			Facility Specific 1.9316 1.8829 1.9205	State-wide 1.5751 1.5342 1.5613
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,262,638	\$5,162,429	\$0	\$951,976	\$836,361	\$0	\$1,796,117		\$1,515,755	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$244,358)	\$0	\$0	\$0	\$0	\$0	(\$77,384)		(\$166,974)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$77,384				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$166,974		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,262,638	\$5,162,429	\$0	\$951,976	\$836,361	\$0	\$1,718,733	\$77,384	\$1,348,781	\$166,974		
8	Total Nursing Facility Days	As Filed Days = 42,973 FY21 Audited C/R Days	42,973											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 42,973 FY21 GL-PL Ins Rpt Days								42,973				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$238.82	\$120.13	\$0.00	\$22.15	\$19.46	(with L&H)	\$40.00	\$1.80	\$31.39	\$3.89		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9316										
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	\$22.15	\$19.46		\$40.00	\$1.80	\$31.39	\$3.89		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.58	\$62.19	\$0.00	\$22.15	\$19.46		\$36.91	\$1.80	22.18 (FRV)	\$3.89		
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	\$168.58	\$62.19	\$0.00	\$22.15	\$19.46	\$0.00	\$36.91	\$1.80	\$22.18	\$3.89		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9205										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.44										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.83	\$119.44	\$0.00	\$22.15	\$19.46	\$0.00	\$36.91	\$1.80	\$22.18	\$3.89		
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	\$1.19	\$1.19										
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	\$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	\$248.86	\$124.74	\$0.00	\$22.37	\$19.87	\$0.00	\$54.01	\$1.80	\$22.18	\$3.89		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.82											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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: MAGNOLIA MANOR OF COLUMBUS NURSING CENTER - WEST Prvdr ID: 00083124A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 43.33% Nurse Hours per On-Site Day/Quality Incentive: 3.54			Facility Score Add-on Percent: 0.00% 2.5% 4.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.6771 Quarterly Medicaid CMI: 1.3760 Qtrly Mcaid CMI w RUG Wght Options: 1.3978			Facility Specific 1.6771 1.3760 1.3978	State-wide 1.5751 1.5342 1.5613
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,643,902	\$4,019,980	\$0	\$873,375	\$799,950	\$0	\$1,449,789		\$500,808	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$302,675)	\$0	\$0	\$0	\$0	(\$8,244)	(\$256,599)		(\$37,832)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$239,764				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$37,757		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,618,748	\$4,019,980	\$0	\$873,375	\$799,950	(\$8,244)	\$1,193,190	\$239,764	\$462,976	\$37,757		
8	Total Nursing Facility Days	As Filed Days = 36,741 FY21 Audited C/R Days	36,741											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,741 FY21 GL-PL Ins Rpt Days								36,741				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$207.37	\$109.41	\$0.00	\$23.77	\$21.55	(with L&H)	\$32.48	\$6.53	\$12.60	\$1.03		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6771										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.24										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.24	\$0.00	\$23.77	\$21.55		\$32.48	\$6.53	\$12.60	\$1.03		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.26	\$65.24	\$0.00	\$23.77	\$21.55		\$32.48	\$6.53	11.66 (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	\$162.26	\$65.24	\$0.00	\$23.77	\$21.55	\$0.00	\$32.48	\$6.53	\$11.66	\$1.03		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3978										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.19										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.21	\$91.19	\$0.00	\$23.77	\$21.55	\$0.00	\$32.48	\$6.53	\$11.66	\$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	\$2.28	\$2.28										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.65	\$3.65										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.56	\$6.46	\$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	\$212.77	\$97.65	\$0.00	\$23.99	\$21.96	\$0.00	\$49.95	\$6.53	\$11.66	\$1.03		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.75											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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:	1.5781	1.5751
Provider: PIONEER HEALTH OF CENTRAL GEORGIA Prvdr ID: 00083135A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													3.35	1.0%	1.4948	1.5613						
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 FY21 C/R - FY21 GL/PL Rpt	\$4,912,583	\$2,523,225	\$0	\$372,332	\$438,565	\$0	\$753,002		\$825,459	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$100,583)	(\$2,646)	\$0	\$0	\$0	\$0	(\$76,309)		(\$21,628)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$62,786												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$21,628										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,896,414	\$2,520,579	\$0	\$372,332	\$438,565	\$0	\$676,693	\$62,786	\$803,831	\$21,628										
8	Total Nursing Facility Days	FY21 Audited C/R Days	26,733	26,733																		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								26,733												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$183.17	\$94.29	\$0.00	\$13.93	\$16.41	(with L&H)	\$25.31	\$2.35	\$30.07	\$0.81										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5781																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.75																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.75	\$0.00	\$13.93	\$16.41		\$25.31	\$2.35	\$30.07	\$0.81										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.46	\$59.75	\$0.00	\$13.93	\$16.41		\$25.31	\$2.35	9.90 (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	\$128.46	\$59.75	\$0.00	\$13.93	\$16.41	\$0.00	\$25.31	\$2.35	\$9.90	\$0.81										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4948																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.31																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.02	\$89.31	\$0.00	\$13.93	\$16.41	\$0.00	\$25.31	\$2.35	\$9.90	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.89	\$0.89																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.75	\$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	\$179.77	\$92.96	\$0.00	\$14.15	\$16.82	\$0.00	\$42.78	\$2.35	\$9.90	\$0.81										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.00																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: NHC HEALTHCARE ROSSVILLE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00083146A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3092	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	29.49%	1.0%	Quarterly Medicaid CMI:			1.1730	1.5342
							3.53	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1912	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$7,071,352	\$4,261,696	\$0	\$676,800	\$584,344	\$0	\$1,233,717		\$314,795	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$217,738)	\$0	\$0	\$0	(\$2,108)	(\$2,635)	(\$155,245)		(\$57,750)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$161,600			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,282	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,072,496	\$4,261,696	\$0	\$676,800	\$582,236	(\$2,635)	\$1,078,472	\$161,600	\$257,045	\$57,282	
8	Total Nursing Facility Days	As Filed Days = 31,938 FY21 Audited C/R Days	31,938										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,938 FY21 GL-PL Ins Rpt Days								31,938			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$221.45	\$133.44	\$0.00	\$21.19	\$18.15	(with L&H)	\$33.77	\$5.06	\$8.05	\$1.79	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3092									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$101.92									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$101.92	\$0.00	\$21.19	\$18.15		\$33.77	\$5.06	\$8.05	\$1.79	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.49	\$99.82	\$0.00	\$21.19	\$18.15		\$33.77	\$5.06	10.71 (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	\$190.49	\$99.82	\$0.00	\$21.19	\$18.15	\$0.00	\$33.77	\$5.06	\$10.71	\$1.79	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1912									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.91									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.58	\$118.91	\$0.00	\$21.19	\$18.15	\$0.00	\$33.77	\$5.06	\$10.71	\$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)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19									
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	\$22.86	\$4.76	\$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	\$232.44	\$123.67	\$0.00	\$21.41	\$18.56	\$0.00	\$51.24	\$5.06	\$10.71	\$1.79	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.51										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & 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 FY21 C/R - FY21 GL/PL Rpt	\$7,846,509	\$4,486,272	\$0	\$628,442	\$601,166	\$0	\$1,941,344		\$189,285	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$257,708)	(\$241,625)	\$0	(\$1,268)	\$1,596	\$1,642	\$50,444		(\$68,497)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$146,322		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$68,927
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,804,050	\$4,244,647	\$0	\$627,174	\$602,762	\$1,642	\$1,991,788	\$146,322	\$120,788	\$68,927
8	Total Nursing Facility Days	FY21 Audited C/R Days	37,322									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								37,322		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$209.10	\$113.73	\$0.00	\$16.80	\$16.19	(with L&H)	\$53.37	\$3.92	\$3.24	\$1.85
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7318								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.67	\$0.00	\$16.80	\$16.19		\$53.37	\$3.92	\$3.24	\$1.85
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.47	\$65.67	\$0.00	\$16.80	\$16.19		\$36.91	\$3.92	11.13 (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	\$152.47	\$65.67	\$0.00	\$16.80	\$16.19	\$0.00	\$36.91	\$3.92	\$11.13	\$1.85
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6394								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.46	\$107.66	\$0.00	\$16.80	\$16.19	\$0.00	\$36.91	\$3.92	\$11.13	\$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>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	\$3.23	\$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	\$21.49	\$3.76	\$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	\$215.95	\$111.42	\$0.00	\$17.02	\$16.60	\$0.00	\$54.01	\$3.92	\$11.13	\$1.85
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.14									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MUSCOGEE MANOR & REHABILITATION CTR		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00083223A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5505	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	38.00%	2.5%	Quarterly Medicaid CMI:			1.4134	1.5342
							4.93	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4376	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$10,954,006	\$6,980,780	\$0	\$1,029,370	\$1,373,916	\$0	\$1,351,292		\$218,648	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$204,834)	\$5,084	\$0	\$0	(\$1,171)	(\$6,099)	(\$173,644)		(\$29,004)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$207,740			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,954	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,985,866	\$6,985,864	\$0	\$1,029,370	\$1,372,745	(\$6,099)	\$1,177,648	\$207,740	\$189,644	\$28,954	
8	Total Nursing Facility Days	FY21 Audited C/R Days	39,808										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								39,808			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$275.97	\$175.49	\$0.00	\$25.86	\$34.33	(with L&H)	\$29.58	\$5.22	\$4.76	\$0.73	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5505									
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	\$25.86	\$34.33		\$29.58	\$5.22	\$4.76	\$0.73	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.31	\$99.82	\$0.00	\$25.86	\$33.28		\$29.58	\$5.22	22.82 (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	\$217.31	\$99.82	\$0.00	\$25.86	\$33.28	\$0.00	\$29.58	\$5.22	\$22.82	\$0.73	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4376									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.50									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$260.99	\$143.50	\$0.00	\$25.86	\$33.28	\$0.00	\$29.58	\$5.22	\$22.82	\$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)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.59	\$3.59									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.31	\$4.31									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.59	\$7.90	\$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	\$286.58	\$151.40	\$0.00	\$26.08	\$33.28	\$0.00	\$47.05	\$5.22	\$22.82	\$0.73	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$202.11										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 FY21 C/R - FY21 GL/PL Rpt	\$7,070,033	\$3,742,039	\$0	\$630,762	\$729,140	\$0	\$1,361,123		\$606,969	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$296,004)	(\$45,039)	\$0	\$0	(\$2,002)	(\$6,514)	\$100,825		(\$343,274)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$138,001		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$153,556
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,065,586	\$3,697,000	\$0	\$630,762	\$727,138	(\$6,514)	\$1,461,948	\$138,001	\$263,695	\$153,556
8	Total Nursing Facility Days	As Filed Days = 33,937 FY21 Audited C/R Days	33,937									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,937 FY21 GL-PL Ins Rpt Days								33,937		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$208.20	\$108.94	\$0.00	\$18.59	\$21.23	(with L&H)	\$43.08	\$4.07	\$7.77	\$4.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6178								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.34	\$0.00	\$18.59	\$21.23		\$43.08	\$4.07	\$7.77	\$4.52
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.94	\$67.34	\$0.00	\$18.59	\$21.23		\$36.91	\$4.07	11.28 (FRV)	\$4.52
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	\$163.94	\$67.34	\$0.00	\$18.59	\$21.23	\$0.00	\$36.91	\$4.07	\$11.28	\$4.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8368								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.29	\$123.69	\$0.00	\$18.59	\$21.23	\$0.00	\$36.91	\$4.07	\$11.28	\$4.52
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	\$1.24	\$1.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.18	\$6.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.68	\$7.95	\$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	\$245.97	\$131.64	\$0.00	\$18.81	\$21.64	\$0.00	\$54.01	\$4.07	\$11.28	\$4.52
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 FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,000,179	\$2,183,157	\$0	\$465,001	\$657,304	\$0	\$643,204		\$51,513	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$170,700)	(\$112,741)	\$0	\$4,210	\$40,350	(\$3,905)	(\$56,839)		(\$41,775)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$103,824		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,763
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,970,066	\$2,070,416	\$0	\$469,211	\$697,654	(\$3,905)	\$586,365	\$103,824	\$9,738	\$36,763
8	Total Nursing Facility Days As Filed Days = 20,729	FY21 Audited C/R Days	20,836									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,729	FY21 GL-PL Ins Rpt Days								20,836		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$190.54	\$99.37	\$0.00	\$22.52	\$33.30	(with L&H)	\$28.14	\$4.98	\$0.47	\$1.76
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4880								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.78								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.78	\$0.00	\$22.52	\$33.30		\$28.14	\$4.98	\$0.47	\$1.76
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.27	\$66.78	\$0.00	\$22.52	\$33.28		\$28.14	\$4.98	11.81 (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	\$169.27	\$66.78	\$0.00	\$22.52	\$33.28	\$0.00	\$28.14	\$4.98	\$11.81	\$1.76
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7028								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.20	\$113.71	\$0.00	\$22.52	\$33.28	\$0.00	\$28.14	\$4.98	\$11.81	\$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)	\$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	\$6.25	\$6.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.69	\$5.69								
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	\$30.16	\$12.47	\$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	\$246.36	\$126.18	\$0.00	\$22.74	\$33.28	\$0.00	\$45.61	\$4.98	\$11.81	\$1.76
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.95									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: RIVERDALE CENTER FOR NURSING AND HEALING Prvdr ID: 00083289A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Growth Allowance: N/A Qtrly BIMS score: 29.46% Nurse Hours per On-Site Day/Quality Incentive: 3.12			Facility Score: N/A Add-on Percent: 0.00% 1.0% 3.0%			Base Period Overall CMI: 1.6751 Quarterly Medicaid CMI: 1.7848 Qtrly Mcaid CMI w RUG Wght Options: 1.8189			1.6751	1.5751	1.7848	1.5342	1.8189	1.5613
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,209,864	\$4,372,778	\$0	\$965,036	\$975,108	\$0	\$1,621,560		\$1,275,382	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$372,485)	\$0	\$0	\$0	\$6,286	\$7,437	(\$212,615)		(\$173,593)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$212,615																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$176,035															
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,226,029	\$4,372,778	\$0	\$965,036	\$981,394	\$7,437	\$1,408,945	\$212,615	\$1,101,789	\$176,035															
8	Total Nursing Facility Days	As Filed Days = 47,211 FY21 Audited C/R Days	47,211																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 47,211 FY21 GL-PL Ins Rpt Days								47,211																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$195.41	\$92.62	\$0.00	\$20.44	\$20.94	(with L&H)	\$29.84	\$4.50	\$23.34	\$3.73															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6751																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.29																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$55.29	\$0.00	\$20.44	\$20.94		\$29.84	\$4.50	\$23.34	\$3.73															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.39	\$55.29	\$0.00	\$20.44	\$20.94		\$29.84	\$4.50	10.65 (FRV)	\$3.73															
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	\$145.39	\$55.29	\$0.00	\$20.44	\$20.94	\$0.00	\$29.84	\$4.50	\$10.65	\$3.73															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8189																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.57																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.67	\$100.57	\$0.00	\$20.44	\$20.94	\$0.00	\$29.84	\$4.50	\$10.65	\$3.73															
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	\$1.01	\$1.01																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.66	\$4.56	\$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	\$213.33	\$105.13	\$0.00	\$20.66	\$21.35	\$0.00	\$47.31	\$4.50	\$10.65	\$3.73															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.17																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ROSE CITY 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: 00083311A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.7700		1.7700	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 25.93%		Nurse Hours per On-Site Day/Quality Incentive: 2.90		25.93%	1.0%	Quarterly Medicaid CMI: 1.6915		1.6915	1.5342		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7238		1.7238	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,514,758	\$2,471,133	\$0	\$464,076	\$398,482	\$0	\$674,599		\$506,468	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$131,622	(\$34,416)	\$0	(\$1,425)	\$974	\$3,038	\$185,541		(\$22,090)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$43,107			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,227	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,711,714	\$2,436,717	\$0	\$462,651	\$399,456	\$3,038	\$860,140	\$43,107	\$484,378	\$22,227	
8	Total Nursing Facility Days	As Filed Days = 19,399 FY21 Audited C/R Days	19,399										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,399 FY21 GL-PL Ins Rpt Days								19,399			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$242.89	\$125.61	\$0.00	\$23.85	\$20.75	(with L&H)	\$44.34	\$2.22	\$24.97	\$1.15	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7700									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.97									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.97	\$0.00	\$23.85	\$20.75		\$44.34	\$2.22	\$24.97	\$1.15	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.84	\$70.97	\$0.00	\$23.85	\$20.75		\$36.91	\$2.22	11.99 (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	\$167.84	\$70.97	\$0.00	\$23.85	\$20.75	\$0.00	\$36.91	\$2.22	\$11.99	\$1.15	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7238									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.34									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.21	\$122.34	\$0.00	\$23.85	\$20.75	\$0.00	\$36.91	\$2.22	\$11.99	\$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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.67	\$3.67									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.15	\$5.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$242.36	\$127.76	\$0.00	\$24.07	\$21.16	\$0.00	\$54.01	\$2.22	\$11.99	\$1.15	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.95										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: THE A.G. RHODES HOME, INC. Prvdr ID: 00140005A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Growth Allowance: N/A Qtrly BIMS score: 61.70% Nurse Hours per On-Site Day/Quality Incentive: 3.95			Facility Score: N/A Add-on Percent: 0.00% 5.5% 5.0%			Base Period Overall CMI: 1.7995 Quarterly Medicaid CMI: 1.8304 Qtrly Mcaid CMI w RUG Wght Options: 1.8661			1.7995	1.5751	1.8304	1.5342	1.8661	1.5613
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,894,584	\$6,554,766	\$0	\$1,196,908	\$1,455,812	\$0	\$2,354,775		\$332,323	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$189,616)	(\$2,061)	\$0	\$0	\$3,658	\$4,566	(\$153,193)		(\$42,586)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$171,553																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,879															
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,899,400	\$6,552,705	\$0	\$1,196,908	\$1,459,470	\$4,566	\$2,201,582	\$171,553	\$289,737	\$22,879															
8	Total Nursing Facility Days	As Filed Days = 39,966 FY21 Audited C/R Days	39,972																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,966 FY21 GL-PL Ins Rpt Days								39,972																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$297.69	\$163.93	\$0.00	\$29.94	\$36.63	(with L&H)	\$55.08	\$4.29	\$7.25	\$0.57															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7995																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.10																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$91.10	\$0.00	\$29.94	\$36.63		\$55.08	\$4.29	\$7.25	\$0.57															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.18	\$91.10	\$0.00	\$26.82	\$33.28		\$36.91	\$4.29	19.21 (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	\$212.18	\$91.10	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.29	\$19.21	\$0.57															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8661																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$170.00																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$291.08	\$170.00	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.29	\$19.21	\$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>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$9.35	\$9.35																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.50	\$8.50																							
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	\$35.48	\$18.38	\$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	\$326.56	\$188.38	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$4.29	\$19.21	\$0.57															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$232.10																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ALTAMAHA HEALTHCARE CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140027A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5890	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	30.61%	2.5%	Quarterly Medicaid CMI:			1.7411	1.5342
							2.81	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7731	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$3,558,257	\$1,840,496	\$0	\$344,487	\$343,640	\$0	\$813,193		\$216,441	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$75,344)	\$0	\$0	\$0	\$1,657	\$1,639	(\$53,760)		(\$24,880)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$41,450			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,118	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,549,481	\$1,840,496	\$0	\$344,487	\$345,297	\$1,639	\$759,433	\$41,450	\$191,561	\$25,118	
8	Total Nursing Facility Days	As Filed Days = 20,352 FY21 Audited C/R Days	20,352										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,352 FY21 GL-PL Ins Rpt Days								20,352			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$174.40	\$90.43	\$0.00	\$16.93	\$17.05	(with L&H)	\$37.31	\$2.04	\$9.41	\$1.23	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5890									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.91									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.91	\$0.00	\$16.93	\$17.05		\$37.31	\$2.04	\$9.41	\$1.23	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.81	\$56.91	\$0.00	\$16.93	\$17.05		\$36.91	\$2.04	8.74 (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	\$139.81	\$56.91	\$0.00	\$16.93	\$17.05	\$0.00	\$36.91	\$2.04	\$8.74	\$1.23	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7731									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.91									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.81	\$100.91	\$0.00	\$16.93	\$17.05	\$0.00	\$36.91	\$2.04	\$8.74	\$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)	\$1.16	\$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	\$2.52	\$2.52									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.02	\$2.02									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.80	\$5.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.61	\$105.98	\$0.00	\$17.15	\$17.46	\$0.00	\$54.01	\$2.04	\$8.74	\$1.23	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.13										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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 - GREENVILLE															Facility Score	Add-on Percent	Base Period Overall CMI:	1.2725	1.5751	
Prvdr ID: 00140038A															Qtrly BIMS score	1.0%	Quarterly Medicaid CMI:	1.3041	1.5342	
Case Mix Per Diem Rate Effective Date: 7/1/2023															Nurse Hours per On-Site Day/Quality Incentive:	2.44	Qtrly Mcaid CMI w RUG Wght Options:	1.3241	1.5613	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23																				
			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 FY21 C/R - FY21 GL/PL Rpt	\$4,648,351	\$2,236,541	\$0	\$424,396	\$535,093	\$0	\$1,138,335		\$313,986	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$548,982)	(\$103,306)	\$0	\$0	\$0	\$3,434	(\$407,542)		(\$41,568)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$491,617										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,875								
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,627,861	\$2,133,235	\$0	\$424,396	\$535,093	\$3,434	\$730,793	\$491,617	\$272,418	\$36,875								
8	Total Nursing Facility Days	FY21 Audited C/R Days	25,205	25,205																
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								25,205										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$183.61	\$84.64	\$0.00	\$16.84	\$21.37	(with L&H)	\$28.99	\$19.50	\$10.81	\$1.46								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2725																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.52																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.52	\$0.00	\$16.84	\$21.37		\$28.99	\$19.50	\$10.81	\$1.46								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.73	\$66.52	\$0.00	\$16.84	\$21.37		\$28.99	\$19.50	11.05 (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	\$165.73	\$66.52	\$0.00	\$16.84	\$21.37	\$0.00	\$28.99	\$19.50	\$11.05	\$1.46								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3241																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.08																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.29	\$88.08	\$0.00	\$16.84	\$21.37	\$0.00	\$28.99	\$19.50	\$11.05	\$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	\$0.88	\$0.88																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.52	\$3.52																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.03	\$4.93	\$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	\$210.32	\$93.01	\$0.00	\$17.06	\$21.78	\$0.00	\$46.46	\$19.50	\$11.05	\$1.46								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.92																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: AMARA HEALTHCARE & REHAB Prvdr ID: 00140049A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													
			Growth Allowance: N/A Qtrly BIMS score: #N/A Nurse Hours per On-Site Day/Quality Incentive: N/A				Add-on Percent: 0.00% #N/A 0.0%				Facility Specific: 1.5323 1.5342 1.5613		State-wide: 1.5751 1.5342 1.5613
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,363,324	\$3,621,653	\$0	\$469,041	\$671,191	\$0	\$1,129,953		\$471,486	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$795,526)	(\$203,943)	\$0	(\$710)	\$1,295	\$16,489	(\$593,463)		(\$15,194)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$137,593			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$15,265	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,720,656	\$3,417,710	\$0	\$468,331	\$672,486	\$16,489	\$536,490	\$137,593	\$456,292	\$15,265	
8	Total Nursing Facility Days	FY21 Audited C/R Days	28,327	28,327									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								28,327			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$201.95	\$120.65	\$0.00	\$16.53	\$24.32	(with L&H)	\$18.94	\$4.86	\$16.11	\$0.54	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5323									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.74									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.74	\$0.00	\$16.53	\$24.32		\$18.94	\$4.86	\$16.11	\$0.54	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.93	\$78.74	\$0.00	\$16.53	\$24.32		\$18.94	\$4.86	11.00 (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	\$154.93	\$78.74	\$0.00	\$16.53	\$24.32	\$0.00	\$18.94	\$4.86	\$11.00	\$0.54	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5613									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.94									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.13	\$122.94	\$0.00	\$16.53	\$24.32	\$0.00	\$18.94	\$4.86	\$11.00	\$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>#N/A</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$18.63	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.76	\$123.47	\$0.00	\$16.75	\$24.73	\$0.00	\$36.41	\$4.86	\$11.00	\$0.54	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.50										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3663	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	12.00%	0.0%	Quarterly Medicaid CMI:			1.3014	1.5342
							3.54	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3245	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,521,695	\$2,262,606	\$0	\$429,224	\$394,510	\$0	\$874,768		\$560,587	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$146,300)	(\$2,508)	\$0	(\$614)	\$0	(\$636)	(\$115,948)		(\$26,594)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$108,355			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,594	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,510,344	\$2,260,098	\$0	\$428,610	\$394,510	(\$636)	\$758,820	\$108,355	\$533,993	\$26,594	
8	Total Nursing Facility Days	As Filed Days = 21,496 FY21 Audited C/R Days	21,496										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,496 FY21 GL-PL Ins Rpt Days								21,496			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$209.82	\$105.14	\$0.00	\$19.94	\$18.32	(with L&H)	\$35.30	\$5.04	\$24.84	\$1.24	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3663									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.95									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.95	\$0.00	\$19.94	\$18.32		\$35.30	\$5.04	\$24.84	\$1.24	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.57	\$76.95	\$0.00	\$19.94	\$18.32		\$35.30	\$5.04	11.78 (FRV)	\$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	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.57	\$76.95	\$0.00	\$19.94	\$18.32	\$0.00	\$35.30	\$5.04	\$11.78	\$1.24	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3245									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.92									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.54	\$101.92	\$0.00	\$19.94	\$18.32	\$0.00	\$35.30	\$5.04	\$11.78	\$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>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	\$5.10	\$5.10									
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	\$23.73	\$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	\$217.27	\$107.55	\$0.00	\$20.16	\$18.73	\$0.00	\$52.77	\$5.04	\$11.78	\$1.24	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.13										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.4213	1.5751
							34.38%	2.5%					1.4699	1.5342
							3.64	3.0%					1.4955	1.5613
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,768,985	\$3,099,678	\$0	\$379,122	\$564,028	\$0	\$971,152		\$755,005	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$254,409)	\$0	\$0	\$0	\$0	\$0	(\$178,652)		(\$75,757)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$178,652				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$75,757		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,768,985	\$3,099,678	\$0	\$379,122	\$564,028	\$0	\$792,500	\$178,652	\$679,248	\$75,757		
8	Total Nursing Facility Days	FY21 Audited C/R Days	25,120											
	As Filed Days = 25,120													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								25,120				
	As Filed Days = 25,120													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$229.65	\$123.39	\$0.00	\$15.09	\$22.45	(with L&H)	\$31.55	\$7.11	\$27.04	\$3.02		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4213										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.81										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.81	\$0.00	\$15.09	\$22.45		\$31.55	\$7.11	\$27.04	\$3.02		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.47	\$86.81	\$0.00	\$15.09	\$22.45		\$31.55	\$7.11	8.44 (FRV)	\$3.02		
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	\$174.47	\$86.81	\$0.00	\$15.09	\$22.45	\$0.00	\$31.55	\$7.11	\$8.44	\$3.02		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4955										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.82										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.48	\$129.82	\$0.00	\$15.09	\$22.45	\$0.00	\$31.55	\$7.11	\$8.44	\$3.02		
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>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	\$3.89	\$3.89										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.77	\$7.67	\$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	\$243.25	\$137.49	\$0.00	\$15.31	\$22.86	\$0.00	\$49.02	\$7.11	\$8.44	\$3.02		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.61											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: APPLING NURSING AND REHABILITATION PAVILION Prvdr ID: 00140093A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23															
			Growth Allowance: N/A Qtrly BIMS score: 25.81% Nurse Hours per On-Site Day/Quality Incentive: 4.09				Add-on Percent: 0.00% 1.0% 3.0%				Base Period Overall CMI: 1.1660 Quarterly Medicaid CMI: 1.1300 Qtrly Mcaid CMI w RUG Wght Options: 1.1457		1.5751	1.5342	1.5613
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</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 FY21 C/R - FY21 GL/PL Rpt	\$8,378,522	\$3,787,109	\$0	\$963,283	\$395,286	\$630,278	\$1,950,066		\$652,500	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$325,962)	\$0	\$0	\$0	\$0	\$0	(\$298,606)		(\$27,356)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$298,606					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$27,356			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,378,522	\$3,787,109	\$0	\$963,283	\$395,286	\$630,278	\$1,651,460	\$298,606	\$625,144	\$27,356			
8	Total Nursing Facility Days	As Filed Days = 34,228 FY21 Audited C/R Days	34,228												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,228 FY21 GL-PL Ins Rpt Days								34,228					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$244.77	\$110.64	\$0.00	\$28.14	\$29.96	(with L&H)	\$48.25	\$8.72	\$18.26	\$0.80			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.1660											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.89											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$94.89	\$0.00	\$28.14	\$29.96		\$48.25	\$8.72	\$18.26	\$0.80			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$227.35	\$94.89	\$0.00	\$28.14	\$29.96		\$36.91	\$8.72	27.93 (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	\$227.35	\$94.89	\$0.00	\$28.14	\$29.96	\$0.00	\$36.91	\$8.72	\$27.93	\$0.80			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1457											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.72											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.18	\$108.72	\$0.00	\$28.14	\$29.96	\$0.00	\$36.91	\$8.72	\$27.93	\$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>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	\$3.26	\$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	\$22.61	\$4.88	\$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	\$263.79	\$113.60	\$0.00	\$28.36	\$30.37	\$0.00	\$54.01	\$8.72	\$27.93	\$0.80			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.02												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - ASHBURN		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00140104A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.7037		1.7037	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 37.04%		Nurse Hours per On-Site Day/Quality Incentive: 3.34		37.04%	2.5%	Quarterly Medicaid CMI: 1.5624		1.5624	1.5342		
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5922		1.5922	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,185,511	\$2,285,348	\$0	\$357,709	\$488,553	\$0	\$921,838		\$132,063	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$384,114)	(\$100,525)	\$0	\$0	(\$1,973)	(\$1,227)	(\$251,866)		(\$28,523)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$329,382			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,287	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,159,066	\$2,184,823	\$0	\$357,709	\$486,580	(\$1,227)	\$669,972	\$329,382	\$103,540	\$28,287	
8	Total Nursing Facility Days As Filed Days = 20,854	FY21 Audited C/R Days	20,854										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,854	FY21 GL-PL Ins Rpt Days								20,854			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$199.43	\$104.77	\$0.00	\$17.15	\$23.27	(with L&H)	\$32.13	\$15.79	\$4.96	\$1.36	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7037									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.50									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.50	\$0.00	\$17.15	\$23.27		\$32.13	\$15.79	\$4.96	\$1.36	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.80	\$61.50	\$0.00	\$17.15	\$23.27		\$32.13	\$15.79	10.60 (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	\$161.80	\$61.50	\$0.00	\$17.15	\$23.27	\$0.00	\$32.13	\$15.79	\$10.60	\$1.36	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5922									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.92									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.22	\$97.92	\$0.00	\$17.15	\$23.27	\$0.00	\$32.13	\$15.79	\$10.60	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.45	\$2.45									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.90	\$4.90									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.98	\$7.88	\$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	\$224.20	\$105.80	\$0.00	\$17.37	\$23.68	\$0.00	\$49.60	\$15.79	\$10.60	\$1.36	
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 FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - BROOKHAVEN		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00140115A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.8705		1.8705	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 20.73%		Nurse Hours per On-Site Day/Quality Incentive: 3.09		20.73%	1.0%	Quarterly Medicaid CMI: 1.7237		1.7237	1.5342		
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7557		1.7557	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$10,679,674	\$5,728,290	\$0	\$763,976	\$1,188,797	\$0	\$2,224,285		\$774,326	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$825,359)	(\$176,215)	\$0	\$0	(\$2,405)	(\$827)	(\$532,176)		(\$113,736)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$682,989			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$113,278	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,650,582	\$5,552,075	\$0	\$763,976	\$1,186,392	(\$827)	\$1,692,109	\$682,989	\$660,590	\$113,278	
8	Total Nursing Facility Days	As Filed Days = 45,636 FY21 Audited C/R Days	45,636										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 45,636 FY21 GL-PL Ins Rpt Days								45,636			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$233.39	\$121.66	\$0.00	\$16.74	\$25.98	(with L&H)	\$37.08	\$14.97	\$14.48	\$2.48	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8705									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.04									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.04	\$0.00	\$16.74	\$25.98		\$37.08	\$14.97	\$14.48	\$2.48	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.36	\$65.04	\$0.00	\$16.74	\$25.98		\$36.91	\$14.97	11.24 (FRV)	\$2.48	
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	\$173.36	\$65.04	\$0.00	\$16.74	\$25.98	\$0.00	\$36.91	\$14.97	\$11.24	\$2.48	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7557									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.19									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.51	\$114.19	\$0.00	\$16.74	\$25.98	\$0.00	\$36.91	\$14.97	\$11.24	\$2.48	
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	\$1.14	\$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	\$5.71	\$5.71									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.11	\$7.38	\$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	\$247.62	\$121.57	\$0.00	\$16.96	\$26.39	\$0.00	\$54.01	\$14.97	\$11.24	\$2.48	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.89										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: THE OAKS - ATHENS SKILLED NURSING Prvdr ID: 00140126A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													N/A	0.00%	15.38%	3.92	5.0%	1.6453	1.6905	1.7210	1.5751	1.5342	1.5613
CASE MIX BASED RATE CALCULATIONS																							
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>														
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
Base Period Per Diem Allowed Amounts																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,705,401	\$5,674,664	\$0	\$868,081	\$1,451,385	\$0	\$1,949,759		\$1,761,512	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$951,398)	(\$193,291)	\$0	\$0	(\$11,888)	(\$9,285)	(\$407,021)		(\$329,913)												
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$592,783													
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$326,443											
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,673,229	\$5,481,373	\$0	\$868,081	\$1,439,497	(\$9,285)	\$1,542,738	\$592,783	\$1,431,599	\$326,443											
8	Total Nursing Facility Days	As Filed Days = 36,062 FY21 Audited C/R Days	36,062																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,062 FY21 GL-PL Ins Rpt Days								36,062													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$323.70	\$152.00	\$0.00	\$24.07	\$39.66	(with L&H)	\$42.78	\$16.44	\$39.70	\$9.05											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6453																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.38																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$92.38	\$0.00	\$24.07	\$39.66		\$42.78	\$16.44	\$39.70	\$9.05											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$240.18	\$92.38	\$0.00	\$24.07	\$33.28		\$36.91	\$16.44	28.05 <i>(FRV)</i>	\$9.05											
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	\$240.18	\$92.38	\$0.00	\$24.07	\$33.28	\$0.00	\$36.91	\$16.44	\$28.05	\$9.05											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7210																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$158.99																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$306.79	\$158.99	\$0.00	\$24.07	\$33.28	\$0.00	\$36.91	\$16.44	\$28.05	\$9.05											
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>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	\$7.95	\$7.95																			
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	\$25.80	\$8.48	\$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	\$332.59	\$167.47	\$0.00	\$24.29	\$33.28	\$0.00	\$54.01	\$16.44	\$28.05	\$9.05											
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$236.62																				

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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: EAST LAKE ARBOR Prvdr ID: 00140137A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 28.75% Nurse Hours per On-Site Day/Quality Incentive: 3.28			Facility Score Add-on Percent: 0.00% 1.0% 3.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.8952 Quarterly Medicaid CMI: 1.8885 Qtrly Mcaid CMI w RUG Wght Options: 1.9256			Facility Specific 1.8952 1.8885 1.9256	State-wide 1.5751 1.5342 1.5613
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,085,374	\$3,338,295	\$0	\$546,559	\$503,398	\$0	\$1,380,786		\$316,336	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$318,870)	\$0	\$0	\$0	\$0	\$0	(\$239,559)		(\$79,311)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$239,559				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$79,311		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,085,374	\$3,338,295	\$0	\$546,559	\$503,398	\$0	\$1,141,227	\$239,559	\$237,025	\$79,311		
8	Total Nursing Facility Days	As Filed Days = 28,744 FY21 Audited C/R Days	28,744											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,744 FY21 GL-PL Ins Rpt Days								28,744				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$211.70	\$116.14	\$0.00	\$19.01	\$17.51	(with L&H)	\$39.70	\$8.33	\$8.25	\$2.76		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8952										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.28										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.28	\$0.00	\$19.01	\$17.51		\$39.70	\$8.33	\$8.25	\$2.76		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.20	\$61.28	\$0.00	\$19.01	\$17.51		\$36.91	\$8.33	10.40 (FRV)	\$2.76		
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	\$156.20	\$61.28	\$0.00	\$19.01	\$17.51	\$0.00	\$36.91	\$8.33	\$10.40	\$2.76		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9256										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.00										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.92	\$118.00	\$0.00	\$19.01	\$17.51	\$0.00	\$36.91	\$8.33	\$10.40	\$2.76		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$235.90	\$123.25	\$0.00	\$19.23	\$17.92	\$0.00	\$54.01	\$8.33	\$10.40	\$2.76		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.10											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: AUTUMN BREEZE HEALTH AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140159A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6093	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	30.86%	2.5%	Quarterly Medicaid CMI:			1.5193	1.5342
							3.39	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5480	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,624,922	\$2,587,804	\$0	\$476,466	\$604,050	\$0	\$985,114		\$971,488	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$208,102)	(\$10,124)	\$0	\$0	\$0	\$0	(\$146,710)		(\$51,268)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$156,834			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$51,268	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,624,922	\$2,577,680	\$0	\$476,466	\$604,050	\$0	\$838,404	\$156,834	\$920,220	\$51,268	
8	Total Nursing Facility Days As Filed Days = 29,376	FY21 Audited C/R Days	29,376										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,376	FY21 GL-PL Ins Rpt Days								29,376			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$191.49	\$87.75	\$0.00	\$16.22	\$20.56	(with L&H)	\$28.54	\$5.34	\$31.33	\$1.75	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6093									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.53									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$54.53	\$0.00	\$16.22	\$20.56		\$28.54	\$5.34	\$31.33	\$1.75	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.98	\$54.53	\$0.00	\$16.22	\$20.56		\$28.54	\$5.34	10.04 (FRV)	\$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	\$136.98	\$54.53	\$0.00	\$16.22	\$20.56	\$0.00	\$28.54	\$5.34	\$10.04	\$1.75	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5480									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.41									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.86	\$84.41	\$0.00	\$16.22	\$20.56	\$0.00	\$28.54	\$5.34	\$10.04	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.11	\$2.11									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.53	\$2.53									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.27	\$5.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.13	\$89.58	\$0.00	\$16.44	\$20.97	\$0.00	\$46.01	\$5.34	\$10.04	\$1.75	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.77										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: THE OAKS - CARROLLTON SKILLED NURSING Prvdr ID: 00140181A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide	
													N/A	0.00%	N/A	30.00%	3.57	5.0%	1.7331	1.5751			
																			1.6124	1.5342			
																			1.6379	1.5613			
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														
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 FY21 C/R - FY21 GL/PL Rpt	\$3,471,814	\$1,656,366	\$0	\$249,335	\$371,757	\$0	\$697,218		\$497,138	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$239,974)	(\$59,905)	\$0	\$0	\$984	\$1,399	(\$124,060)		(\$58,392)												
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$181,684													
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R																			\$56,658		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,470,182	\$1,596,461	\$0	\$249,335	\$372,741	\$1,399	\$573,158	\$181,684	\$438,746	\$56,658											
8	Total Nursing Facility Days	As Filed Days = 11,841																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 11,841																					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$293.05	\$134.82	\$0.00	\$21.06	\$31.60	(with L&H)	\$48.40	\$15.34	\$37.05	\$4.78											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7331																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.79																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.79	\$0.00	\$21.06	\$31.60		\$48.40	\$15.34	\$37.05	\$4.78											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$209.71	\$77.79	\$0.00	\$21.06	\$31.60		\$36.91	\$15.34	22.23 (FRV)	\$4.78											
Quarterly Per Diem Rate Prior to Add-ons																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$209.71	\$77.79	\$0.00	\$21.06	\$31.60	\$0.00	\$36.91	\$15.34	\$22.23	\$4.78											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6379																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.41																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$259.33	\$127.41	\$0.00	\$21.06	\$31.60	\$0.00	\$36.91	\$15.34	\$22.23	\$4.78											
Quarterly Per Diem Add-on Amounts																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.19	\$3.19																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.37	\$6.37																			
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	\$27.82	\$10.09	\$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	\$287.15	\$137.50	\$0.00	\$21.28	\$32.01	\$0.00	\$54.01	\$15.34	\$22.23	\$4.78											
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$202.54																				

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: BAPTIST VILLAGE, INC. Prvdr ID: 00140203A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
			Growth Allowance: N/A Qtrly BIMS score: 30.71% Nurse Hours per On-Site Day/Quality Incentive: 4.22				Add-on Percent: 0.00% 2.5% 3.0%				Base Period Overall CMI: 1.4838 Quarterly Medicaid CMI: 1.3896 Qtrly Mcaid CMI w RUG Wght Options: 1.4144		1.5751 1.5342 1.5613	
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$18,662,497	\$9,555,288	\$0	\$2,348,542	\$2,081,329	\$0	\$3,962,941		\$714,397	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$242,947)	\$0	\$0	\$0	\$0	\$0	(\$171,668)		(\$71,279)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$171,668				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$71,279		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$18,662,497	\$9,555,288	\$0	\$2,348,542	\$2,081,329	\$0	\$3,791,273	\$171,668	\$643,118	\$71,279		
8	Total Nursing Facility Days	FY21 Audited C/R Days	62,767											
	As Filed Days = 62,767													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								62,767				
	As Filed Days = 62,767													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$297.34	\$152.23	\$0.00	\$37.42	\$33.16	(with L&H)	\$60.40	\$2.74	\$10.25	\$1.14		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4838										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.60										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$102.60	\$0.00	\$37.42	\$33.16		\$60.40	\$2.74	\$10.25	\$1.14		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$218.97	\$99.82	\$0.00	\$26.82	\$33.16		\$36.91	\$2.74	18.38 (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	\$218.97	\$99.82	\$0.00	\$26.82	\$33.16	\$0.00	\$36.91	\$2.74	\$18.38	\$1.14		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4144										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.19										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$260.34	\$141.19	\$0.00	\$26.82	\$33.16	\$0.00	\$36.91	\$2.74	\$18.38	\$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)	\$0.09	\$0.00	\$0.00	\$0.00	\$0.09	\$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	\$3.53	\$3.53										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.24	\$4.24										
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$7.86	\$7.77	\$0.00	\$0.00	\$0.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$268.20	\$148.96	\$0.00	\$26.82	\$33.25	\$0.00	\$36.91	\$2.74	\$18.38	\$1.14		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$201.15											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THE OAKS - BETHANY SKILLED NURSING		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140258A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6513	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	38.14%	2.5%	Quarterly Medicaid CMI:			1.4902	1.5342
							3.07	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5183	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$8,717,501	\$4,621,748	\$0	\$766,240	\$1,151,204	\$0	\$1,775,161		\$403,148	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$911,286)	(\$154,401)	\$0	\$0	(\$605)	\$789	(\$646,966)		(\$110,103)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$722,838			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$53,502	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,582,555	\$4,467,347	\$0	\$766,240	\$1,150,599	\$789	\$1,128,195	\$722,838	\$293,045	\$53,502	
8	Total Nursing Facility Days	As Filed Days = 38,250 FY21 Audited C/R Days	38,250										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,250 FY21 GL-PL Ins Rpt Days								38,250			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$224.38	\$116.79	\$0.00	\$20.03	\$30.10	(with L&H)	\$29.50	\$18.90	\$7.66	\$1.40	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6513									
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	\$20.03	\$30.10		\$29.50	\$18.90	\$7.66	\$1.40	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.49	\$70.73	\$0.00	\$20.03	\$30.10		\$29.50	\$18.90	13.83 (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	\$184.49	\$70.73	\$0.00	\$20.03	\$30.10	\$0.00	\$29.50	\$18.90	\$13.83	\$1.40	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5183									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.39									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.15	\$107.39	\$0.00	\$20.03	\$30.10	\$0.00	\$29.50	\$18.90	\$13.83	\$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>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>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.37	\$5.37									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.68	\$8.58	\$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	\$247.83	\$115.97	\$0.00	\$20.25	\$30.51	\$0.00	\$46.97	\$18.90	\$13.83	\$1.40	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.05										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - BETHANY Prvdr ID: 00140269A		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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Growth Allowance: N/A Qtrly BIMS score: 47.22% Nurse Hours per On-Site Day/Quality Incentive: 2.47				0.00%	5.5%	Base Period Overall CMI: 1.6752 Quarterly Medicaid CMI: 1.6932 Qtrly Mcaid CMI w RUG Wght Options: 1.7241				1.5751	1.5342	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,528,326	\$3,109,426	\$0	\$463,271	\$570,373	\$0	\$1,154,896		\$230,360	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$481,433)	(\$114,470)	\$0	\$0	\$0	\$1,345	(\$325,558)		(\$42,750)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$437,605				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$33,706		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,518,204	\$2,994,956	\$0	\$463,271	\$570,373	\$1,345	\$829,338	\$437,605	\$187,610	\$33,706		
8	Total Nursing Facility Days	As Filed Days = 24,639 FY21 Audited C/R Days		24,639										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,639 FY21 GL-PL Ins Rpt Days								24,639				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.95	\$121.55	\$0.00	\$18.80	\$23.20	(with L&H)	\$33.66	\$17.76	\$7.61	\$1.37		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6752										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.56										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.56	\$0.00	\$18.80	\$23.20		\$33.66	\$17.76	\$7.61	\$1.37		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.33	\$72.56	\$0.00	\$18.80	\$23.20		\$33.66	\$17.76	13.98 (FRV)	\$1.37		
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	\$181.33	\$72.56	\$0.00	\$18.80	\$23.20	\$0.00	\$33.66	\$17.76	\$13.98	\$1.37		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7241										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.10										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.87	\$125.10	\$0.00	\$18.80	\$23.20	\$0.00	\$33.66	\$17.76	\$13.98	\$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>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.88	\$6.88										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.26	\$6.26										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.77	\$13.67	\$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	\$265.64	\$138.77	\$0.00	\$19.02	\$23.61	\$0.00	\$51.13	\$17.76	\$13.98	\$1.37		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.41											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CUMMING HEALTH & REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140302A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.6071	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	45.65%	5.5%	Quarterly Medicaid CMI:				1.3176	1.5342
							3.72	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3396	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$6,231,841	\$3,498,235	\$0	\$647,050	\$758,499	\$0	\$1,159,015		\$169,042	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$302,214)	\$0	\$0	\$0	(\$8,756)	(\$4,379)	(\$224,580)		(\$64,499)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$203,188				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$63,382		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,196,197	\$3,498,235	\$0	\$647,050	\$749,743	(\$4,379)	\$934,435	\$203,188	\$104,543	\$63,382		
8	Total Nursing Facility Days As Filed Days = 19,987	FY21 Audited C/R Days	19,987											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,987	FY21 GL-PL Ins Rpt Days								19,987				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$310.01	\$175.03	\$0.00	\$32.37	\$37.29	(with L&H)	\$46.75	\$10.17	\$5.23	\$3.17		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6071										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$108.91										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$108.91	\$0.00	\$32.37	\$37.29		\$46.75	\$10.17	\$5.23	\$3.17		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$221.80	\$99.82	\$0.00	\$26.82	\$33.28		\$36.91	\$10.17	11.63 (FRV)	\$3.17		
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	\$221.80	\$99.82	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$10.17	\$11.63	\$3.17		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3396										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.72										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.70	\$133.72	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$10.17	\$11.63	\$3.17		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.35	\$7.35										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.01	\$4.01										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.46	\$11.36	\$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	\$284.16	\$145.08	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$10.17	\$11.63	\$3.17		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$200.30											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: RIVERSIDE HEALTH CARE CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140324A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5533	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	37.19%	2.5%	Quarterly Medicaid CMI:			1.5843	1.5342
							3.77	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6130	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$10,822,624	\$5,187,501	\$0	\$690,985	\$964,157	\$0	\$1,680,007		\$2,299,974	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$462,482)	\$0	\$0	\$0	\$0	\$0	(\$314,221)		(\$148,261)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$314,221			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$148,261	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,822,624	\$5,187,501	\$0	\$690,985	\$964,157	\$0	\$1,365,786	\$314,221	\$2,151,713	\$148,261	
8	Total Nursing Facility Days As Filed Days = 39,567	FY21 Audited C/R Days	39,567										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,567	FY21 GL-PL Ins Rpt Days								39,567			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$273.53	\$131.11	\$0.00	\$17.46	\$24.37	(with L&H)	\$34.52	\$7.94	\$54.38	\$3.75	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5533									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.41									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$84.41	\$0.00	\$17.46	\$24.37		\$34.52	\$7.94	\$54.38	\$3.75	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.39	\$84.41	\$0.00	\$17.46	\$24.37		\$34.52	\$7.94	9.94 (FRV)	\$3.75	
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	\$182.39	\$84.41	\$0.00	\$17.46	\$24.37	\$0.00	\$34.52	\$7.94	\$9.94	\$3.75	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6130									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.15									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.13	\$136.15	\$0.00	\$17.46	\$24.37	\$0.00	\$34.52	\$7.94	\$9.94	\$3.75	
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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.40	\$3.40									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.08	\$4.08									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.11	\$8.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$260.24	\$144.16	\$0.00	\$17.68	\$24.78	\$0.00	\$51.99	\$7.94	\$9.94	\$3.75	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.36										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: RIVERSIDE HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140346A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4661	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	28.85%	1.0%	Quarterly Medicaid CMI:			1.2187	1.5342
							3.18	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2364	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,337,615	\$2,280,608	\$0	\$500,886	\$533,001	\$0	\$882,858		\$140,262	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$107,733)	(\$2,361)	\$0	(\$578)	\$0	(\$440)	(\$94,191)		(\$10,163)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$75,920			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10,163	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,315,965	\$2,278,247	\$0	\$500,308	\$533,001	(\$440)	\$788,667	\$75,920	\$130,099	\$10,163	
8	Total Nursing Facility Days	As Filed Days = 20,238											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,238											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.25	\$112.57	\$0.00	\$24.72	\$26.31	(with L&H)	\$38.97	\$3.75	\$6.43	\$0.50	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4661									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.78									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.78	\$0.00	\$24.72	\$26.31		\$38.97	\$3.75	\$6.43	\$0.50	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.82	\$76.78	\$0.00	\$24.72	\$26.31		\$36.91	\$3.75	11.85 (FRV)	\$0.50	
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	\$180.82	\$76.78	\$0.00	\$24.72	\$26.31	\$0.00	\$36.91	\$3.75	\$11.85	\$0.50	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2364									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.93									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.97	\$94.93	\$0.00	\$24.72	\$26.31	\$0.00	\$36.91	\$3.75	\$11.85	\$0.50	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <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	\$5.70	\$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	\$24.91	\$7.18	\$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	\$223.88	\$102.11	\$0.00	\$24.94	\$26.72	\$0.00	\$54.01	\$3.75	\$11.85	\$0.50	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.09										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4811	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	30.19%	2.5%	Quarterly Medicaid CMI:			1.5179	1.5342
							3.10	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5452	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$7,568,733	\$3,744,904	\$0	\$615,602	\$641,094	\$0	\$1,353,021		\$1,214,112	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$281,122)	(\$105,636)	\$0	\$0	\$0	\$0	(\$117,027)		(\$58,459)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$222,663			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$58,459	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,568,733	\$3,639,268	\$0	\$615,602	\$641,094	\$0	\$1,235,994	\$222,663	\$1,155,653	\$58,459	
8	Total Nursing Facility Days	As Filed Days = 36,165 FY21 Audited C/R Days	36,165										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,165 FY21 GL-PL Ins Rpt Days								36,165			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$209.30	\$100.63	\$0.00	\$17.02	\$17.73	(with L&H)	\$34.18	\$6.16	\$31.96	\$1.62	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4811									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.94									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.94	\$0.00	\$17.02	\$17.73		\$34.18	\$6.16	\$31.96	\$1.62	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.23	\$67.94	\$0.00	\$17.02	\$17.73		\$34.18	\$6.16	10.58 (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	\$155.23	\$67.94	\$0.00	\$17.02	\$17.73	\$0.00	\$34.18	\$6.16	\$10.58	\$1.62	
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		\$104.98									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.27	\$104.98	\$0.00	\$17.02	\$17.73	\$0.00	\$34.18	\$6.16	\$10.58	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.62	\$2.62									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>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	\$23.35	\$5.25	\$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	\$215.62	\$110.23	\$0.00	\$17.24	\$18.14	\$0.00	\$51.65	\$6.16	\$10.58	\$1.62	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.89										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ANDERSON MILL 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: 00140379A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7412	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	24.47%	1.0%	Quarterly Medicaid CMI:			1.9313	1.5342
							3.34	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9687	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$9,594,237	\$5,161,415	\$0	\$743,175	\$756,255	\$0	\$1,137,086		\$1,796,306	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$323,482	(\$18,519)	\$0	(\$700)	(\$3,404)	(\$1,208)	\$649,310		(\$301,997)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$100,000			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$72,317	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,090,036	\$5,142,896	\$0	\$742,475	\$752,851	(\$1,208)	\$1,786,396	\$100,000	\$1,494,309	\$72,317	
8	Total Nursing Facility Days	As Filed Days = 40,163 FY21 Audited C/R Days	40,163										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,163 FY21 GL-PL Ins Rpt Days								40,163			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$251.23	\$128.05	\$0.00	\$18.49	\$18.71	(with L&H)	\$44.48	\$2.49	\$37.21	\$1.80	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7412									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.54									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.54	\$0.00	\$18.49	\$18.71		\$44.48	\$2.49	\$37.21	\$1.80	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.52	\$73.54	\$0.00	\$18.49	\$18.71		\$36.91	\$2.49	9.58 (FRV)	\$1.80	
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	\$161.52	\$73.54	\$0.00	\$18.49	\$18.71	\$0.00	\$36.91	\$2.49	\$9.58	\$1.80	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9687									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.78									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.76	\$144.78	\$0.00	\$18.49	\$18.71	\$0.00	\$36.91	\$2.49	\$9.58	\$1.80	
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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.45	\$1.45									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.34	\$4.34									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.05	\$6.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$256.81	\$151.10	\$0.00	\$18.71	\$19.12	\$0.00	\$54.01	\$2.49	\$9.58	\$1.80	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.78										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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:	1.6723	1.5751		
Provider: PRUITTHEALTH - VIRGINIA PARK Prvdr ID: 00140401A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													N/A	32.95%	3.33	0.00%	2.5%	5.0%	1.4476	1.4726	1.5342	1.5613
CASE MIX BASED RATE CALCULATIONS																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,961,153	\$4,470,307	\$0	\$564,985	\$814,933	\$0	\$1,625,963		\$484,965	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$491,836)	(\$120,819)	\$0	\$0	\$31,984	\$52,032	(\$387,726)		(\$67,307)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$471,989												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$77,280										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,018,586	\$4,349,488	\$0	\$564,985	\$846,917	\$52,032	\$1,238,237	\$471,989	\$417,658	\$77,280										
8	Total Nursing Facility Days	FY21 Audited C/R Days	36,290																			
	As Filed Days = 36,290																					
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								36,290												
	As Filed Days = 36,290																					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$220.96	\$119.85	\$0.00	\$15.57	\$24.77	(with L&H)	\$34.12	\$13.01	\$11.51	\$2.13										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6723																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.67																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.67	\$0.00	\$15.57	\$24.77		\$34.12	\$13.01	\$11.51	\$2.13										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.51	\$71.67	\$0.00	\$15.57	\$24.77		\$34.12	\$13.01	15.24 <i>(FRV)</i>	\$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	\$176.51	\$71.67	\$0.00	\$15.57	\$24.77	\$0.00	\$34.12	\$13.01	\$15.24	\$2.13										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4726																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.54																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.38	\$105.54	\$0.00	\$15.57	\$24.77	\$0.00	\$34.12	\$13.01	\$15.24	\$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	\$2.64	\$2.64																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.28	\$5.28																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.55	\$8.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$236.93	\$113.99	\$0.00	\$15.79	\$25.18	\$0.00	\$51.59	\$13.01	\$15.24	\$2.13										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.87																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide
													N/A	0.00%	N/A	33.80%	2.89	2.5%	3.0%	1.6090	1.5751	
																				1.4280	1.5342	
																				1.4506	1.5613	
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 FY21 C/R - FY21 GL/PL Rpt	\$9,596,126	\$4,575,170	\$0	\$1,088,765	\$1,495,115	\$0	\$1,463,519		\$973,557	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$323,750)	\$0	\$0	\$0	\$34,485	\$40,017	(\$265,022)		(\$133,230)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$251,170												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$139,869										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,663,415	\$4,575,170	\$0	\$1,088,765	\$1,529,600	\$40,017	\$1,198,497	\$251,170	\$840,327	\$139,869										
8	Total Nursing Facility Days	As Filed Days = 34,111																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,111																				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$283.30	\$134.13	\$0.00	\$31.92	\$46.01	(with L&H)	\$35.14	\$7.36	\$24.64	\$4.10										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6090																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.36																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.36	\$0.00	\$31.92	\$46.01		\$35.14	\$7.36	\$24.64	\$4.10										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$209.35	\$83.36	\$0.00	\$26.82	\$33.28		\$35.14	\$7.36	19.29 (FRV)	\$4.10										
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	\$209.35	\$83.36	\$0.00	\$26.82	\$33.28	\$0.00	\$35.14	\$7.36	\$19.29	\$4.10										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4506																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.92																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.91	\$120.92	\$0.00	\$26.82	\$33.28	\$0.00	\$35.14	\$7.36	\$19.29	\$4.10										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.02	\$3.02																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.63	\$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	\$24.65	\$7.18	\$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	\$271.56	\$128.10	\$0.00	\$26.82	\$33.28	\$0.00	\$52.61	\$7.36	\$19.29	\$4.10										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.85																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CHURCH HOME REHABILITATION AND HEALTHCARE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140467A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5171	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	24.32%	1.0%	Quarterly Medicaid CMI:			1.6446	1.5342
							4.16	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6767	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,650,815	\$2,425,015	\$0	\$660,934	\$399,281	\$0	\$793,410		\$372,175	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$45,224)	(\$55,742)	\$0	\$0	\$0	\$0	\$24,926		(\$14,408)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$30,816			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$14,408	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,650,815	\$2,369,273	\$0	\$660,934	\$399,281	\$0	\$818,336	\$30,816	\$357,767	\$14,408	
8	Total Nursing Facility Days As Filed Days = 21,474	FY21 Audited C/R Days	21,474										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,474	FY21 GL-PL Ins Rpt Days								21,474			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$216.58	\$110.33	\$0.00	\$30.78	\$18.59	(with L&H)	\$38.11	\$1.44	\$16.66	\$0.67	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5171									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.72									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.72	\$0.00	\$30.78	\$18.59		\$38.11	\$1.44	\$16.66	\$0.67	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.56	\$72.72	\$0.00	\$26.82	\$18.59		\$36.91	\$1.44	30.41 (FRV)	\$0.67	
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	\$187.56	\$72.72	\$0.00	\$26.82	\$18.59	\$0.00	\$36.91	\$1.44	\$30.41	\$0.67	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6767									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.93									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.77	\$121.93	\$0.00	\$26.82	\$18.59	\$0.00	\$36.91	\$1.44	\$30.41	\$0.67	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.88	\$4.88									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.14	\$6.63	\$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	\$260.91	\$128.56	\$0.00	\$26.82	\$19.00	\$0.00	\$54.01	\$1.44	\$30.41	\$0.67	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.86										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: CALHOUN NURSING HOME														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.8198	1.5751
Prvdr ID: 00140478A														Qtrly BIMS score	48.21%	5.5%	Quarterly Medicaid CMI:	1.7071	1.5342
Case Mix Per Diem Rate Effective Date: 7/1/2023														Nurse Hours per On-Site Day/Quality Incentive:	3.77	4.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.7402	1.5613
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23																			
			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 FY21 C/R - FY21 GL/PL Rpt	\$4,863,425	\$3,135,821	\$0	\$458,145	\$478,420	\$0	\$574,906		\$216,133	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$147,697)	(\$1,834)	\$0	\$0	\$1,459	(\$6,338)	(\$120,321)		(\$20,663)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$120,321									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R																	\$20,784
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,856,833	\$3,133,987	\$0	\$458,145	\$479,879	(\$6,338)	\$454,585	\$120,321	\$195,470	\$20,784							
8	Total Nursing Facility Days	As Filed Days = 19,676		19,676															
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,676								19,676									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$246.84	\$159.28	\$0.00	\$23.28	\$24.07	(with L&H)	\$23.10	\$6.12	\$9.93	\$1.06							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8198															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.52															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.52	\$0.00	\$23.28	\$24.07		\$23.10	\$6.12	\$9.93	\$1.06							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.04	\$87.52	\$0.00	\$23.28	\$24.07		\$23.10	\$6.12	15.89	\$1.06							
											(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	\$181.04	\$87.52	\$0.00	\$23.28	\$24.07	\$0.00	\$23.10	\$6.12	\$15.89	\$1.06							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7402															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$152.30															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.82	\$152.30	\$0.00	\$23.28	\$24.07	\$0.00	\$23.10	\$6.12	\$15.89	\$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>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$8.38	\$8.38															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.09	\$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	\$33.10	\$15.00	\$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	\$278.92	\$167.30	\$0.00	\$23.50	\$24.48	\$0.00	\$40.57	\$6.12	\$15.89	\$1.06							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$196.37																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CANTON CENTER FOR NURSING AND HEALING LLC		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140511A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5413	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	22.00%	1.0%	Quarterly Medicaid CMI:			1.8814	1.5342
							2.82	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9184	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$6,135,629	\$3,171,270	\$0	\$648,575	\$920,715	\$0	\$1,242,585		\$152,484	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$234,458)	\$0	\$0	\$0	\$0	\$0	(\$182,750)		(\$51,708)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$114,720			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$51,708	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,067,599	\$3,171,270	\$0	\$648,575	\$920,715	\$0	\$1,059,835	\$114,720	\$100,776	\$51,708	
8	Total Nursing Facility Days	As Filed Days = 26,879 FY21 Audited C/R Days	26,879										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,879 FY21 GL-PL Ins Rpt Days								26,879			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$225.73	\$117.98	\$0.00	\$24.13	\$34.25	(with L&H)	\$39.43	\$4.27	\$3.75	\$1.92	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5413									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.55									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.55	\$0.00	\$24.13	\$34.25		\$39.43	\$4.27	\$3.75	\$1.92	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.53	\$76.55	\$0.00	\$24.13	\$33.28		\$36.91	\$4.27	12.47 (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	\$189.53	\$76.55	\$0.00	\$24.13	\$33.28	\$0.00	\$36.91	\$4.27	\$12.47	\$1.92	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9184									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.85									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$259.83	\$146.85	\$0.00	\$24.13	\$33.28	\$0.00	\$36.91	\$4.27	\$12.47	\$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)	\$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	\$1.47	\$1.47									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.26	\$4.94	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$282.09	\$151.79	\$0.00	\$24.35	\$33.28	\$0.00	\$54.01	\$4.27	\$12.47	\$1.92	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$198.74										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: UNIVERSITY NURSING & REHAB CTR														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.5635	1.5751
Prvdr ID: 00140533A														Qtrly BIMS score	22.62%	1.0%	Quarterly Medicaid CMI:	1.6175	1.5342
Case Mix Per Diem Rate Effective Date: 7/1/2023														Nurse Hours per On-Site Day/Quality Incentive:	2.89	1.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.6454	1.5613
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23																			
			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 FY21 C/R - FY21 GL/PL Rpt	\$6,972,415	\$3,679,811	\$0	\$556,914	\$627,638	\$0	\$1,292,330		\$815,722	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$69,277)	(\$79,539)	\$0	(\$14,665)	\$0	\$16,726	\$63,332		(\$55,131)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$12,462									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$55,131							
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,970,731	\$3,600,272	\$0	\$542,249	\$627,638	\$16,726	\$1,355,662	\$12,462	\$760,591	\$55,131							
8	Total Nursing Facility Days As Filed Days = 30,853	FY21 Audited C/R Days	30,853																
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,853	FY21 GL-PL Ins Rpt Days								30,853									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$225.93	\$116.69	\$0.00	\$17.58	\$20.88	(with L&H)	\$43.94	\$0.40	\$24.65	\$1.79							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5635															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.63	\$0.00	\$17.58	\$20.88		\$43.94	\$0.40	\$24.65	\$1.79							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.63	\$0.00	\$17.58	\$20.88		\$43.94	\$0.40	\$24.65	\$1.79							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.20	\$74.63	\$0.00	\$17.58	\$20.88		\$36.91	\$0.40	8.01 (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	\$160.20	\$74.63	\$0.00	\$17.58	\$20.88	\$0.00	\$36.91	\$0.40	\$8.01	\$1.79							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6454															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.80															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.37	\$122.80	\$0.00	\$17.58	\$20.88	\$0.00	\$36.91	\$0.40	\$8.01	\$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)	\$1.16	\$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	\$1.23	\$1.23															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.23	\$1.23															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.72	\$2.99	\$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	\$229.09	\$125.79	\$0.00	\$17.80	\$21.29	\$0.00	\$54.01	\$0.40	\$8.01	\$1.79							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.99																

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Cottages at Rockmart				Facility Score	Add-on Percent			Facility Specific	State-wide
Prvdr ID: 00140544A				N/A	0.00%			1.6883	1.5751
H/B ? : No	Case Mix Per Diem Rate Effective Date: 07/01/23			BIMS: 22.2%	1.0%			1.8556	1.5195
	MDS & Nurse Hrs Data per Quarter Ending: 03/31/23	Nurse Hours per On-Site Day/Quality Incentive: 4.68			3.0%		Qtrly Mcaid CMI w RUG Wght Options:	1.8914	1.5463

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	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	FY2021 GL-PL Ins. Rpt								\$ 165,488		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2021 GL-PL Ins. Rpt								21,895		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2021 Peer Group Limit		\$99.82		\$26.82	\$33.28		\$36.91		\$42.38	\$3.67
	Allowed @ 95% of Std		\$233.04	\$94.83		\$25.48	\$31.62		\$35.06		\$42.38	\$3.67
	Growth Allowance 0.0%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$240.60	\$94.83		\$25.48	\$31.62		\$35.06	\$ 7.56	\$42.38	\$3.67
	Quarterly Facility Case Mix Index for Medicaid Residents			1.8914							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$179.36								
	Quarterly Medicaid CMA Allowed Per Diem		\$321.76	\$179.36		\$25.48	\$31.62		\$35.06	\$ 4.19	\$42.38	\$3.67
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)		\$1.79	\$1.79								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$5.38	\$5.38								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$24.27									
	Quarterly Case Mix Based Per Diem Rate		\$346.04	\$186.54		\$25.48	\$31.62		\$52.16	\$4.19	\$42.38	\$3.67
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$246.70										

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

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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 HEALTH CARE CENTER Prvdr ID: 00140577A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6411	1.5751
							45.45%	5.5%					1.8599	1.5342
							3.46	2.0%					1.8963	1.5613
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,956,310	\$2,240,206	\$0	\$588,060	\$485,069	\$0	\$1,061,986		\$580,989	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$246,636)	\$5	\$0	\$3,051	(\$4,514)	(\$3,911)	(\$208,856)		(\$32,411)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$158,470				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$76,738		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,944,882	\$2,240,211	\$0	\$591,111	\$480,555	(\$3,911)	\$853,130	\$158,470	\$548,578	\$76,738		
8	Total Nursing Facility Days	As Filed Days = 26,266												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,266												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$188.26	\$85.29	\$0.00	\$22.50	\$18.15	(with L&H)	\$32.48	\$6.03	\$20.89	\$2.92		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6411										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.97										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$51.97	\$0.00	\$22.50	\$18.15		\$32.48	\$6.03	\$20.89	\$2.92		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.37	\$51.97	\$0.00	\$22.50	\$18.15		\$32.48	\$6.03	9.32 (FRV)	\$2.92		
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	\$143.37	\$51.97	\$0.00	\$22.50	\$18.15	\$0.00	\$32.48	\$6.03	\$9.32	\$2.92		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8963										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.55										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.95	\$98.55	\$0.00	\$22.50	\$18.15	\$0.00	\$32.48	\$6.03	\$9.32	\$2.92		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.42	\$5.42										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.97	\$1.97										
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	\$26.02	\$7.92	\$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	\$215.97	\$106.47	\$0.00	\$22.72	\$18.56	\$0.00	\$49.95	\$6.03	\$9.32	\$2.92		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.15											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CAMELLIA HEALTH & REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140588A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.6124	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	37.50%	2.5%	Quarterly Medicaid CMI:				1.5848	1.5342
							3.02	5.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6145	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$3,668,198	\$1,921,832	\$0	\$438,663	\$444,303	\$0	\$651,593		\$211,807	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$157,821)	(\$7,877)	\$0	(\$466)	(\$1,455)	(\$2,649)	(\$122,922)		(\$22,452)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$110,454				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,268		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,643,099	\$1,913,955	\$0	\$438,197	\$442,848	(\$2,649)	\$528,671	\$110,454	\$189,355	\$22,268		
8	Total Nursing Facility Days	As Filed Days = 16,319 FY21 Audited C/R Days	16,340											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,319 FY21 GL-PL Ins Rpt Days								16,340				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.95	\$117.13	\$0.00	\$26.82	\$26.94	(with L&H)	\$32.35	\$6.76	\$11.59	\$1.36		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6124										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.64										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.64	\$0.00	\$26.82	\$26.94		\$32.35	\$6.76	\$11.59	\$1.36		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.80	\$72.64	\$0.00	\$26.82	\$26.94		\$32.35	\$6.76	9.93 (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	\$176.80	\$72.64	\$0.00	\$26.82	\$26.94	\$0.00	\$32.35	\$6.76	\$9.93	\$1.36		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6145										
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	\$221.44	\$117.28	\$0.00	\$26.82	\$26.94	\$0.00	\$32.35	\$6.76	\$9.93	\$1.36		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.93	\$2.93										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.86	\$5.86										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.20	\$9.32	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$248.64	\$126.60	\$0.00	\$26.82	\$27.35	\$0.00	\$49.82	\$6.76	\$9.93	\$1.36		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.66											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.9328		1.9328	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 32.35%		Nurse Hours per On-Site Day/Quality Incentive: 3.11		32.35%	2.5%	Quarterly Medicaid CMI: 1.7196		1.7196	1.5342		
							4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7511		1.7511	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,121,894	\$1,561,068	\$0	\$367,087	\$420,282	\$0	\$1,403,579		\$369,878	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$83,203)	(\$3,220)	\$0	\$0	\$1,287	\$1,559	(\$29,459)		(\$53,370)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$22,250			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$53,731	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,114,672	\$1,557,848	\$0	\$367,087	\$421,569	\$1,559	\$1,374,120	\$22,250	\$316,508	\$53,731	
8	Total Nursing Facility Days	As Filed Days = 17,093 FY21 Audited C/R Days		17,093									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,093 FY21 GL-PL Ins Rpt Days								17,093			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$240.72	\$91.14	\$0.00	\$21.48	\$24.75	(with L&H)	\$80.39	\$1.30	\$18.52	\$3.14	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9328									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.15									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$47.15	\$0.00	\$21.48	\$24.75		\$80.39	\$1.30	\$18.52	\$3.14	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.59	\$47.15	\$0.00	\$21.48	\$24.75		\$36.91	\$1.30	23.86 (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	\$158.59	\$47.15	\$0.00	\$21.48	\$24.75	\$0.00	\$36.91	\$1.30	\$23.86	\$3.14	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7511									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.56									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.00	\$82.56	\$0.00	\$21.48	\$24.75	\$0.00	\$36.91	\$1.30	\$23.86	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.06	\$2.06									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.30	\$3.30									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.62	\$5.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.62	\$88.45	\$0.00	\$21.70	\$25.16	\$0.00	\$54.01	\$1.30	\$23.86	\$3.14	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.39										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: HARBORVIEW HEALTH SYSTEMS THOMASTON Prvdr ID: 00140621A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.4983	1.5751
							20.59%	1.0%					1.8948	1.5342
							2.33	1.0%					1.9322	1.5613
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,717,130	\$3,346,221	\$0	\$563,547	\$562,123	\$0	\$1,166,941		\$1,078,298	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$281,495)	(\$110,140)	\$0	\$0	\$0	\$1,380	(\$66,131)		(\$106,604)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$134,984				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$106,604		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,677,223	\$3,236,081	\$0	\$563,547	\$562,123	\$1,380	\$1,100,810	\$134,984	\$971,694	\$106,604		
8	Total Nursing Facility Days	FY21 Audited C/R Days	37,338											
	As Filed Days = 37,338													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								37,338				
	As Filed Days = 37,338													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$178.83	\$86.67	\$0.00	\$15.09	\$15.09	(with L&H)	\$29.48	\$3.62	\$26.02	\$2.86		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4983										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.84										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.84	\$0.00	\$15.09	\$15.09		\$29.48	\$3.62	\$26.02	\$2.86		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.18	\$57.84	\$0.00	\$15.09	\$15.09		\$29.48	\$3.62	9.20 <i>(FRV)</i>	\$2.86		
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	\$133.18	\$57.84	\$0.00	\$15.09	\$15.09	\$0.00	\$29.48	\$3.62	\$9.20	\$2.86		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9322										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.76										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.10	\$111.76	\$0.00	\$15.09	\$15.09	\$0.00	\$29.48	\$3.62	\$9.20	\$2.86		
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>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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.12	\$1.12										
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	\$20.87	\$2.77	\$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	\$207.97	\$114.53	\$0.00	\$15.31	\$15.50	\$0.00	\$46.95	\$3.62	\$9.20	\$2.86		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.15											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: BRIAN CENTER HEALTH & REHABILITATION CANTON														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.7426	1.5751	
Prvdr ID: 00140643A														Qtrly BIMS score	25.76%	1.0%	Quarterly Medicaid CMI:	1.7993	1.5342	
Case Mix Per Diem Rate Effective Date: 7/1/2023														Nurse Hours per On-Site Day/Quality Incentive:	2.97	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.8335	1.5613	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23																				
			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 FY21 C/R - FY21 GL/PL Rpt	\$7,139,629	\$4,211,038	\$0	\$471,482	\$570,503	\$0	\$1,025,044		\$861,562	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$195,402	(\$14,676)	\$0	\$0	\$639	\$839	\$268,765		(\$60,165)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$106,243										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$60,336								
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,501,610	\$4,196,362	\$0	\$471,482	\$571,142	\$839	\$1,293,809	\$106,243	\$801,397	\$60,336								
8	Total Nursing Facility Days As Filed Days = 29,720	FY21 Audited C/R Days	29,720																	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,720	FY21 GL-PL Ins Rpt Days								29,720										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$252.40	\$141.20	\$0.00	\$15.86	\$19.25	(with L&H)	\$43.53	\$3.57	\$26.96	\$2.03								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7426																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.03																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.03	\$0.00	\$15.86	\$19.25		\$43.53	\$3.57	\$26.96	\$2.03								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.75	\$81.03	\$0.00	\$15.86	\$19.25		\$36.91	\$3.57	14.10	\$2.03								
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	\$172.75	\$81.03	\$0.00	\$15.86	\$19.25	\$0.00	\$36.91	\$3.57	\$14.10	\$2.03								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8335																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$148.57																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.29	\$148.57	\$0.00	\$15.86	\$19.25	\$0.00	\$36.91	\$3.57	\$14.10	\$2.03								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$1.49	\$1.49																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.46	\$4.46																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.21	\$6.48	\$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	\$264.50	\$155.05	\$0.00	\$16.08	\$19.66	\$0.00	\$54.01	\$3.57	\$14.10	\$2.03								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.55																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4724	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	27.42%	1.0%	Quarterly Medicaid CMI:			1.1045	1.5342
							2.94	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1186	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,602,735	\$2,065,744	\$0	\$468,472	\$516,636	\$0	\$797,064		\$754,819	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$145,528)	(\$8,315)	\$0	\$0	\$0	\$0	(\$55,338)		(\$81,875)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$81,875	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,539,082	\$2,057,429	\$0	\$468,472	\$516,636	\$0	\$741,726	\$0	\$672,944	\$81,875	
8	Total Nursing Facility Days	As Filed Days = 27,762 FY21 Audited C/R Days		27,762									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,762 FY21 GL-PL Ins Rpt Days								27,762			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$163.50	\$74.11	\$0.00	\$16.87	\$18.61	(with L&H)	\$26.72	\$0.00	\$24.24	\$2.95	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4724									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.33									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$50.33	\$0.00	\$16.87	\$18.61		\$26.72	\$0.00	\$24.24	\$2.95	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.11	\$50.33	\$0.00	\$16.87	\$18.61		\$26.72	\$0.00	8.63 (FRV)	\$2.95	
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	\$124.11	\$50.33	\$0.00	\$16.87	\$18.61	\$0.00	\$26.72	\$0.00	\$8.63	\$2.95	
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		\$56.30									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$130.08	\$56.30	\$0.00	\$16.87	\$18.61	\$0.00	\$26.72	\$0.00	\$8.63	\$2.95	
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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.56	\$0.56									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.69	\$1.69									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.88	\$2.78	\$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	\$150.96	\$59.08	\$0.00	\$17.09	\$19.02	\$0.00	\$44.19	\$0.00	\$8.63	\$2.95	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$100.40										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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 Prvdr ID: 00140665A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.3880	1.5751
							40.00%	2.5%					1.5726	1.5342
							3.36	4.0%					1.6016	1.5613
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,373,050	\$3,614,283	\$0	\$488,283	\$738,484	\$0	\$874,011		\$657,989	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$198,376)	\$0	\$0	\$0	\$0	\$0	(\$121,848)		(\$76,528)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$94,222				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$76,528		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,345,424	\$3,614,283	\$0	\$488,283	\$738,484	\$0	\$752,163	\$94,222	\$581,461	\$76,528		
8	Total Nursing Facility Days	FY21 Audited C/R Days	35,590											
	As Filed Days = 35,590													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								35,590				
	As Filed Days = 35,590													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$178.29	\$101.55	\$0.00	\$13.72	\$20.75	(with L&H)	\$21.13	\$2.65	\$16.34	\$2.15		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3880										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.16										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.16	\$0.00	\$13.72	\$20.75		\$21.13	\$2.65	\$16.34	\$2.15		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.49	\$73.16	\$0.00	\$13.72	\$20.75		\$21.13	\$2.65	14.93 (FRV)	\$2.15		
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	\$148.49	\$73.16	\$0.00	\$13.72	\$20.75	\$0.00	\$21.13	\$2.65	\$14.93	\$2.15		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6016										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.17										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.50	\$117.17	\$0.00	\$13.72	\$20.75	\$0.00	\$21.13	\$2.65	\$14.93	\$2.15		
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	\$2.93	\$2.93										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.69	\$4.69										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$218.75	\$125.32	\$0.00	\$13.94	\$21.16	\$0.00	\$38.60	\$2.65	\$14.93	\$2.15		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.24											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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 - EASTSIDE Prvdr ID: 00140687A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Growth Allowance: N/A Qtrly BIMS score: 40.30% Nurse Hours per On-Site Day/Quality Incentive: 2.60			Facility Score: N/A Add-on Percent: 0.00% 2.5% 5.0%			Base Period Overall CMI: 1.4455 Quarterly Medicaid CMI: 1.2913 Qtrly Mcaid CMI w RUG Wght Options: 1.3110			1.4455	1.5751	1.2913	1.5342	1.3110	1.5613
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,036,126	\$3,511,331	\$0	\$498,616	\$656,759	\$0	\$1,135,833		\$233,587	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$444,317)	(\$87,082)	\$0	\$0	\$0	\$782	(\$307,046)		(\$50,971)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$390,257																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$50,971															
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,033,037	\$3,424,249	\$0	\$498,616	\$656,759	\$782	\$828,787	\$390,257	\$182,616	\$50,971															
8	Total Nursing Facility Days	FY21 Audited C/R Days	28,228	28,228																							
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								28,228																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.73	\$121.31	\$0.00	\$17.66	\$23.29	(with L&H)	\$29.36	\$13.83	\$6.47	\$1.81															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4455																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.93																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.93	\$0.00	\$17.66	\$23.29		\$29.36	\$13.83	\$6.47	\$1.81															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.45	\$83.93	\$0.00	\$17.66	\$23.29		\$29.36	\$13.83	12.57 (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	\$182.45	\$83.93	\$0.00	\$17.66	\$23.29	\$0.00	\$29.36	\$13.83	\$12.57	\$1.81															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3110																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.03																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.55	\$110.03	\$0.00	\$17.66	\$23.29	\$0.00	\$29.36	\$13.83	\$12.57	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00																
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.75	\$2.75																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.50	\$5.50																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.88	\$8.78	\$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	\$235.43	\$118.81	\$0.00	\$17.88	\$23.70	\$0.00	\$46.83	\$13.83	\$12.57	\$1.81															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.75																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.8019	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	22.95%	1.0%	Quarterly Medicaid CMI:			1.6462	1.5342
							3.04	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6737	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$7,389,020	\$3,606,145	\$0	\$522,581	\$518,572	\$0	\$917,721		\$1,824,001	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$394,807	(\$3,287)	\$0	(\$2,205)	(\$1,393)	(\$1,059)	\$447,266		(\$44,515)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$4,219			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$21,424	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,809,470	\$3,602,858	\$0	\$520,376	\$517,179	(\$1,059)	\$1,364,987	\$4,219	\$1,779,486	\$21,424	
8	Total Nursing Facility Days	As Filed Days = 26,266 FY21 Audited C/R Days	26,266										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,266 FY21 GL-PL Ins Rpt Days								26,266			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$297.33	\$137.17	\$0.00	\$19.81	\$19.65	(with L&H)	\$51.97	\$0.16	\$67.75	\$0.82	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8019									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.12									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.12	\$0.00	\$19.81	\$19.65		\$51.97	\$0.16	\$67.75	\$0.82	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.31	\$76.12	\$0.00	\$19.81	\$19.65		\$36.91	\$0.16	13.84 (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	\$167.31	\$76.12	\$0.00	\$19.81	\$19.65	\$0.00	\$36.91	\$0.16	\$13.84	\$0.82	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6737									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.40									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.59	\$127.40	\$0.00	\$19.81	\$19.65	\$0.00	\$36.91	\$0.16	\$13.84	\$0.82	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <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>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)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.35	\$5.62	\$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	\$241.94	\$133.02	\$0.00	\$20.03	\$20.06	\$0.00	\$54.01	\$0.16	\$13.84	\$0.82	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.63										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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 - CRESTWOOD, LLC														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.5525	1.5751
Prvdr ID: 00140764A														Qtrly BIMS score	50.00%	5.5%	Quarterly Medicaid CMI:	1.5702	1.5342
Case Mix Per Diem Rate Effective Date: 7/1/2023														Nurse Hours per On-Site Day/Quality Incentive:	3.75	4.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.6016	1.5613
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23																			
			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 FY21 C/R - FY21 GL/PL Rpt	\$4,731,627	\$2,449,052	\$0	\$387,604	\$612,442	\$0	\$986,414		\$296,115	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$381,577)	(\$6,344)	\$0	\$0	\$0	\$1,152	(\$343,519)		(\$32,866)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$343,220									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$30,000							
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,723,270	\$2,442,708	\$0	\$387,604	\$612,442	\$1,152	\$642,895	\$343,220	\$263,249	\$30,000							
8	Total Nursing Facility Days	FY21 Audited C/R Days		21,669															
	As Filed Days = 21,669																		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								21,669									
	As Filed Days = 21,669																		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$217.98	\$112.73	\$0.00	\$17.89	\$28.32	(with L&H)	\$29.67	\$15.84	\$12.15	\$1.38							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5525															
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	\$17.89	\$28.32		\$29.67	\$15.84	\$12.15	\$1.38							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.87	\$72.61	\$0.00	\$17.89	\$28.32		\$29.67	\$15.84	10.16	\$1.38							
											(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	\$175.87	\$72.61	\$0.00	\$17.89	\$28.32	\$0.00	\$29.67	\$15.84	\$10.16	\$1.38							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6016															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.29															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.55	\$116.29	\$0.00	\$17.89	\$28.32	\$0.00	\$29.67	\$15.84	\$10.16	\$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	\$0.00							
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.40	\$6.40															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.65	\$4.65															
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	\$29.68	\$11.58	\$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	\$249.23	\$127.87	\$0.00	\$18.11	\$28.73	\$0.00	\$47.14	\$15.84	\$10.16	\$1.38							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.10																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: GATEWAY HEALTH AND REHAB		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140786A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance:	N/A	Base Period Overall CMI:				1.7407	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	28.57%	Quarterly Medicaid CMI:				1.7778	1.5342	
					2.65	Qtrly Mcaid CMI w RUG Wght Options:				1.8132	1.5613	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$3,816,748	\$2,220,290	\$0	\$339,604	\$418,630	\$0	\$586,622		\$251,602	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$98,306)	(\$215)	\$0	\$0	\$0	\$0	(\$89,285)		(\$8,806)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$93,373		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$11,442
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,823,257	\$2,220,075	\$0	\$339,604	\$418,630	\$0	\$497,337	\$93,373	\$242,796	\$11,442
8	Total Nursing Facility Days	As Filed Days = 15,216 FY21 Audited C/R Days	15,216									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,216 FY21 GL-PL Ins Rpt Days								15,216		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$251.27	\$145.90	\$0.00	\$22.32	\$27.51	(with L&H)	\$32.69	\$6.14	\$15.96	\$0.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7407								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.82								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.82	\$0.00	\$22.32	\$27.51		\$32.69	\$6.14	\$15.96	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.98	\$83.82	\$0.00	\$22.32	\$27.51		\$32.69	\$6.14	7.75 (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	\$180.98	\$83.82	\$0.00	\$22.32	\$27.51	\$0.00	\$32.69	\$6.14	\$7.75	\$0.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8132								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$151.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.14	\$151.98	\$0.00	\$22.32	\$27.51	\$0.00	\$32.69	\$6.14	\$7.75	\$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	\$1.52	\$1.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.56	\$4.56								
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	\$24.71	\$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	\$273.85	\$158.59	\$0.00	\$22.54	\$27.92	\$0.00	\$50.16	\$6.14	\$7.75	\$0.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.56									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4959	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	38.10%	2.5%	Quarterly Medicaid CMI:			1.4310	1.5342
							3.31	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4559	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,035,241	\$2,042,645	\$0	\$447,494	\$470,551	\$0	\$699,322		\$375,229	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$170,413)	(\$27,395)	\$0	(\$501)	(\$5,967)	(\$950)	(\$110,986)		(\$24,614)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$77,797			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$24,550	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,967,175	\$2,015,250	\$0	\$446,993	\$464,584	(\$950)	\$588,336	\$77,797	\$350,615	\$24,550	
8	Total Nursing Facility Days As Filed Days = 17,520	FY21 Audited C/R Days	17,636										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,520	FY21 GL-PL Ins Rpt Days								17,636			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$224.95	\$114.27	\$0.00	\$25.35	\$26.29	(with L&H)	\$33.36	\$4.41	\$19.88	\$1.39	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4959									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.39									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.39	\$0.00	\$25.35	\$26.29		\$33.36	\$4.41	\$19.88	\$1.39	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.53	\$76.39	\$0.00	\$25.35	\$26.29		\$33.36	\$4.41	10.34 (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	\$177.53	\$76.39	\$0.00	\$25.35	\$26.29	\$0.00	\$33.36	\$4.41	\$10.34	\$1.39	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4559									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.22									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.36	\$111.22	\$0.00	\$25.35	\$26.29	\$0.00	\$33.36	\$4.41	\$10.34	\$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	\$2.78	\$2.78									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.45	\$4.45									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.86	\$7.76	\$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	\$238.22	\$118.98	\$0.00	\$25.57	\$26.70	\$0.00	\$50.83	\$4.41	\$10.34	\$1.39	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.84										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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: CARROLLTON MANOR, INCORPORATED Prvdr ID: 00140852A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 23.38% Nurse Hours per On-Site Day/Quality Incentive: 3.73			Facility Score Add-on Percent: 0.00% 1.0% 3.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.5420 Quarterly Medicaid CMI: 1.4260 Qtrly Mcaid CMI w RUG Wght Options: 1.4492			Facility Specific 1.5420 1.4260 1.4492	State-wide 1.5751 1.5342 1.5613
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>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 FY21 C/R - FY21 GL/PL Rpt	\$5,416,140	\$3,114,703	\$0	\$692,914	\$606,621	\$0	\$761,266		\$240,636	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$247,056)	(\$13,646)	\$0	\$0	\$0	\$0	(\$172,290)		(\$61,120)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$180,187				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$61,120		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,410,391	\$3,101,057	\$0	\$692,914	\$606,621	\$0	\$588,976	\$180,187	\$179,516	\$61,120		
8	Total Nursing Facility Days	As Filed Days = 29,737 FY21 Audited C/R Days	29,737											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,737 FY21 GL-PL Ins Rpt Days								29,737				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$181.95	\$104.28	\$0.00	\$23.30	\$20.40	(with L&H)	\$19.81	\$6.06	\$6.04	\$2.06		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5420										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.63										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.63	\$0.00	\$23.30	\$20.40		\$19.81	\$6.06	\$6.04	\$2.06		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.42	\$67.63	\$0.00	\$23.30	\$20.40		\$19.81	\$6.06	12.16 (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	\$151.42	\$67.63	\$0.00	\$23.30	\$20.40	\$0.00	\$19.81	\$6.06	\$12.16	\$2.06		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4492										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.01										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.80	\$98.01	\$0.00	\$23.30	\$20.40	\$0.00	\$19.81	\$6.06	\$12.16	\$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>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	\$2.94	\$2.94										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.55	\$4.45	\$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	\$204.35	\$102.46	\$0.00	\$23.52	\$20.81	\$0.00	\$37.28	\$6.06	\$12.16	\$2.06		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.44											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: EARLY MEMORIAL NURSING FACILITY		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140874A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4065	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	14.63%	0.0%	Quarterly Medicaid CMI:			1.1079	1.5342
							2.45	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1206	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,393,189	\$3,423,538	\$0	\$966,214	\$137,875	\$10,025	\$609,334		\$246,203	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$42,106)	\$0	\$0	\$0	\$7,272	\$529	(\$49,907)		\$0		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$46,907			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,397,990	\$3,423,538	\$0	\$966,214	\$145,147	\$10,554	\$559,427	\$46,907	\$246,203	\$0	
8	Total Nursing Facility Days As Filed Days = 31,597	FY21 Audited C/R Days	31,597										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,597	FY21 GL-PL Ins Rpt Days								31,597			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$170.84	\$108.35	\$0.00	\$30.58	\$4.93	(with L&H)	\$17.71	\$1.48	\$7.79	\$0.00	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4065									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.03									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.03	\$0.00	\$30.58	\$4.93		\$17.71	\$1.48	\$7.79	\$0.00	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.33	\$77.03	\$0.00	\$30.58	\$4.93		\$17.71	\$1.48	10.60 (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	\$142.33	\$77.03	\$0.00	\$30.58	\$4.93	\$0.00	\$17.71	\$1.48	\$10.60	\$0.00	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1206									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.32									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.62	\$86.32	\$0.00	\$30.58	\$4.93	\$0.00	\$17.71	\$1.48	\$10.60	\$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)	\$1.12	\$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>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	\$19.95	\$2.26	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$171.57	\$88.58	\$0.00	\$30.80	\$4.93	\$0.00	\$35.18	\$1.48	\$10.60	\$0.00	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$115.85										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: EASTVIEW NURSING CENTER Prvdr ID: 00140885A		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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Growth Allowance: N/A Qtrly BIMS score: 32.73% Nurse Hours per On-Site Day/Quality Incentive: 3.17				3.17	0.00% 2.5% 3.0%	Base Period Overall CMI: 1.6132 Quarterly Medicaid CMI: 1.6431 Qtrly Mcaid CMI w RUG Wght Options: 1.6737			1.6132 1.6431 1.6737	1.5751 1.5342 1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$3,436,068	\$1,652,452	\$0	\$466,580	\$570,179	\$0	\$657,930		\$88,927	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$192,223)	(\$8,683)	\$0	\$173	\$499	\$623	(\$133,453)		(\$51,382)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$95,629		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$50,507
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,389,981	\$1,643,769	\$0	\$466,753	\$570,678	\$623	\$524,477	\$95,629	\$37,545	\$50,507
8	Total Nursing Facility Days	As Filed Days = 18,919 FY21 Audited C/R Days	18,919									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,919 FY21 GL-PL Ins Rpt Days								18,919		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$179.17	\$86.88	\$0.00	\$24.67	\$30.20	(with L&H)	\$27.72	\$5.05	\$1.98	\$2.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6132								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$53.86	\$0.00	\$24.67	\$30.20		\$27.72	\$5.05	\$1.98	\$2.67
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.14	\$53.86	\$0.00	\$24.67	\$30.20		\$27.72	\$5.05	8.97 (FRV)	\$2.67
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	\$153.14	\$53.86	\$0.00	\$24.67	\$30.20	\$0.00	\$27.72	\$5.05	\$8.97	\$2.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6737								
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	\$189.43	\$90.15	\$0.00	\$24.67	\$30.20	\$0.00	\$27.72	\$5.05	\$8.97	\$2.67
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	\$2.25	\$2.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.70	\$2.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.58	\$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	\$213.01	\$95.63	\$0.00	\$24.89	\$30.61	\$0.00	\$45.19	\$5.05	\$8.97	\$2.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.93									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: EFFINGHAM CARE & REHABILITATION CENTER Prvdr ID: 00140907A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.3073	1.5751
							29.33%	1.0%					1.3287	1.5342
							4.75	7.0%					1.3482	1.5613
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</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 FY21 C/R - FY21 GL/PL Rpt	\$12,565,244	\$5,182,544	\$0	\$673,798	\$223,315	\$231,533	\$4,699,156		\$1,554,898	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$1,243,873)	(\$538,754)	\$0	\$383,447	\$114,276	\$469,312	(\$683,697)		(\$988,457)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$44				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$30,598		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,352,013	\$4,643,790	\$0	\$1,057,245	\$337,591	\$700,845	\$4,015,459	\$44	\$566,441	\$30,598		
8	Total Nursing Facility Days	As Filed Days = 32,205 FY21 Audited C/R Days	32,205											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,205 FY21 GL-PL Ins Rpt Days								32,205				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$352.48	\$144.19	\$0.00	\$32.83	\$32.24	(with L&H)	\$124.68	\$0.00	\$17.59	\$0.95		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3073										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$110.30										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$110.30	\$0.00	\$32.83	\$32.24		\$124.68	\$0.00	\$17.59	\$0.95		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$214.63	\$99.82	\$0.00	\$32.83	\$32.24		\$36.91	\$0.00	11.88 (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	\$214.63	\$99.82	\$0.00	\$32.83	\$32.24	\$0.00	\$36.91	\$0.00	\$11.88	\$0.95		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3482										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.58										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.39	\$134.58	\$0.00	\$32.83	\$32.24	\$0.00	\$36.91	\$0.00	\$11.88	\$0.95		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.35	\$1.35										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>7.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$9.42	\$9.42										
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	\$28.50	\$10.77	\$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	\$277.89	\$145.35	\$0.00	\$33.05	\$32.65	\$0.00	\$54.01	\$0.00	\$11.88	\$0.95		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$195.59											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: SOUTHERN PINES Prvdr ID: 00140918A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: 8.57% Qtrly BIMS score: 3.34 Nurse Hours per On-Site Day/Quality Incentive: 3.0%				Base Period Overall CMI: 1.8254 Quarterly Medicaid CMI: 1.3669 Qtrly Mcaid CMI w RUG Wght Options: 1.3894				Facility Specific: 1.8254 State-wide: 1.5751 1.3669 1.5342 1.3894 1.5613	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,849,570	\$1,987,441	\$0	\$374,773	\$555,680	\$0	\$749,144		\$182,532	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$192,599)	\$0	\$0	\$0	(\$436)	(\$443)	(\$98,230)		(\$93,490)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$92,553		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$93,342
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,842,866	\$1,987,441	\$0	\$374,773	\$555,244	(\$443)	\$650,914	\$92,553	\$89,042	\$93,342
8	Total Nursing Facility Days	FY21 Audited C/R Days	16,384									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								16,384		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$234.54	\$121.30	\$0.00	\$22.87	\$33.86	(with L&H)	\$39.73	\$5.65	\$5.43	\$5.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8254								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.45	\$0.00	\$22.87	\$33.86		\$39.73	\$5.65	\$5.43	\$5.70
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.98	\$66.45	\$0.00	\$22.87	\$33.28		\$36.91	\$5.65	35.12 (FRV)	\$5.70
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	\$205.98	\$66.45	\$0.00	\$22.87	\$33.28	\$0.00	\$36.91	\$5.65	\$35.12	\$5.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3894								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.86	\$92.33	\$0.00	\$22.87	\$33.28	\$0.00	\$36.91	\$5.65	\$35.12	\$5.70
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.77	\$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	\$20.62	\$3.30	\$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	\$252.48	\$95.63	\$0.00	\$23.09	\$33.28	\$0.00	\$54.01	\$5.65	\$35.12	\$5.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.54									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: EMANUEL COUNTY NURSING HOME Prvdr ID: 00140929A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
			Growth Allowance: N/A Qtrly BIMS score: 25.00% Nurse Hours per On-Site Day/Quality Incentive: 4.15				Add-on Percent: 0.00% 1.0% 3.0%				Base Period Overall CMI: 1.2579 Quarterly Medicaid CMI: 1.1998 Qtrly Mcaid CMI w RUG Wght Options: 1.2198		1.5751 1.5342 1.5613	
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</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 FY21 C/R - FY21 GL/PL Rpt	\$4,057,979	\$2,041,614	\$0	\$581,755	\$297,700	\$229,696	\$820,110		\$87,104	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$6,902)	\$0	\$0	\$0	\$0	\$0	(\$6,902)		\$0			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$6,902				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,057,979	\$2,041,614	\$0	\$581,755	\$297,700	\$229,696	\$813,208	\$6,902	\$87,104	\$0		
8	Total Nursing Facility Days As Filed Days = 13,428	FY21 Audited C/R Days	13,428											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 13,428	FY21 GL-PL Ins Rpt Days								13,428				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$302.20	\$152.04	\$0.00	\$43.32	\$39.28	(with L&H)	\$60.56	\$0.51	\$6.49	\$0.00		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2579										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$120.87										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$120.87	\$0.00	\$43.32	\$39.28		\$60.56	\$0.51	\$6.49	\$0.00		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$224.34	\$99.82	\$0.00	\$37.13	\$33.28		\$36.91	\$0.51	16.69 (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	\$224.34	\$99.82	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$0.51	\$16.69	\$0.00		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2198										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.76										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.28	\$121.76	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$0.51	\$16.69	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.65	\$3.65										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.97	\$4.87	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$268.25	\$126.63	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$0.51	\$16.69	\$0.00		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.36											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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 - BLUE RIDGE Prvdr ID: 00140973A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23															
			Growth Allowance: N/A Qtrly BIMS score: 34.09% Nurse Hours per On-Site Day/Quality Incentive: 3.76				Add-on Percent: 0.00% 2.5% 5.0%				Facility Score: N/A 3.76		Facility Specific: 1.5187 1.4724 1.4992		State-wide: 1.5751 1.5342 1.5613
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,725,030	\$3,087,338	\$0	\$410,677	\$810,443	\$0	\$1,192,709		\$223,863	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$476,214)	(\$52,343)	\$0	\$0	\$8,744	\$10,262	(\$411,037)		(\$31,840)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$438,859					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$32,586			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,720,261	\$3,034,995	\$0	\$410,677	\$819,187	\$10,262	\$781,672	\$438,859	\$192,023	\$32,586			
8	Total Nursing Facility Days	FY21 Audited C/R Days	22,881												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								22,881					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$249.99	\$132.64	\$0.00	\$17.95	\$36.25	(with L&H)	\$34.16	\$19.18	\$8.39	\$1.42			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5187											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.34											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.34	\$0.00	\$17.95	\$36.25		\$34.16	\$19.18	\$8.39	\$1.42			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.05	\$87.34	\$0.00	\$17.95	\$33.28		\$34.16	\$19.18	9.72 (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	\$203.05	\$87.34	\$0.00	\$17.95	\$33.28	\$0.00	\$34.16	\$19.18	\$9.72	\$1.42			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4992											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.94											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.65	\$130.94	\$0.00	\$17.95	\$33.28	\$0.00	\$34.16	\$19.18	\$9.72	\$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)	\$1.12	\$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	\$3.27	\$3.27											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.55	\$6.55											
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	\$28.04	\$10.35	\$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	\$274.69	\$141.29	\$0.00	\$18.17	\$33.28	\$0.00	\$51.63	\$19.18	\$9.72	\$1.42			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$193.19												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: FIFTH AVENUE HEALTH CARE Prvdr ID: 00140984A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													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	0.00%	1.7909	1.5751		
														26.67%	1.0%		1.4970	1.5342				
														3.10	3.0%		1.5236	1.5613				
			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 FY21 C/R - FY21 GL/PL Rpt	\$6,044,298	\$3,224,925	\$0	\$572,551	\$750,171	\$0	\$940,930		\$555,721	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$139,390)	\$24	\$0	\$0	\$2,776	\$2,004	(\$128,473)		(\$15,721)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$155,807												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$15,821										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,076,536	\$3,224,949	\$0	\$572,551	\$752,947	\$2,004	\$812,457	\$155,807	\$540,000	\$15,821										
8	Total Nursing Facility Days	FY21 Audited C/R Days	24,771																			
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								24,771												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$245.31	\$130.19	\$0.00	\$23.11	\$30.48	(with L&H)	\$32.80	\$6.29	\$21.80	\$0.64										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7909																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.70																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.70	\$0.00	\$23.11	\$30.48		\$32.80	\$6.29	\$21.80	\$0.64										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.56	\$72.70	\$0.00	\$23.11	\$30.48		\$32.80	\$6.29	11.54 (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	\$177.56	\$72.70	\$0.00	\$23.11	\$30.48	\$0.00	\$32.80	\$6.29	\$11.54	\$0.64										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5236																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.77																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.63	\$110.77	\$0.00	\$23.11	\$30.48	\$0.00	\$32.80	\$6.29	\$11.54	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.32	\$3.32																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.06	\$4.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.69	\$115.73	\$0.00	\$23.33	\$30.89	\$0.00	\$50.27	\$6.29	\$11.54	\$0.64										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.19																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5804		1.5804	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 23.44%		Nurse Hours per On-Site Day/Quality Incentive: 2.77		2.77	1.0%	Quarterly Medicaid CMI: 1.4831		1.4831	1.5342		
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5107		1.5107	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,832,856	\$2,571,613	\$0	\$377,959	\$635,141	\$0	\$1,038,051		\$210,092	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$364,340)	(\$105,060)	\$0	\$0	\$0	\$1,040	(\$235,242)		(\$25,078)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$337,481			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,078	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,831,075	\$2,466,553	\$0	\$377,959	\$635,141	\$1,040	\$802,809	\$337,481	\$185,014	\$25,078	
8	Total Nursing Facility Days As Filed Days = 22,670	FY21 Audited C/R Days	22,670										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,670	FY21 GL-PL Ins Rpt Days								22,670			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.10	\$108.80	\$0.00	\$16.67	\$28.06	(with L&H)	\$35.41	\$14.89	\$8.16	\$1.11	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5804									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.84									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.84	\$0.00	\$16.67	\$28.06		\$35.41	\$14.89	\$8.16	\$1.11	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.22	\$68.84	\$0.00	\$16.67	\$28.06		\$35.41	\$14.89	12.24 (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	\$177.22	\$68.84	\$0.00	\$16.67	\$28.06	\$0.00	\$35.41	\$14.89	\$12.24	\$1.11	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5107									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.00									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.38	\$104.00	\$0.00	\$16.67	\$28.06	\$0.00	\$35.41	\$14.89	\$12.24	\$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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.20	\$5.20									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.87	\$6.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$237.25	\$110.77	\$0.00	\$16.89	\$28.47	\$0.00	\$52.88	\$14.89	\$12.24	\$1.11	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.11										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4198	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	27.42%	1.0%	Quarterly Medicaid CMI:			1.4715	1.5342
							3.20	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4988	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,838,739	\$2,905,162	\$0	\$414,523	\$411,877	\$0	\$724,920		\$382,257	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$99,488)	(\$922)	\$0	(\$2,386)	(\$1,601)	\$3,325	(\$72,051)		(\$25,853)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$55,877			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,753	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,820,881	\$2,904,240	\$0	\$412,137	\$410,276	\$3,325	\$652,869	\$55,877	\$356,404	\$25,753	
8	Total Nursing Facility Days	As Filed Days = 27,366 FY21 Audited C/R Days	27,366										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,366 FY21 GL-PL Ins Rpt Days								27,366			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$176.16	\$106.13	\$0.00	\$15.06	\$15.11	(with L&H)	\$23.86	\$2.04	\$13.02	\$0.94	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4198									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.75									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.75	\$0.00	\$15.06	\$15.11		\$23.86	\$2.04	\$13.02	\$0.94	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.93	\$74.75	\$0.00	\$15.06	\$15.11		\$23.86	\$2.04	9.17 (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	\$140.93	\$74.75	\$0.00	\$15.06	\$15.11	\$0.00	\$23.86	\$2.04	\$9.17	\$0.94	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4988									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.04									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.22	\$112.04	\$0.00	\$15.06	\$15.11	\$0.00	\$23.86	\$2.04	\$9.17	\$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>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	\$2.24	\$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	\$21.99	\$3.89	\$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	\$200.21	\$115.93	\$0.00	\$15.28	\$15.52	\$0.00	\$41.33	\$2.04	\$9.17	\$0.94	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.33										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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 - FORSYTH													N/A	0.00%	Base Period Overall CMI:			1.4762	1.5751			
Prvdr ID: 00141017A													26.53%	1.0%	Quarterly Medicaid CMI:			1.4687	1.5342			
Case Mix Per Diem Rate Effective Date: 7/1/2023													2.67	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4930	1.5613			
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23																						
													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 FY21 C/R - FY21 GL/PL Rpt	\$4,169,233	\$2,273,036	\$0	\$331,959	\$509,569	\$0	\$861,365		\$193,304	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$378,059)	(\$68,537)	\$0	\$1,588	(\$1,269)	(\$1,085)	(\$279,357)		(\$29,399)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$309,354												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,140										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,119,668	\$2,204,499	\$0	\$333,547	\$508,300	(\$1,085)	\$582,008	\$309,354	\$163,905	\$19,140										
8	Total Nursing Facility Days	As Filed Days = 17,576																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,576									17,576											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$234.40	\$125.43	\$0.00	\$18.98	\$28.86	(with L&H)	\$33.11	\$17.60	\$9.33	\$1.09										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4762																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.97																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$84.97	\$0.00	\$18.98	\$28.86		\$33.11	\$17.60	\$9.33	\$1.09										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.84	\$84.97	\$0.00	\$18.98	\$28.86		\$33.11	\$17.60	9.23 (FRV)	\$1.09										
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	\$193.84	\$84.97	\$0.00	\$18.98	\$28.86	\$0.00	\$33.11	\$17.60	\$9.23	\$1.09										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4930																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.86																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.73	\$126.86	\$0.00	\$18.98	\$28.86	\$0.00	\$33.11	\$17.60	\$9.23	\$1.09										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.07	\$5.07																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$260.70	\$133.73	\$0.00	\$19.20	\$29.27	\$0.00	\$50.58	\$17.60	\$9.23	\$1.09										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.70																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.8498		1.8498	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 31.58%		Nurse Hours per On-Site Day/Quality Incentive: 2.71		31.58%	2.5%	Quarterly Medicaid CMI: 1.8466		1.8466	1.5342		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8828		1.8828	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,142,395	\$1,705,446	\$0	\$332,714	\$360,456	\$0	\$1,085,380		\$658,399	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$99,711)	(\$11,070)	\$0	\$0	\$0	\$0	(\$43,878)		(\$44,763)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$36,153			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$44,763	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,123,600	\$1,694,376	\$0	\$332,714	\$360,456	\$0	\$1,041,502	\$36,153	\$613,636	\$44,763	
8	Total Nursing Facility Days As Filed Days = 18,587	FY21 Audited C/R Days	18,587										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,587	FY21 GL-PL Ins Rpt Days								18,587			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$221.85	\$91.16	\$0.00	\$17.90	\$19.39	(with L&H)	\$56.03	\$1.95	\$33.01	\$2.41	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8498									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.28									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$49.28	\$0.00	\$17.90	\$19.39		\$56.03	\$1.95	\$33.01	\$2.41	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.71	\$49.28	\$0.00	\$17.90	\$19.39		\$36.91	\$1.95	9.87 (FRV)	\$2.41	
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	\$137.71	\$49.28	\$0.00	\$17.90	\$19.39	\$0.00	\$36.91	\$1.95	\$9.87	\$2.41	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8828									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.78									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.21	\$92.78	\$0.00	\$17.90	\$19.39	\$0.00	\$36.91	\$1.95	\$9.87	\$2.41	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <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	\$204.57	\$98.41	\$0.00	\$18.12	\$19.80	\$0.00	\$54.01	\$1.95	\$9.87	\$2.41	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.60										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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 - FRANKLIN Prvdr ID: 00141039A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 23.08% Nurse Hours per On-Site Day/Quality Incentive: 2.93 5.0%				Base Period Overall CMI: 1.3832 Quarterly Medicaid CMI: 1.5279 Qtrly Mcaid CMI w RUG Wght Options: 1.5535				Facility Specific: 1.3832 State-wide: 1.5751 1.5279 1.5342 1.5535 1.5613	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,598,729	\$2,512,963	\$0	\$386,052	\$467,195	\$0	\$959,198		\$273,321	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$413,210)	(\$78,686)	\$0	(\$141)	(\$1,645)	(\$2,125)	(\$308,243)		(\$22,370)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$336,460		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,292
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,539,271	\$2,434,277	\$0	\$385,911	\$465,550	(\$2,125)	\$650,955	\$336,460	\$250,951	\$17,292
8	Total Nursing Facility Days	FY21 Audited C/R Days	22,332	22,332								
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								22,332		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$203.26	\$109.00	\$0.00	\$17.28	\$20.75	(with L&H)	\$29.15	\$15.07	\$11.24	\$0.77
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3832								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.80	\$0.00	\$17.28	\$20.75		\$29.15	\$15.07	\$11.24	\$0.77
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.95	\$78.80	\$0.00	\$17.28	\$20.75		\$29.15	\$15.07	11.13 (FRV)	\$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	\$172.95	\$78.80	\$0.00	\$17.28	\$20.75	\$0.00	\$29.15	\$15.07	\$11.13	\$0.77
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5535								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.57	\$122.42	\$0.00	\$17.28	\$20.75	\$0.00	\$29.15	\$15.07	\$11.13	\$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)	\$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>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.12	\$6.12								
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	\$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	\$242.54	\$130.29	\$0.00	\$17.50	\$21.16	\$0.00	\$46.62	\$15.07	\$11.13	\$0.77
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.08									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.3226		1.3226	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 18.82%		Qtrly BIMS score: 18.82%		18.82%	0.0%	Quarterly Medicaid CMI: 1.1996		1.1996	1.5342		
		Nurse Hours per On-Site Day/Quality Incentive: 3.07		Nurse Hours per On-Site Day/Quality Incentive: 3.07		3.07	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2151		1.2151	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$12,712,389	\$5,630,388	\$0	\$1,619,315	\$706,078	\$1,152,033	\$2,097,757		\$1,506,818	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$158,521)	\$2,283	\$0	\$0	(\$2,283)	\$0	(\$132,778)		(\$25,743)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$79,984			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,743	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,659,595	\$5,632,671	\$0	\$1,619,315	\$703,795	\$1,152,033	\$1,964,979	\$79,984	\$1,481,075	\$25,743	
8	Total Nursing Facility Days As Filed Days = 36,236	FY21 Audited C/R Days	36,236										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,236	FY21 GL-PL Ins Rpt Days								36,236			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$349.37	\$155.44	\$0.00	\$44.69	\$51.22	(with L&H)	\$54.23	\$2.21	\$40.87	\$0.71	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3226									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$117.52									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$117.52	\$0.00	\$44.69	\$51.22		\$54.23	\$2.21	\$40.87	\$0.71	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$231.28	\$99.82	\$0.00	\$37.13	\$33.28		\$36.91	\$2.21	21.22 (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	\$231.28	\$99.82	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.21	\$21.22	\$0.71	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2151									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.29									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$252.75	\$121.29	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.21	\$21.22	\$0.71	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$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	\$3.64	\$3.64									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.74	\$3.64	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$273.49	\$124.93	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$2.21	\$21.22	\$0.71	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.29										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6343	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	45.21%	5.5%	Quarterly Medicaid CMI:			1.6665	1.5342
							3.76	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6981	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$14,805,411	\$9,437,945	\$0	\$1,223,959	\$1,297,180	\$0	\$2,080,778		\$765,549	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$308,171)	\$8,058	\$0	(\$2,045)	(\$8,252)	(\$1,961)	(\$166,441)		(\$137,530)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$162,391			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$130,225	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$14,789,856	\$9,446,003	\$0	\$1,221,914	\$1,288,928	(\$1,961)	\$1,914,337	\$162,391	\$628,019	\$130,225	
8	Total Nursing Facility Days	As Filed Days = 70,776 FY21 Audited C/R Days		70,776									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 70,776 FY21 GL-PL Ins Rpt Days								70,776			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$208.95	\$133.46	\$0.00	\$17.26	\$18.18	(with L&H)	\$27.05	\$2.29	\$8.87	\$1.84	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6343									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.66									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.66	\$0.00	\$17.26	\$18.18		\$27.05	\$2.29	\$8.87	\$1.84	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.98	\$81.66	\$0.00	\$17.26	\$18.18		\$27.05	\$2.29	13.70 (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	\$161.98	\$81.66	\$0.00	\$17.26	\$18.18	\$0.00	\$27.05	\$2.29	\$13.70	\$1.84	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6981									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.67									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.99	\$138.67	\$0.00	\$17.26	\$18.18	\$0.00	\$27.05	\$2.29	\$13.70	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.63	\$7.63									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.77	\$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	\$29.03	\$10.93	\$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	\$248.02	\$149.60	\$0.00	\$17.48	\$18.59	\$0.00	\$44.52	\$2.29	\$13.70	\$1.84	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.19										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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:	1.5589	1.5751		
Provider: GIBSON HEALTH AND REHABILITATION Prvdr ID: 00141116A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													N/A	0.00%	38.30%	2.5%	3.11	5.0%	1.5589	1.5751	1.4222	1.5342	1.4427	1.5613
CASE MIX BASED RATE CALCULATIONS																								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,857,963	\$2,599,627	\$0	\$474,932	\$486,778	\$0	\$868,437		\$428,189	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$177,617)	(\$2,841)	\$0	(\$641)	\$1,766	\$1,358	(\$141,623)		(\$35,636)													
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$109,399														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$35,907												
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,825,652	\$2,596,786	\$0	\$474,291	\$488,544	\$1,358	\$726,814	\$109,399	\$392,553	\$35,907												
8	Total Nursing Facility Days	As Filed Days = 22,439 FY21 Audited C/R Days	22,623																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,439 FY21 GL-PL Ins Rpt Days								22,623														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.32	\$114.79	\$0.00	\$20.96	\$21.66	(with L&H)	\$32.13	\$4.84	\$17.35	\$1.59												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5589																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.64																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.64	\$0.00	\$20.96	\$21.66		\$32.13	\$4.84	\$17.35	\$1.59												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.80	\$73.64	\$0.00	\$20.96	\$21.66		\$32.13	\$4.84	10.98 <i>(FRV)</i>	\$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	\$165.80	\$73.64	\$0.00	\$20.96	\$21.66	\$0.00	\$32.13	\$4.84	\$10.98	\$1.59												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4427																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.24																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.40	\$106.24	\$0.00	\$20.96	\$21.66	\$0.00	\$32.13	\$4.84	\$10.98	\$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	\$2.66	\$2.66																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.31	\$5.31																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.60	\$8.50	\$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	\$225.00	\$114.74	\$0.00	\$21.18	\$22.07	\$0.00	\$49.60	\$4.84	\$10.98	\$1.59												
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 FY2021 Cost Report Data

FINAL

Provider: PARKSIDE CENTER FOR NURSING AND REHAB AT ELLIJAY		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141127A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.9763	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	14.06%	0.0%	Quarterly Medicaid CMI:			1.9445	1.5342
							3.53	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9834	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$6,438,715	\$3,393,185	\$0	\$567,507	\$716,689	\$0	\$1,599,507		\$161,827	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$194,832)	\$0	\$0	\$0	(\$3,063)	(\$18,575)	(\$79,166)		(\$94,028)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$79,166			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$92,837	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,415,886	\$3,393,185	\$0	\$567,507	\$713,626	(\$18,575)	\$1,520,341	\$79,166	\$67,799	\$92,837	
8	Total Nursing Facility Days	As Filed Days = 32,051 FY21 Audited C/R Days	32,051										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,051 FY21 GL-PL Ins Rpt Days								32,051			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$200.20	\$105.87	\$0.00	\$17.71	\$21.69	(with L&H)	\$47.44	\$2.47	\$2.12	\$2.90	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9763									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.57									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$53.57	\$0.00	\$17.71	\$21.69		\$47.44	\$2.47	\$2.12	\$2.90	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.17	\$53.57	\$0.00	\$17.71	\$21.69		\$36.91	\$2.47	19.92 (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	\$155.17	\$53.57	\$0.00	\$17.71	\$21.69	\$0.00	\$36.91	\$2.47	\$19.92	\$2.90	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9834									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.25									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.85	\$106.25	\$0.00	\$17.71	\$21.69	\$0.00	\$36.91	\$2.47	\$19.92	\$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)	\$1.16	\$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	\$5.31	\$5.31									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$231.42	\$112.09	\$0.00	\$17.93	\$22.10	\$0.00	\$54.01	\$2.47	\$19.92	\$2.90	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.74										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: COMFORT CREEK 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: 00141138A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5027	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	29.51%	1.0%	Quarterly Medicaid CMI:			1.6060	1.5342
							2.77	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6372	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,032,177	\$2,677,046	\$0	\$405,477	\$472,929	\$0	\$731,285		\$745,440	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$116,246)	\$0	\$0	\$0	(\$1,541)	(\$1,056)	(\$91,097)		(\$22,552)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$73,086			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,428	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,011,445	\$2,677,046	\$0	\$405,477	\$471,388	(\$1,056)	\$640,188	\$73,086	\$722,888	\$22,428	
8	Total Nursing Facility Days	As Filed Days = 29,778 FY21 Audited C/R Days	29,778										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,778 FY21 GL-PL Ins Rpt Days								29,778			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$168.29	\$89.90	\$0.00	\$13.62	\$15.79	(with L&H)	\$21.50	\$2.45	\$24.28	\$0.75	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5027									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.83									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.83	\$0.00	\$13.62	\$15.79		\$21.50	\$2.45	\$24.28	\$0.75	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.49	\$59.83	\$0.00	\$13.62	\$15.79		\$21.50	\$2.45	9.55 (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	\$123.49	\$59.83	\$0.00	\$13.62	\$15.79	\$0.00	\$21.50	\$2.45	\$9.55	\$0.75	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6372									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.95									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.61	\$97.95	\$0.00	\$13.62	\$15.79	\$0.00	\$21.50	\$2.45	\$9.55	\$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	\$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	\$2.94	\$2.94									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.55	\$4.45	\$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	\$184.16	\$102.40	\$0.00	\$13.84	\$16.20	\$0.00	\$38.97	\$2.45	\$9.55	\$0.75	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.30										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Growth Allowance: N/A Qtrly BIMS score: 25.00% Nurse Hours per On-Site Day/Quality Incentive: 3.34				N/A	0.00% 1.0% 3.0%	Base Period Overall CMI: 1.2987 Quarterly Medicaid CMI: 1.2741 Qtrly Mcaid CMI w RUG Wght Options: 1.2948			1.2987 1.2741 1.2948	1.5751 1.5342 1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,934,848	\$2,660,083	\$0	\$590,775	\$438,034	\$387,448	\$1,231,424		\$627,084	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$36,477)	\$0	\$0	\$0	\$0	\$0	(\$28,900)		(\$7,577)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$28,900		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$7,577
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,934,848	\$2,660,083	\$0	\$590,775	\$438,034	\$387,448	\$1,202,524	\$28,900	\$619,507	\$7,577
8	Total Nursing Facility Days	As Filed Days = 19,782 FY21 Audited C/R Days	19,782									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,782 FY21 GL-PL Ins Rpt Days								19,782		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$300.01	\$134.47	\$0.00	\$29.86	\$41.73	(with L&H)	\$60.79	\$1.46	\$31.32	\$0.38
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2987								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$103.54								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$103.54	\$0.00	\$29.86	\$41.73		\$60.79	\$1.46	\$31.32	\$0.38
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.05	\$99.82	\$0.00	\$29.86	\$33.28		\$36.91	\$1.46	10.34 (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	\$212.05	\$99.82	\$0.00	\$29.86	\$33.28	\$0.00	\$36.91	\$1.46	\$10.34	\$0.38
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2948								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.48	\$129.25	\$0.00	\$29.86	\$33.28	\$0.00	\$36.91	\$1.46	\$10.34	\$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)	\$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	\$1.29	\$1.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.88	\$3.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.49	\$5.17	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$263.97	\$134.42	\$0.00	\$30.08	\$33.28	\$0.00	\$54.01	\$1.46	\$10.34	\$0.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.15									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: GLENVUE HEALTH AND REHAB Prvdr ID: 00141171A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Facility Score	State-wide								
													N/A	19.05%	3.01	1.6106	1.5889	1.6190	1.5751	1.5342	1.5613	
CASE MIX BASED RATE CALCULATIONS																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,037,880	\$3,925,428	\$0	\$753,985	\$708,663	\$0	\$1,219,205		\$1,430,599	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$305,313)	(\$26,848)	\$0	\$0	\$0	\$0	(\$194,565)		(\$83,900)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$221,413												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$83,900										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,037,880	\$3,898,580	\$0	\$753,985	\$708,663	\$0	\$1,024,640	\$221,413	\$1,346,699	\$83,900										
8	Total Nursing Facility Days	As Filed Days = 37,057 FY21 Audited C/R Days	37,057																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 37,057 FY21 GL-PL Ins Rpt Days								37,057												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$216.89	\$105.20	\$0.00	\$20.35	\$19.12	(with L&H)	\$27.65	\$5.97	\$36.34	\$2.26										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6106																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.32																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.32	\$0.00	\$20.35	\$19.12		\$27.65	\$5.97	\$36.34	\$2.26										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.60	\$65.32	\$0.00	\$20.35	\$19.12		\$27.65	\$5.97	9.93 (FRV)	\$2.26										
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	\$150.60	\$65.32	\$0.00	\$20.35	\$19.12	\$0.00	\$27.65	\$5.97	\$9.93	\$2.26										
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		\$105.75																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.03	\$105.75	\$0.00	\$20.35	\$19.12	\$0.00	\$27.65	\$5.97	\$9.93	\$2.26										
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>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.17	\$3.17																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.80	\$3.70	\$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	\$212.83	\$109.45	\$0.00	\$20.57	\$19.53	\$0.00	\$45.12	\$5.97	\$9.93	\$2.26										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.80																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: GRACEMORE NURSING AND REHAB Prvdr ID: 00141182A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													N/A	0.00%	1.5695	1.5751	45.45%	3.55	3.0%	1.3373	1.5342	1.3569	1.5613
CASE MIX BASED RATE CALCULATIONS																							
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>														
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
Base Period Per Diem Allowed Amounts																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,201,032	\$1,812,694	\$0	\$394,635	\$412,961	\$0	\$515,840		\$64,902	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$75,132)	\$0	\$0	\$0	\$0	\$0	(\$51,858)		(\$23,274)												
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$51,253													
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$23,274											
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,200,427	\$1,812,694	\$0	\$394,635	\$412,961	\$0	\$463,982	\$51,253	\$41,628	\$23,274											
8	Total Nursing Facility Days	FY21 Audited C/R Days	11,573																				
	As Filed Days = 11,573																						
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								11,573													
	As Filed Days = 11,573																						
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$276.54	\$156.63	\$0.00	\$34.10	\$35.68	<i>(with L&H)</i>	\$40.09	\$4.43	\$3.60	\$2.01											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5695																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.80																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$99.80	\$0.00	\$34.10	\$35.68		\$40.09	\$4.43	\$3.60	\$2.01											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.57	\$99.80	\$0.00	\$26.82	\$33.28		\$36.91	\$4.43	8.32 <i>(FRV)</i>	\$2.01											
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	\$211.57	\$99.80	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.43	\$8.32	\$2.01											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3569																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.42																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.19	\$135.42	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.43	\$8.32	\$2.01											
Quarterly Per Diem Add-on Amounts																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.01	\$0.01	\$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	\$7.45	\$7.45																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.06	\$4.06																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10														
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.62	\$11.52	\$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	\$275.81	\$146.94	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$4.43	\$8.32	\$2.01											
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.03																				

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - GRANDVIEW		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00141215A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		10.20%	0.00%	Base Period Overall CMI: 1.6208		1.6208	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 10.20%		Nurse Hours per On-Site Day/Quality Incentive: 2.98		0.0%	5.0%	Quarterly Medicaid CMI: 1.6350		1.6350	1.5342		
								Qtrly Mcaid CMI w RUG Wght Options: 1.6654		1.6654	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,254,657	\$2,952,020	\$0	\$434,245	\$551,216	\$0	\$1,009,079		\$308,097	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$438,626)	(\$25,884)	\$0	\$0	(\$1,073)	\$722	(\$327,858)		(\$84,533)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$309,461			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$93,760	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,219,252	\$2,926,136	\$0	\$434,245	\$550,143	\$722	\$681,221	\$309,461	\$223,564	\$93,760	
8	Total Nursing Facility Days	As Filed Days = 20,768 FY21 Audited C/R Days	20,768										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,768 FY21 GL-PL Ins Rpt Days								20,768			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$251.30	\$140.90	\$0.00	\$20.91	\$26.52	(with L&H)	\$32.80	\$14.90	\$10.76	\$4.51	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6208									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.93									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.93	\$0.00	\$20.91	\$26.52		\$32.80	\$14.90	\$10.76	\$4.51	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.13	\$86.93	\$0.00	\$20.91	\$26.52		\$32.80	\$14.90	11.56 (FRV)	\$4.51	
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	\$198.13	\$86.93	\$0.00	\$20.91	\$26.52	\$0.00	\$32.80	\$14.90	\$11.56	\$4.51	
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		\$144.77									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.97	\$144.77	\$0.00	\$20.91	\$26.52	\$0.00	\$32.80	\$14.90	\$11.56	\$4.51	
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>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	\$7.24	\$7.24									
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	\$25.87	\$7.77	\$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	\$281.84	\$152.54	\$0.00	\$21.13	\$26.93	\$0.00	\$50.27	\$14.90	\$11.56	\$4.51	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$198.56										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: GRANDVIEW HEALTH CARE CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00141226A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.8139		1.8139	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 15.69%		Qtrly BIMS score: 15.69%		15.69%	0.0%	Quarterly Medicaid CMI: 2.0986		2.0986	1.5342		
		Nurse Hours per On-Site Day/Quality Incentive: 2.74		Nurse Hours per On-Site Day/Quality Incentive: 2.74		2.74	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 2.1396		2.1396	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,521,942	\$2,077,995	\$0	\$426,984	\$306,371	\$0	\$857,870		\$852,722	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$250,988)	(\$46,341)	\$0	\$0	\$0	\$0	(\$151,978)		(\$52,669)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$94,211			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$149,325	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,514,490	\$2,031,654	\$0	\$426,984	\$306,371	\$0	\$705,892	\$94,211	\$800,053	\$149,325	
8	Total Nursing Facility Days As Filed Days = 19,328	FY21 Audited C/R Days	19,328										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,328	FY21 GL-PL Ins Rpt Days								19,328			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$233.56	\$105.11	\$0.00	\$22.09	\$15.85	(with L&H)	\$36.52	\$4.87	\$41.39	\$7.73	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8139									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.95									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.95	\$0.00	\$22.09	\$15.85		\$36.52	\$4.87	\$41.39	\$7.73	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.03	\$57.95	\$0.00	\$22.09	\$15.85		\$36.52	\$4.87	12.02 (FRV)	\$7.73	
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	\$157.03	\$57.95	\$0.00	\$22.09	\$15.85	\$0.00	\$36.52	\$4.87	\$12.02	\$7.73	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.1396									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.99									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.07	\$123.99	\$0.00	\$22.09	\$15.85	\$0.00	\$36.52	\$4.87	\$12.02	\$7.73	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.45	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.29		\$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	\$2.48	\$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	\$21.03	\$3.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.39	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$244.10	\$127.00	\$0.00	\$22.31	\$16.26	\$0.00	\$53.91	\$4.87	\$12.02	\$7.73	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.25										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6306	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	67.44%	5.5%	Quarterly Medicaid CMI:			1.6802	1.5342
							3.93	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7130	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$6,778,899	\$3,383,451	\$0	\$850,612	\$541,510	\$0	\$1,155,510		\$847,816	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$200,925)	\$0	\$0	\$0	\$0	\$0	(\$104,445)		(\$96,480)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$104,445			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$96,480	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,778,899	\$3,383,451	\$0	\$850,612	\$541,510	\$0	\$1,051,065	\$104,445	\$751,336	\$96,480	
8	Total Nursing Facility Days	As Filed Days = 24,829 FY21 Audited C/R Days	24,829										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,829 FY21 GL-PL Ins Rpt Days								24,829			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$273.03	\$136.27	\$0.00	\$34.26	\$21.81	(with L&H)	\$42.33	\$4.21	\$30.26	\$3.89	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6306									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.57									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.57	\$0.00	\$34.26	\$21.81		\$42.33	\$4.21	\$30.26	\$3.89	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.86	\$83.57	\$0.00	\$26.82	\$21.81		\$36.91	\$4.21	17.65 (FRV)	\$3.89	
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	\$194.86	\$83.57	\$0.00	\$26.82	\$21.81	\$0.00	\$36.91	\$4.21	\$17.65	\$3.89	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7130									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.16									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$254.45	\$143.16	\$0.00	\$26.82	\$21.81	\$0.00	\$36.91	\$4.21	\$17.65	\$3.89	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.87	\$7.87									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.73	\$5.73									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.64	\$14.13	\$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	\$286.09	\$157.29	\$0.00	\$26.82	\$22.22	\$0.00	\$54.01	\$4.21	\$17.65	\$3.89	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$201.74										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.7232	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	39.60%	2.5%	Quarterly Medicaid CMI:				1.5853	1.5342
							3.04	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6137	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$15,974,874	\$8,604,791	\$0	\$1,270,308	\$1,240,686	\$0	\$2,517,876		\$2,341,213	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$222,941)	(\$66,917)	\$0	\$0	\$0	\$0	\$39,541		(\$195,565)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$27,376				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$195,565		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$15,974,874	\$8,537,874	\$0	\$1,270,308	\$1,240,686	\$0	\$2,557,417	\$27,376	\$2,145,648	\$195,565		
8	Total Nursing Facility Days	As Filed Days = 65,953 FY21 Audited C/R Days	65,953											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 65,953 FY21 GL-PL Ins Rpt Days								65,953				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$242.22	\$129.45	\$0.00	\$19.26	\$18.81	(with L&H)	\$38.78	\$0.42	\$32.53	\$2.97		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7232										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.12										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.12	\$0.00	\$19.26	\$18.81		\$38.78	\$0.42	\$32.53	\$2.97		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.71	\$75.12	\$0.00	\$19.26	\$18.81		\$36.91	\$0.42	10.22 (FRV)	\$2.97		
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	\$163.71	\$75.12	\$0.00	\$19.26	\$18.81	\$0.00	\$36.91	\$0.42	\$10.22	\$2.97		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6137										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.22										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.81	\$121.22	\$0.00	\$19.26	\$18.81	\$0.00	\$36.91	\$0.42	\$10.22	\$2.97		
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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.03	\$3.03										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.42	\$2.42										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.71	\$5.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$233.52	\$127.20	\$0.00	\$19.48	\$19.22	\$0.00	\$54.01	\$0.42	\$10.22	\$2.97		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.32											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: PREMIER ESTATES OF DUBLIN, LLC														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.5386	1.5751	
Prvdr ID: 00141281A														Qtrly BIMS score	10.34%	0.0%	Quarterly Medicaid CMI:	1.5386	1.5342	
Case Mix Per Diem Rate Effective Date: 7/1/2023														Nurse Hours per On-Site Day/Quality Incentive:	4.25	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.5666	1.5613	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23																				
			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 FY21 C/R - FY21 GL/PL Rpt	\$6,234,389	\$2,880,516	\$0	\$614,525	\$528,902	\$0	\$1,074,836		\$1,135,610	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$272,945)	(\$14,796)	\$0	\$0	\$0	\$0	(\$232,851)		(\$25,298)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$198,863										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$27,038								
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,187,345	\$2,865,720	\$0	\$614,525	\$528,902	\$0	\$841,985	\$198,863	\$1,110,312	\$27,038								
8	Total Nursing Facility Days	FY21 Audited C/R Days	28,950	28,950																
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								28,950										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.72	\$98.99	\$0.00	\$21.23	\$18.27	(with L&H)	\$29.08	\$6.87	\$38.35	\$0.93								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5386																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.34																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.34	\$0.00	\$21.23	\$18.27		\$29.08	\$6.87	\$38.35	\$0.93								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.52	\$64.34	\$0.00	\$21.23	\$18.27		\$29.08	\$6.87	8.80 (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	\$149.52	\$64.34	\$0.00	\$21.23	\$18.27	\$0.00	\$29.08	\$6.87	\$8.80	\$0.93								
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		\$100.80																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.98	\$100.80	\$0.00	\$21.23	\$18.27	\$0.00	\$29.08	\$6.87	\$8.80	\$0.93								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00									
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.65	\$3.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00								
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.63	\$104.35	\$0.00	\$21.45	\$18.68	\$0.00	\$46.55	\$6.87	\$8.80	\$0.93								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.90																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: HABERSHAM HOME													N/A	0.00%	Base Period Overall CMI:			1.3136	1.5751		
Prvdr ID: 00141292A													41.38%	2.5%	Quarterly Medicaid CMI:			1.1061	1.5342		
Case Mix Per Diem Rate Effective Date: 7/1/2023													3.14	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1184	1.5613		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23																					
			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 FY21 C/R - FY21 GL/PL Rpt	\$6,474,464	\$2,921,139	\$0	\$1,066,995	\$649,165	\$234,472	\$1,137,544		\$465,149	\$0									
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$65,507)	\$0	\$0	\$0	(\$41,648)	\$0	(\$59,284)		\$35,425										
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$59,284											
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R																			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,480,377	\$2,921,139	\$0	\$1,066,995	\$607,517	\$234,472	\$1,078,260	\$59,284	\$500,574	\$12,136									
8	Total Nursing Facility Days	FY21 Audited C/R Days	22,951																		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								22,951											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$282.36	\$127.28	\$0.00	\$46.49	\$36.69	(with L&H)	\$46.98	\$2.58	\$21.81	\$0.53									
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3136																	
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.89																	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$96.89	\$0.00	\$46.49	\$36.69		\$46.98	\$2.58	\$21.81	\$0.53									
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A										
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.41	\$96.89	\$0.00	\$37.13	\$33.28		\$36.91	\$2.58	10.09 (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	\$217.41	\$96.89	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.58	\$10.09	\$0.53									
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1184																	
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.36																	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.88	\$108.36	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.58	\$10.09	\$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)	\$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	\$2.71	\$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	\$3.25	\$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	\$23.59	\$6.49	\$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	\$252.47	\$114.85	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$2.58	\$10.09	\$0.53									
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.53																		

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WARNER ROBINS REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141303A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5802	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	43.43%	2.5%	Quarterly Medicaid CMI:			1.5038	1.5342
							3.81	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5297	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$6,336,438	\$3,154,181	\$0	\$515,942	\$570,813	\$0	\$1,350,391		\$745,111	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$379,562)	(\$19,394)	\$0	\$0	\$0	\$0	(\$251,852)		(\$108,316)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$268,835			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$108,316	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,334,027	\$3,134,787	\$0	\$515,942	\$570,813	\$0	\$1,098,539	\$268,835	\$636,795	\$108,316	
8	Total Nursing Facility Days	As Filed Days = 35,381 FY21 Audited C/R Days	35,381										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,381 FY21 GL-PL Ins Rpt Days								35,381			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$179.02	\$88.60	\$0.00	\$14.58	\$16.13	(with L&H)	\$31.05	\$7.60	\$18.00	\$3.06	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5802									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.07									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.07	\$0.00	\$14.58	\$16.13		\$31.05	\$7.60	\$18.00	\$3.06	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.53	\$56.07	\$0.00	\$14.58	\$16.13		\$31.05	\$7.60	13.04 (FRV)	\$3.06	
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	\$141.53	\$56.07	\$0.00	\$14.58	\$16.13	\$0.00	\$31.05	\$7.60	\$13.04	\$3.06	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5297									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.77									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.23	\$85.77	\$0.00	\$14.58	\$16.13	\$0.00	\$31.05	\$7.60	\$13.04	\$3.06	
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	\$2.14	\$2.14									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$24.20	\$6.10	\$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	\$195.43	\$91.87	\$0.00	\$14.80	\$16.54	\$0.00	\$48.52	\$7.60	\$13.04	\$3.06	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.75										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HARALSON NSG & REHAB CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141325A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.7080	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	26.32%	1.0%	Quarterly Medicaid CMI:				1.6334	1.5342
							2.92	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6628	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$7,103,239	\$3,545,933	\$0	\$668,035	\$582,522	\$0	\$1,325,035		\$981,714	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$54,162)	\$0	\$0	(\$12,148)	(\$6,105)	\$6,684	(\$12,258)		(\$30,335)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$12,258				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$29,748		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,091,083	\$3,545,933	\$0	\$655,887	\$576,417	\$6,684	\$1,312,777	\$12,258	\$951,379	\$29,748		
8	Total Nursing Facility Days As Filed Days = 35,692	FY21 Audited C/R Days	35,692											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,692	FY21 GL-PL Ins Rpt Days								35,692				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$198.68	\$99.35	\$0.00	\$18.38	\$16.34	(with L&H)	\$36.78	\$0.34	\$26.66	\$0.83		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7080										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.17										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.17	\$0.00	\$18.38	\$16.34		\$36.78	\$0.34	\$26.66	\$0.83		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.30	\$58.17	\$0.00	\$18.38	\$16.34		\$36.78	\$0.34	9.46 (FRV)	\$0.83		
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	\$140.30	\$58.17	\$0.00	\$18.38	\$16.34	\$0.00	\$36.78	\$0.34	\$9.46	\$0.83		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6628										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.73										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.86	\$96.73	\$0.00	\$18.38	\$16.34	\$0.00	\$36.78	\$0.34	\$9.46	\$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)	\$1.26	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.10		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$22.23	\$4.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.20	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.09	\$101.13	\$0.00	\$18.60	\$16.75	\$0.00	\$53.98	\$0.34	\$9.46	\$0.83		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.99											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: NANCY HART CENTER FOR NURSING AND HEALING LLC Prvdr ID: 00141336A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													2.55	2.0%	N/A	0.00%	1.0%	1.5870	1.4083	1.4306	1.5751	1.5342	1.5613
CASE MIX BASED RATE CALCULATIONS																							
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>														
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
Base Period Per Diem Allowed Amounts																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,907,829	\$1,392,816	\$0	\$302,899	\$265,236	\$0	\$771,981		\$174,897	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$88,650)	(\$3,775)	\$0	\$0	\$0	\$0	(\$61,967)		(\$22,908)												
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$61,967													
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,908											
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,904,054	\$1,389,041	\$0	\$302,899	\$265,236	\$0	\$710,014	\$61,967	\$151,989	\$22,908											
8	Total Nursing Facility Days	As Filed Days = 15,358 FY21 Audited C/R Days	15,358																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,358 FY21 GL-PL Ins Rpt Days								15,358													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$189.08	\$90.44	\$0.00	\$19.72	\$17.27	(with L&H)	\$46.23	\$4.03	\$9.90	\$1.49											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5870																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.99																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.99	\$0.00	\$19.72	\$17.27		\$46.23	\$4.03	\$9.90	\$1.49											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.90	\$56.99	\$0.00	\$19.72	\$17.27		\$36.91	\$4.03	8.49 (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	\$144.90	\$56.99	\$0.00	\$19.72	\$17.27	\$0.00	\$36.91	\$4.03	\$8.49	\$1.49											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4306																			
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	\$169.44	\$81.53	\$0.00	\$19.72	\$17.27	\$0.00	\$36.91	\$4.03	\$8.49	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00												
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>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	\$20.71	\$2.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00											
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.15	\$84.51	\$0.00	\$19.94	\$17.68	\$0.00	\$54.01	\$4.03	\$8.49	\$1.49											
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.79																				

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.8028	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	32.10%	2.5%	Quarterly Medicaid CMI:			1.6944	1.5342
							3.04	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7283	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$7,138,687	\$3,293,600	\$0	\$548,265	\$440,474	\$0	\$905,326		\$1,951,022	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$108,812)	\$0	\$0	\$0	\$0	\$0	(\$66,626)		(\$42,186)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$66,626			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$42,186	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,138,687	\$3,293,600	\$0	\$548,265	\$440,474	\$0	\$838,700	\$66,626	\$1,908,836	\$42,186	
8	Total Nursing Facility Days	FY21 Audited C/R Days	28,916										
	As Filed Days = 28,916												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								28,916			
	As Filed Days = 28,916												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$246.86	\$113.90	\$0.00	\$18.96	\$15.23	(with L&H)	\$29.00	\$2.30	\$66.01	\$1.46	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8028									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.18									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.18	\$0.00	\$18.96	\$15.23		\$29.00	\$2.30	\$66.01	\$1.46	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.27	\$63.18	\$0.00	\$18.96	\$15.23		\$29.00	\$2.30	13.14 (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	\$143.27	\$63.18	\$0.00	\$18.96	\$15.23	\$0.00	\$29.00	\$2.30	\$13.14	\$1.46	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7283									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.19									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.28	\$109.19	\$0.00	\$18.96	\$15.23	\$0.00	\$29.00	\$2.30	\$13.14	\$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	\$2.73	\$2.73									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.55	\$6.55									
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	\$27.91	\$9.81	\$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	\$217.19	\$119.00	\$0.00	\$19.18	\$15.64	\$0.00	\$46.47	\$2.30	\$13.14	\$1.46	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.07										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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:	1.6931	1.5751
Provider: PRUITTHEALTH - VALDOSTA, LLC Prvdr ID: 00141369A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													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:	1.6931	1.5751
													20.59%	1.0%	3.55	5.0%	1.6804	1.5342	1.7133	1.5613		
CASE MIX BASED RATE CALCULATIONS																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,026,206	\$2,431,674	\$0	\$383,270	\$719,562	\$0	\$1,131,782		\$359,918	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$505,962)	(\$45,999)	\$0	\$0	(\$597)	\$564	(\$411,063)		(\$48,867)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$425,444												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$45,919										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,991,607	\$2,385,675	\$0	\$383,270	\$718,965	\$564	\$720,719	\$425,444	\$311,051	\$45,919										
8	Total Nursing Facility Days As Filed Days = 24,247	FY21 Audited C/R Days	24,247																			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,247	FY21 GL-PL Ins Rpt Days								24,247												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$205.86	\$98.39	\$0.00	\$15.81	\$29.67	(with L&H)	\$29.72	\$17.55	\$12.83	\$1.89										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6931																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.11																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.11	\$0.00	\$15.81	\$29.67		\$29.72	\$17.55	\$12.83	\$1.89										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.03	\$58.11	\$0.00	\$15.81	\$29.67		\$29.72	\$17.55	11.28 (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	\$164.03	\$58.11	\$0.00	\$15.81	\$29.67	\$0.00	\$29.72	\$17.55	\$11.28	\$1.89										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7133																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.56																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.48	\$99.56	\$0.00	\$15.81	\$29.67	\$0.00	\$29.72	\$17.55	\$11.28	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.98	\$4.98																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.61	\$6.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$230.09	\$106.07	\$0.00	\$16.03	\$30.08	\$0.00	\$47.19	\$17.55	\$11.28	\$1.89										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.74																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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 - ATHENS HERITAGE Prvdr ID: 00141391A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 21.31% Nurse Hours per On-Site Day/Quality Incentive: 3.77				Base Period Overall CMI: 1.6943 Quarterly Medicaid CMI: 1.5485 Qtrly Mcaid CMI w RUG Wght Options: 1.5764				Facility Specific: 1.6943 State-wide: 1.5751 1.5485 1.5613	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,638,029	\$4,036,911	\$0	\$536,642	\$981,533	\$0	\$1,480,734		\$602,209	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$596,814)	(\$124,782)	\$0	\$0	\$5,847	\$8,202	(\$351,953)		(\$134,128)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$447,689		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$14,702
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,503,606	\$3,912,129	\$0	\$536,642	\$987,380	\$8,202	\$1,128,781	\$447,689	\$468,081	\$14,702
8	Total Nursing Facility Days As Filed Days = 29,720	FY21 Audited C/R Days	29,720									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,720	FY21 GL-PL Ins Rpt Days								29,720		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$252.47	\$131.63	\$0.00	\$18.06	\$33.50	(with L&H)	\$37.98	\$15.06	\$15.75	\$0.49
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6943								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.69	\$0.00	\$18.06	\$33.50		\$37.98	\$15.06	\$15.75	\$0.49
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.54	\$77.69	\$0.00	\$18.06	\$33.28		\$36.91	\$15.06	16.05 (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	\$197.54	\$77.69	\$0.00	\$18.06	\$33.28	\$0.00	\$36.91	\$15.06	\$16.05	\$0.49
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5764								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$242.32	\$122.47	\$0.00	\$18.06	\$33.28	\$0.00	\$36.91	\$15.06	\$16.05	\$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)	\$0.75	\$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	\$1.22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.90	\$4.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.97	\$6.65	\$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	\$266.29	\$129.12	\$0.00	\$18.28	\$33.28	\$0.00	\$54.01	\$15.06	\$16.05	\$0.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.89									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: MAGNOLIA MANOR OF ST SIMONS REHAB & NURSING CENTER Prvdr ID: 00141402A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Growth Allowance: N/A	Qtrly BIMS score: 37.50%	Nurse Hours per On-Site Day/Quality Incentive: 4.27	Facility Score: N/A	Add-on Percent: 0.00%	2.5%	3.0%	Base Period Overall CMI: 1.7258	Quarterly Medicaid CMI: 1.5432	1.5741	1.5751	1.5342	1.5613
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 FY21 C/R - FY21 GL/PL Rpt	\$6,329,108	\$2,811,730	\$0	\$598,724	\$714,181	\$0	\$1,280,347		\$924,126	\$0													
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$337,808)	\$0	\$0	\$0	\$0	\$0	(\$201,609)		(\$136,199)														
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$201,609															
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$136,199													
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,329,108	\$2,811,730	\$0	\$598,724	\$714,181	\$0	\$1,078,738	\$201,609	\$787,927	\$136,199													
8	Total Nursing Facility Days	FY21 Audited C/R Days	24,040																						
	As Filed Days = 24,040																								
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								24,040															
	As Filed Days = 24,040																								
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$263.29	\$116.96	\$0.00	\$24.91	\$29.71	<i>(with L&H)</i>	\$44.87	\$8.39	\$32.78	\$5.67													
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7258																					
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.77																					
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.77	\$0.00	\$24.91	\$29.71		\$44.87	\$8.39	\$32.78	\$5.67													
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A														
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.98	\$67.77	\$0.00	\$24.91	\$29.71		\$36.91	\$8.39	10.62 <i>(FRV)</i>	\$5.67													
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	\$0.00	N/A	N/A													
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.98	\$67.77	\$0.00	\$24.91	\$29.71	\$0.00	\$36.91	\$8.39	\$10.62	\$5.67													
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5741																					
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.68																					
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.89	\$106.68	\$0.00	\$24.91	\$29.71	\$0.00	\$36.91	\$8.39	\$10.62	\$5.67													
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	\$2.67	\$2.67																					
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.20	\$3.20																					
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.13	\$6.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00													
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.02	\$113.08	\$0.00	\$25.13	\$30.12	\$0.00	\$54.01	\$8.39	\$10.62	\$5.67													
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.44																						

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: HARTWELL HEALTH AND REHABILITATION Prvdr ID: 00141413A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Facility Score	State-wide								
													N/A	26.92%	3.05	0.00%	1.0%	6.0%	Base Period Overall CMI:	1.5036	1.5751	
													26.92%	3.05	0.00%	1.0%	6.0%	Quarterly Medicaid CMI:	1.5556	1.5342		
													3.05	0.00%	1.0%	6.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.5826	1.5613			
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 FY21 C/R - FY21 GL/PL Rpt	\$5,224,966	\$2,865,430	\$0	\$625,559	\$530,533	\$0	\$980,711		\$222,733	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$147,234)	(\$2,836)	\$0	(\$2,306)	\$0	(\$493)	(\$129,139)		(\$12,460)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$95,680												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$14,071										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,187,483	\$2,862,594	\$0	\$623,253	\$530,533	(\$493)	\$851,572	\$95,680	\$210,273	\$14,071										
8	Total Nursing Facility Days	FY21 Audited C/R Days	24,307																			
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								24,307												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.42	\$117.77	\$0.00	\$25.64	\$21.81	(with L&H)	\$35.03	\$3.94	\$8.65	\$0.58										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5036																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.32																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.32	\$0.00	\$25.64	\$21.81		\$35.03	\$3.94	\$8.65	\$0.58										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.22	\$78.32	\$0.00	\$25.64	\$21.81		\$35.03	\$3.94	9.90	\$0.58										
											(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	\$175.22	\$78.32	\$0.00	\$25.64	\$21.81	\$0.00	\$35.03	\$3.94	\$9.90	\$0.58										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5826																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.95																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.85	\$123.95	\$0.00	\$25.64	\$21.81	\$0.00	\$35.03	\$3.94	\$9.90	\$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	\$1.24	\$1.24																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.44	\$7.44																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.31	\$9.21	\$0.00	\$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	\$248.16	\$133.16	\$0.00	\$25.86	\$22.22	\$0.00	\$52.50	\$3.94	\$9.90	\$0.58										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.30																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Growth Allowance: N/A		Facility Score: 32.69%	Add-on Percent: 0.00%	Base Period Overall CMI: 1.4033				1.4033	1.5751		
		Qtrly BIMS score: 3.90		Facility Score: 3.90	Add-on Percent: 2.5%	Quarterly Medicaid CMI: 1.4713				1.4713	1.5342		
		Nurse Hours per On-Site Day/Quality Incentive: 3.90		Facility Score: 3.90	Add-on Percent: 4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4943				1.4943	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,173,158	\$2,939,686	\$0	\$388,472	\$628,273	\$0	\$980,410		\$236,317	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$394,537)	(\$42,972)	\$0	(\$1,140)	\$825	\$2,656	(\$334,089)		(\$19,817)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$356,730			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$21,031	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,156,382	\$2,896,714	\$0	\$387,332	\$629,098	\$2,656	\$646,321	\$356,730	\$216,500	\$21,031	
8	Total Nursing Facility Days As Filed Days = 21,103	FY21 Audited C/R Days	21,103										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,103	FY21 GL-PL Ins Rpt Days								21,103			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$244.35	\$137.27	\$0.00	\$18.35	\$29.94	(with L&H)	\$30.63	\$16.90	\$10.26	\$1.00	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4033									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.82									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$97.82	\$0.00	\$18.35	\$29.94		\$30.63	\$16.90	\$10.26	\$1.00	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.57	\$97.82	\$0.00	\$18.35	\$29.94		\$30.63	\$16.90	9.93 (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	\$204.57	\$97.82	\$0.00	\$18.35	\$29.94	\$0.00	\$30.63	\$16.90	\$9.93	\$1.00	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4943									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.17									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$252.92	\$146.17	\$0.00	\$18.35	\$29.94	\$0.00	\$30.63	\$16.90	\$9.93	\$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)	\$1.53	\$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	\$3.65	\$3.65									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.85	\$5.85									
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	\$28.13	\$10.03	\$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	\$281.05	\$156.20	\$0.00	\$18.57	\$30.35	\$0.00	\$48.10	\$16.90	\$9.93	\$1.00	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$197.96										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - HOLLY HILL, LLC		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141479A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5532	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	24.62%	1.0%	Quarterly Medicaid CMI:			1.5415	1.5342
							3.63	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5690	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,632,972	\$3,083,775	\$0	\$448,225	\$616,584	\$0	\$1,122,584		\$361,804	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$473,900)	(\$27,115)	\$0	\$0	\$0	\$1,183	(\$418,617)		(\$29,351)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$437,230			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$29,351	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,625,653	\$3,056,660	\$0	\$448,225	\$616,584	\$1,183	\$703,967	\$437,230	\$332,453	\$29,351	
8	Total Nursing Facility Days As Filed Days = 25,871	FY21 Audited C/R Days	25,871										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,871	FY21 GL-PL Ins Rpt Days								25,871			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$217.45	\$118.15	\$0.00	\$17.33	\$23.88	(with L&H)	\$27.21	\$16.90	\$12.85	\$1.13	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5532									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.07									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.07	\$0.00	\$17.33	\$23.88		\$27.21	\$16.90	\$12.85	\$1.13	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.56	\$76.07	\$0.00	\$17.33	\$23.88		\$27.21	\$16.90	10.04 (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	\$172.56	\$76.07	\$0.00	\$17.33	\$23.88	\$0.00	\$27.21	\$16.90	\$10.04	\$1.13	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5690									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.35									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.84	\$119.35	\$0.00	\$17.33	\$23.88	\$0.00	\$27.21	\$16.90	\$10.04	\$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)	\$1.53	\$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>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.97	\$5.97									
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	\$25.79	\$7.69	\$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	\$241.63	\$127.04	\$0.00	\$17.55	\$24.29	\$0.00	\$44.68	\$16.90	\$10.04	\$1.13	
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 FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: WYNFIELD PARK HEALTH AND REHABILITATION Prvdr ID: 00141512A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Growth Allowance: N/A Qtrly BIMS score: 36.70% Nurse Hours per On-Site Day/Quality Incentive: 3.33			Facility Score: N/A Add-on Percent: 0.00% 2.5% 5.0%			Base Period Overall CMI: 1.4565 Quarterly Medicaid CMI: 1.3458 Qtrly Mcaid CMI w RUG Wght Options: 1.3673			1.4565	1.5751	1.3458	1.5342	1.3673	1.5613
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,520,545	\$5,531,947	\$0	\$1,168,214	\$1,161,943	\$0	\$1,807,633		\$850,808	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$253,688)	(\$5,514)	\$0	(\$1,349)	\$0	(\$1,628)	(\$213,976)		(\$31,221)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$194,935																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,221															
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,493,013	\$5,526,433	\$0	\$1,166,865	\$1,161,943	(\$1,628)	\$1,593,657	\$194,935	\$819,587	\$31,221															
8	Total Nursing Facility Days	FY21 Audited C/R Days	47,251																								
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								47,251																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.09	\$116.96	\$0.00	\$24.70	\$24.56	(with L&H)	\$33.73	\$4.13	\$17.35	\$0.66															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4565																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.30																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.30	\$0.00	\$24.70	\$24.56		\$33.73	\$4.13	\$17.35	\$0.66															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.46	\$80.30	\$0.00	\$24.70	\$24.56		\$33.73	\$4.13	24.38 (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	\$192.46	\$80.30	\$0.00	\$24.70	\$24.56	\$0.00	\$33.73	\$4.13	\$24.38	\$0.66															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3673																							
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	\$221.95	\$109.79	\$0.00	\$24.70	\$24.56	\$0.00	\$33.73	\$4.13	\$24.38	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.49	\$5.49																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.86	\$8.76	\$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	\$248.81	\$118.55	\$0.00	\$24.92	\$24.97	\$0.00	\$51.20	\$4.13	\$24.38	\$0.66															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.78																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: MACON REHABILITATION AND HEALTHCARE Prvdr ID: 00141523A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													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%		33.33%	2.5%	3.33	3.0%	1.8325	1.5751
																					1.8193	1.5342
																					1.8539	1.5613
			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 FY21 C/R - FY21 GL/PL Rpt	\$6,317,489	\$2,923,533	\$0	\$518,141	\$679,565	\$0	\$1,076,247		\$1,120,003	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$278,075)	\$0	\$0	\$0	\$670	\$650	(\$205,205)		(\$74,190)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$205,205												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$74,334										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,318,953	\$2,923,533	\$0	\$518,141	\$680,235	\$650	\$871,042	\$205,205	\$1,045,813	\$74,334										
8	Total Nursing Facility Days	FY21 Audited C/R Days	24,746																			
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								24,746												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$255.34	\$118.14	\$0.00	\$20.94	\$27.51	(with L&H)	\$35.20	\$8.29	\$42.26	\$3.00										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8325																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.47																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.47	\$0.00	\$20.94	\$27.51		\$35.20	\$8.29	\$42.26	\$3.00										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.57	\$64.47	\$0.00	\$20.94	\$27.51		\$35.20	\$8.29	11.16 (FRV)	\$3.00										
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	\$170.57	\$64.47	\$0.00	\$20.94	\$27.51	\$0.00	\$35.20	\$8.29	\$11.16	\$3.00										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8539																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.52																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.62	\$119.52	\$0.00	\$20.94	\$27.51	\$0.00	\$35.20	\$8.29	\$11.16	\$3.00										
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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.99	\$2.99																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.59	\$3.59																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.21	\$7.11	\$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	\$250.83	\$126.63	\$0.00	\$21.16	\$27.92	\$0.00	\$52.67	\$8.29	\$11.16	\$3.00										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.30																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.7013		1.7013	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 41.18%		Nurse Hours per On-Site Day/Quality Incentive: 2.47		41.18%	2.5%	Quarterly Medicaid CMI: 1.7757		1.7757	1.5342		
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8099		1.8099	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,075,180	\$2,811,029	\$0	\$507,404	\$620,401	\$0	\$769,086		\$367,260	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$153,208)	\$66	\$0	\$0	\$757	\$857	(\$147,604)		(\$7,284)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$138,503			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$14,877	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,075,352	\$2,811,095	\$0	\$507,404	\$621,158	\$857	\$621,482	\$138,503	\$359,976	\$14,877	
8	Total Nursing Facility Days As Filed Days = 18,694	FY21 Audited C/R Days	18,694										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,694	FY21 GL-PL Ins Rpt Days								18,694			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$271.49	\$150.37	\$0.00	\$27.14	\$33.27	(with L&H)	\$33.24	\$7.41	\$19.26	\$0.80	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7013									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.39									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$88.39	\$0.00	\$27.14	\$33.27		\$33.24	\$7.41	\$19.26	\$0.80	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.65	\$88.39	\$0.00	\$26.82	\$33.27		\$33.24	\$7.41	8.72 (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	\$198.65	\$88.39	\$0.00	\$26.82	\$33.27	\$0.00	\$33.24	\$7.41	\$8.72	\$0.80	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8099									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$159.98									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$270.24	\$159.98	\$0.00	\$26.82	\$33.27	\$0.00	\$33.24	\$7.41	\$8.72	\$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)	\$0.91	\$0.53	\$0.00	\$0.00	\$0.01	\$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	\$4.00	\$4.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.20	\$3.20									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.21	\$7.73	\$0.00	\$0.00	\$0.01	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$295.45	\$167.71	\$0.00	\$26.82	\$33.28	\$0.00	\$50.71	\$7.41	\$8.72	\$0.80	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$208.76										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score
Provider: MIONA GERIATRIC & DEMENTIA CENTER Prvdr ID: 00141578A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Facility Score	State-wide						
													N/A	0.00%		1.7144	1.5751			
													54.93%	5.5%		1.5981	1.5342			
													3.12	3.0%		1.6289	1.5613			
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>											
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,076,229	\$3,008,561	\$0	\$525,566	\$729,538	\$0	\$692,626		\$119,938	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$99,580)	\$0	\$0	\$0	\$0	\$0	(\$61,474)		(\$38,106)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$65,298										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$38,106								
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,080,053	\$3,008,561	\$0	\$525,566	\$729,538	\$0	\$631,152	\$65,298	\$81,832	\$38,106								
8	Total Nursing Facility Days	FY21 Audited C/R Days	28,845	28,845																
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								28,845										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$176.11	\$104.30	\$0.00	\$18.22	\$25.29	(with L&H)	\$21.88	\$2.26	\$2.84	\$1.32								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7144																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.84																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.84	\$0.00	\$18.22	\$25.29		\$21.88	\$2.26	\$2.84	\$1.32								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.72	\$60.84	\$0.00	\$18.22	\$25.29		\$21.88	\$2.26	11.91	\$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	\$141.72	\$60.84	\$0.00	\$18.22	\$25.29	\$0.00	\$21.88	\$2.26	\$11.91	\$1.32								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6289																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.10																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.98	\$99.10	\$0.00	\$18.22	\$25.29	\$0.00	\$21.88	\$2.26	\$11.91	\$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>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	\$207.03	\$108.05	\$0.00	\$18.44	\$25.70	\$0.00	\$39.35	\$2.26	\$11.91	\$1.32								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.45																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.3500		1.3500	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 50.00%		Nurse Hours per On-Site Day/Quality Incentive: 3.45		50.00%	5.5%	Quarterly Medicaid CMI: 1.2024		1.2024	1.5342		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2202		1.2202	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,325,230	\$2,913,015	\$0	\$472,602	\$466,941	\$0	\$1,153,338		\$319,334	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$567,505)	\$0	\$0	\$0	(\$2,919)	(\$32,489)	(\$465,311)		(\$66,786)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$438,194			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$65,871	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,261,790	\$2,913,015	\$0	\$472,602	\$464,022	(\$32,489)	\$688,027	\$438,194	\$252,548	\$65,871	
8	Total Nursing Facility Days As Filed Days = 24,384	FY21 Audited C/R Days	24,384										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,384	FY21 GL-PL Ins Rpt Days								24,384			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$215.79	\$119.46	\$0.00	\$19.38	\$17.70	(with L&H)	\$28.22	\$17.97	\$10.36	\$2.70	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3500									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.49									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$88.49	\$0.00	\$19.38	\$17.70		\$28.22	\$17.97	\$10.36	\$2.70	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.76	\$88.49	\$0.00	\$19.38	\$17.70		\$28.22	\$17.97	10.30 (FRV)	\$2.70	
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	\$184.76	\$88.49	\$0.00	\$19.38	\$17.70	\$0.00	\$28.22	\$17.97	\$10.30	\$2.70	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2202									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.98									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.25	\$107.98	\$0.00	\$19.38	\$17.70	\$0.00	\$28.22	\$17.97	\$10.30	\$2.70	
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>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.94	\$5.94									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.24	\$3.24									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.81	\$9.71	\$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	\$232.06	\$117.69	\$0.00	\$19.60	\$18.11	\$0.00	\$45.69	\$17.97	\$10.30	\$2.70	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.22										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,205,318	\$2,468,051	\$0	\$454,044	\$460,136	\$0	\$1,009,554		\$813,533	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$117,003)	\$28,153	\$0	(\$5,310)	\$0	\$5,048	(\$94,884)		(\$50,010)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$100,136		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$50,272
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,238,723	\$2,496,204	\$0	\$448,734	\$460,136	\$5,048	\$914,670	\$100,136	\$763,523	\$50,272
8	Total Nursing Facility Days	FY21 Audited C/R Days	29,664	29,664								
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								29,664		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$176.60	\$84.15	\$0.00	\$15.13	\$15.68	(with L&H)	\$30.83	\$3.38	\$25.74	\$1.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5691								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$53.63	\$0.00	\$15.13	\$15.68		\$30.83	\$3.38	\$25.74	\$1.69
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.87	\$53.63	\$0.00	\$15.13	\$15.68		\$30.83	\$3.38	8.53 (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	\$128.87	\$53.63	\$0.00	\$15.13	\$15.68	\$0.00	\$30.83	\$3.38	\$8.53	\$1.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6521								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.84	\$88.60	\$0.00	\$15.13	\$15.68	\$0.00	\$30.83	\$3.38	\$8.53	\$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>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	\$2.66	\$2.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.29	\$3.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.13	\$91.79	\$0.00	\$15.35	\$16.09	\$0.00	\$48.30	\$3.38	\$8.53	\$1.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.02									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4797	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	45.95%	5.5%	Quarterly Medicaid CMI:			1.4865	1.5342
							3.59	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5119	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$3,349,319	\$1,978,163	\$0	\$342,818	\$357,732	\$0	\$557,849		\$112,757	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$96,975)	(\$3,831)	\$0	(\$462)	(\$444)	\$1,135	(\$78,856)		(\$14,517)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$73,276			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$14,484	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,340,104	\$1,974,332	\$0	\$342,356	\$357,288	\$1,135	\$478,993	\$73,276	\$98,240	\$14,484	
8	Total Nursing Facility Days	As Filed Days = 16,167 FY21 Audited C/R Days	16,167										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,167 FY21 GL-PL Ins Rpt Days								16,167			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$206.61	\$122.12	\$0.00	\$21.18	\$22.17	(with L&H)	\$29.63	\$4.53	\$6.08	\$0.90	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4797									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.53									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$82.53	\$0.00	\$21.18	\$22.17		\$29.63	\$4.53	\$6.08	\$0.90	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.60	\$82.53	\$0.00	\$21.18	\$22.17		\$29.63	\$4.53	11.66 (FRV)	\$0.90	
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	\$172.60	\$82.53	\$0.00	\$21.18	\$22.17	\$0.00	\$29.63	\$4.53	\$11.66	\$0.90	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5119									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.78									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.85	\$124.78	\$0.00	\$21.18	\$22.17	\$0.00	\$29.63	\$4.53	\$11.66	\$0.90	
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>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.86	\$6.86									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.49	\$7.49									
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	\$32.98	\$14.88	\$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	\$247.83	\$139.66	\$0.00	\$21.40	\$22.58	\$0.00	\$47.10	\$4.53	\$11.66	\$0.90	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.05										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: KEYSVILLE NURSING HOME & REHAB Prvdr ID: 00141655A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													N/A	0.00%	3.00	3.00%	3.00	3.00%	1.3677	1.5751	1.3613	1.5342	1.3856	1.5613
CASE MIX BASED RATE CALCULATIONS																								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,046,663	\$2,228,108	\$0	\$498,115	\$531,229	\$0	\$435,519		\$353,692	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$106,004)	\$0	\$0	\$0	\$0	\$0	(\$71,610)		(\$34,394)													
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$69,986														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$34,394												
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,045,039	\$2,228,108	\$0	\$498,115	\$531,229	\$0	\$363,909	\$69,986	\$319,298	\$34,394												
8	Total Nursing Facility Days	FY21 Audited C/R Days	17,969																					
	As Filed Days = 17,969																							
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								17,969														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$225.10	\$124.00	\$0.00	\$27.72	\$29.56	<i>(with L&H)</i>	\$20.25	\$3.89	\$17.77	\$1.91												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3677																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.67																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$90.67	\$0.00	\$27.72	\$29.56		\$20.25	\$3.89	\$17.77	\$1.91												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.29	\$90.67	\$0.00	\$26.82	\$29.56		\$20.25	\$3.89	13.19 <i>(FRV)</i>	\$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	\$0.00	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.29	\$90.67	\$0.00	\$26.82	\$29.56	\$0.00	\$20.25	\$3.89	\$13.19	\$1.91												
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		\$125.63																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.25	\$125.63	\$0.00	\$26.82	\$29.56	\$0.00	\$20.25	\$3.89	\$13.19	\$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)	\$1.31	\$0.53	\$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	\$6.91	\$6.91																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.77	\$3.77																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.09	\$11.21	\$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	\$250.34	\$136.84	\$0.00	\$26.82	\$29.97	\$0.00	\$37.72	\$3.89	\$13.19	\$1.91												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.93																					

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5776	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	23.26%	1.0%	Quarterly Medicaid CMI:			1.5013	1.5342
							2.90	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5276	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$3,506,125	\$1,903,180	\$0	\$328,273	\$381,441	\$0	\$615,544		\$277,687	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$75,778)	\$0	\$0	\$0	(\$3,192)	(\$2,720)	(\$52,651)		(\$17,215)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$41,170			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$16,948	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,488,465	\$1,903,180	\$0	\$328,273	\$378,249	(\$2,720)	\$562,893	\$41,170	\$260,472	\$16,948	
8	Total Nursing Facility Days	As Filed Days = 18,982 FY21 Audited C/R Days	18,982										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,982 FY21 GL-PL Ins Rpt Days								18,982			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$183.76	\$100.26	\$0.00	\$17.29	\$19.78	(with L&H)	\$29.65	\$2.17	\$13.72	\$0.89	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5776									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.55									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.55	\$0.00	\$17.29	\$19.78		\$29.65	\$2.17	\$13.72	\$0.89	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.02	\$63.55	\$0.00	\$17.29	\$19.78		\$29.65	\$2.17	6.69 (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	\$140.02	\$63.55	\$0.00	\$17.29	\$19.78	\$0.00	\$29.65	\$2.17	\$6.69	\$0.89	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5276									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.08									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.55	\$97.08	\$0.00	\$17.29	\$19.78	\$0.00	\$29.65	\$2.17	\$6.69	\$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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.91	\$2.91									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.51	\$4.41	\$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	\$196.06	\$101.49	\$0.00	\$17.51	\$20.19	\$0.00	\$47.12	\$2.17	\$6.69	\$0.89	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.22										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LAKE CITY NURSING AND REHABILITATION CENTER LLC		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141699A		Growth Allowance: N/A				N/A	0.00%	Base Period Overall CMI:			1.6293	1.5751
Case Mix Per Diem Rate Effective Date: 7/1/2023		Qtrly BIMS score: 32.18%				32.18%	2.5%	Quarterly Medicaid CMI:			1.5126	1.5342
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive: 2.79				2.79	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5392	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$11,865,210	\$6,792,481	\$0	\$1,179,706	\$1,247,209	\$0	\$1,729,109		\$916,705	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$420,402)	\$0	\$0	(\$4,779)	(\$1,625)	\$1,640	(\$317,003)		(\$98,635)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$163,807		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$98,225
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,706,840	\$6,792,481	\$0	\$1,174,927	\$1,245,584	\$1,640	\$1,412,106	\$163,807	\$818,070	\$98,225
8	Total Nursing Facility Days As Filed Days = 66,454	FY21 Audited C/R Days	66,454									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 66,454	FY21 GL-PL Ins Rpt Days								66,454		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$176.16	\$102.21	\$0.00	\$17.68	\$18.77	(with L&H)	\$21.25	\$2.46	\$12.31	\$1.48
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6293								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.73	\$0.00	\$17.68	\$18.77		\$21.25	\$2.46	\$12.31	\$1.48
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.77	\$62.73	\$0.00	\$17.68	\$18.77		\$21.25	\$2.46	9.40 (FRV)	\$1.48
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	\$133.77	\$62.73	\$0.00	\$17.68	\$18.77	\$0.00	\$21.25	\$2.46	\$9.40	\$1.48
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5392								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.59	\$96.55	\$0.00	\$17.68	\$18.77	\$0.00	\$21.25	\$2.46	\$9.40	\$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 = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.41	\$2.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine 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	\$23.94	\$5.84	\$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	\$191.53	\$102.39	\$0.00	\$17.90	\$19.18	\$0.00	\$38.72	\$2.46	\$9.40	\$1.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.82									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - LAKEHAVEN, LLC		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00141721A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.7253		1.7253	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 29.41%		Nurse Hours per On-Site Day/Quality Incentive: 3.95		3.95	1.0%	Quarterly Medicaid CMI: 1.5979		1.5979	1.5342		
							6.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6262		1.6262	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,356,538	\$2,621,786	\$0	\$471,967	\$713,306	\$0	\$1,094,924		\$454,555	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$440,708)	(\$71,293)	\$0	\$0	\$0	\$223	(\$331,601)		(\$38,037)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$390,803			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$39,983	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,346,616	\$2,550,493	\$0	\$471,967	\$713,306	\$223	\$763,323	\$390,803	\$416,518	\$39,983	
8	Total Nursing Facility Days	As Filed Days = 24,826 FY21 Audited C/R Days	24,826										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,826 FY21 GL-PL Ins Rpt Days								24,826			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$215.36	\$102.73	\$0.00	\$19.01	\$28.74	(with L&H)	\$30.75	\$15.74	\$16.78	\$1.61	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7253									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.54									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.54	\$0.00	\$19.01	\$28.74		\$30.75	\$15.74	\$16.78	\$1.61	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.17	\$59.54	\$0.00	\$19.01	\$28.74		\$30.75	\$15.74	8.78 (FRV)	\$1.61	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.17	\$59.54	\$0.00	\$19.01	\$28.74	\$0.00	\$30.75	\$15.74	\$8.78	\$1.61	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6262									
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	\$201.45	\$96.82	\$0.00	\$19.01	\$28.74	\$0.00	\$30.75	\$15.74	\$8.78	\$1.61	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.81	\$5.81									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.41	\$7.31	\$0.00	\$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	\$226.86	\$104.13	\$0.00	\$19.23	\$29.15	\$0.00	\$48.22	\$15.74	\$8.78	\$1.61	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.32										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: SGMC LAKELAND VILLA Prvdr ID: 00141732A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23												
			Growth Allowance: N/A				Base Period Overall CMI: 1.1423				1.1423	1.5751
			Qtrly BIMS score: 26.42%				Quarterly Medicaid CMI: 1.1500				1.1500	1.5342
			Nurse Hours per On-Site Day/Quality Incentive: 2.76				Qtrly Mcaid CMI w RUG Wght Options: 1.1661				1.1661	1.5613
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 FY21 C/R - FY21 GL/PL Rpt	\$6,564,739	\$3,086,595	\$0	\$1,350,164	\$319,703	\$667,383	\$786,649		\$354,245	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$75,987)	\$27,411	\$0	\$0	\$0	(\$13,008)	(\$75,063)		(\$15,327)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$44,625		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$15,327
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,548,704	\$3,114,006	\$0	\$1,350,164	\$319,703	\$654,375	\$711,586	\$44,625	\$338,918	\$15,327
8	Total Nursing Facility Days	As Filed Days = 21,984 FY21 Audited C/R Days		21,984								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,984 FY21 GL-PL Ins Rpt Days								21,984		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$297.90	\$141.65	\$0.00	\$61.42	\$44.31	(with L&H)	\$32.37	\$2.03	\$15.42	\$0.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.1423								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$124.00								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$124.00	\$0.00	\$61.42	\$44.31		\$32.37	\$2.03	\$15.42	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$234.63	\$99.82	\$0.00	\$37.13	\$33.28		\$32.37	\$2.03	29.30 (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	\$234.63	\$99.82	\$0.00	\$37.13	\$33.28	\$0.00	\$32.37	\$2.03	\$29.30	\$0.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1661								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$251.21	\$116.40	\$0.00	\$37.13	\$33.28	\$0.00	\$32.37	\$2.03	\$29.30	\$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)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.16	\$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	\$3.49	\$3.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.12	\$4.65	\$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	\$273.33	\$121.05	\$0.00	\$37.13	\$33.28	\$0.00	\$49.84	\$2.03	\$29.30	\$0.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.17									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: THE OAKS - LIMESTONE Prvdr ID: 00141743A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Growth Allowance: N/A Qtrly BIMS score: 26.00% Nurse Hours per On-Site Day/Quality Incentive: 3.22			Facility Score: N/A Add-on Percent: 0.00% Add-on Percent: 1.0% Add-on Percent: 5.0%			Base Period Overall CMI: 1.7227 Quarterly Medicaid CMI: 1.4808 Qtrly Mcaid CMI w RUG Wght Options: 1.5060			1.7227	1.5751	1.4808	1.5342	1.5060	1.5613
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,946,082	\$3,387,685	\$0	\$509,397	\$869,370	\$0	\$1,430,648		\$748,982	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$522,348)	(\$56,275)	\$0	\$0	\$9,984	\$13,256	(\$400,058)		(\$89,255)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$451,216																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$80,327															
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,955,277	\$3,331,410	\$0	\$509,397	\$879,354	\$13,256	\$1,030,590	\$451,216	\$659,727	\$80,327															
8	Total Nursing Facility Days	FY21 Audited C/R Days	23,828																								
	As Filed Days = 23,828																										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								23,828																	
	As Filed Days = 23,828																										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$291.90	\$139.81	\$0.00	\$21.38	\$37.46	(with L&H)	\$43.25	\$18.94	\$27.69	\$3.37															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7227																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.16																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.16	\$0.00	\$21.38	\$37.46		\$43.25	\$18.94	\$27.69	\$3.37															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.13	\$81.16	\$0.00	\$21.38	\$33.28		\$36.91	\$18.94	34.09 (FRV)	\$3.37															
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	\$229.13	\$81.16	\$0.00	\$21.38	\$33.28	\$0.00	\$36.91	\$18.94	\$34.09	\$3.37															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5060																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.23																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$270.20	\$122.23	\$0.00	\$21.38	\$33.28	\$0.00	\$36.91	\$18.94	\$34.09	\$3.37															
Quarterly Per Diem Add-on Amounts																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$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	\$1.22	\$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	\$6.11	\$6.11																							
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	\$25.18	\$7.86	\$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	\$295.38	\$130.09	\$0.00	\$21.60	\$33.28	\$0.00	\$54.01	\$18.94	\$34.09	\$3.37															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$208.71																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: RENAISSANCE 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: 00141754A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6868	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	28.43%	1.0%	Quarterly Medicaid CMI:			1.8139	1.5342
							3.25	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8494	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$7,985,589	\$3,997,645	\$0	\$741,115	\$700,762	\$0	\$1,371,525		\$1,174,542	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$303,405)	(\$11,043)	\$0	\$0	(\$4,960)	(\$6,998)	(\$173,982)		(\$106,422)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$173,982			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$104,607	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,960,773	\$3,986,602	\$0	\$741,115	\$695,802	(\$6,998)	\$1,197,543	\$173,982	\$1,068,120	\$104,607	
8	Total Nursing Facility Days	As Filed Days = 38,284 FY21 Audited C/R Days	38,284										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,284 FY21 GL-PL Ins Rpt Days								38,284			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$207.93	\$104.13	\$0.00	\$19.36	\$17.99	(with L&H)	\$31.28	\$4.54	\$27.90	\$2.73	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6868									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.73									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.73	\$0.00	\$19.36	\$17.99		\$31.28	\$4.54	\$27.90	\$2.73	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.37	\$61.73	\$0.00	\$19.36	\$17.99		\$31.28	\$4.54	8.74 (FRV)	\$2.73	
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	\$146.37	\$61.73	\$0.00	\$19.36	\$17.99	\$0.00	\$31.28	\$4.54	\$8.74	\$2.73	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8494									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.16									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.80	\$114.16	\$0.00	\$19.36	\$17.99	\$0.00	\$31.28	\$4.54	\$8.74	\$2.73	
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	\$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	\$5.71	\$5.71									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.48	\$7.38	\$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	\$224.28	\$121.54	\$0.00	\$19.58	\$18.40	\$0.00	\$48.75	\$4.54	\$8.74	\$2.73	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.39										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: MAGNOLIA MANOR OF MARION COUNTY Prvdr ID: 00141809A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23															
			Growth Allowance: N/A Qtrly BIMS score: 42.86% Nurse Hours per On-Site Day/Quality Incentive: 4.36				Add-on Percent: 0.00% 2.5% 5.0%				Facility Score: N/A 4.36		Facility Specific: 1.5419 1.5453 1.5759		State-wide: 1.5751 1.5342 1.5613
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,313,241	\$2,373,339	\$0	\$415,774	\$461,170	\$0	\$723,776		\$339,182	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$82,821)	\$0	\$0	\$0	\$0	\$0	(\$63,565)		(\$19,256)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$63,565					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,256			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,313,241	\$2,373,339	\$0	\$415,774	\$461,170	\$0	\$660,211	\$63,565	\$319,926	\$19,256			
8	Total Nursing Facility Days	FY21 Audited C/R Days		19,058											
	As Filed Days = 19,058														
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								19,058					
	As Filed Days = 19,058														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$226.33	\$124.53	\$0.00	\$21.82	\$24.20	(with L&H)	\$34.64	\$3.34	\$16.79	\$1.01			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5419											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.77											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.77	\$0.00	\$21.82	\$24.20		\$34.64	\$3.34	\$16.79	\$1.01			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.99	\$80.77	\$0.00	\$21.82	\$24.20		\$34.64	\$3.34	28.21 (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	\$193.99	\$80.77	\$0.00	\$21.82	\$24.20	\$0.00	\$34.64	\$3.34	\$28.21	\$1.01			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5759											
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	\$240.51	\$127.29	\$0.00	\$21.82	\$24.20	\$0.00	\$34.64	\$3.34	\$28.21	\$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)	\$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	\$3.18	\$3.18											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.36	\$6.36											
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	\$28.17	\$10.07	\$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	\$268.68	\$137.36	\$0.00	\$22.04	\$24.61	\$0.00	\$52.11	\$3.34	\$28.21	\$1.01			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.69												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LEGACY TRANSITIONAL CARE & REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141831A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4850	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	30.50%	2.5%	Quarterly Medicaid CMI:			1.4053	1.5342
							2.31	1.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4290	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$11,269,045	\$5,864,808	\$0	\$959,365	\$1,151,626	\$0	\$1,774,523		\$1,518,723	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$505,991)	\$0	\$0	\$0	(\$3,131)	(\$3,959)	(\$356,566)		(\$142,335)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$356,566			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$141,458	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,261,078	\$5,864,808	\$0	\$959,365	\$1,148,495	(\$3,959)	\$1,417,957	\$356,566	\$1,376,388	\$141,458	
8	Total Nursing Facility Days	As Filed Days = 57,702 FY21 Audited C/R Days	57,702										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 57,702 FY21 GL-PL Ins Rpt Days								57,702			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$195.16	\$101.64	\$0.00	\$16.63	\$19.84	(with L&H)	\$24.57	\$6.18	\$23.85	\$2.45	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4850									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.45									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.45	\$0.00	\$16.63	\$19.84		\$24.57	\$6.18	\$23.85	\$2.45	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.41	\$68.45	\$0.00	\$16.63	\$19.84		\$24.57	\$6.18	11.29 (FRV)	\$2.45	
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	\$149.41	\$68.45	\$0.00	\$16.63	\$19.84	\$0.00	\$24.57	\$6.18	\$11.29	\$2.45	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4290									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.82									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.78	\$97.82	\$0.00	\$16.63	\$19.84	\$0.00	\$24.57	\$6.18	\$11.29	\$2.45	
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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.45	\$2.45									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.98	\$0.98									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.06	\$3.96	\$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	\$200.84	\$101.78	\$0.00	\$16.85	\$20.25	\$0.00	\$42.04	\$6.18	\$11.29	\$2.45	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.81										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SADIE G. MAYS HEALTH & REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00141842A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5030		1.5030	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 41.86%		Nurse Hours per On-Site Day/Quality Incentive: 2.95		41.86%	2.5%	Quarterly Medicaid CMI: 1.4809		1.4809	1.5342		
								Qtrly Mcaid CMI w RUG Wght Options: 1.5052		1.5052	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$13,838,245	\$7,033,832	\$0	\$1,193,278	\$2,068,329	\$0	\$3,263,748		\$279,058	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$782,166)	\$0	\$0	\$0	(\$1,592)	(\$2,356)	(\$685,973)		(\$92,245)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$599,867			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,655,946	\$7,033,832	\$0	\$1,193,278	\$2,066,737	(\$2,356)	\$2,577,775	\$599,867	\$186,813	\$0	
8	Total Nursing Facility Days As Filed Days = 54,832	FY21 Audited C/R Days	54,832										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 54,832	FY21 GL-PL Ins Rpt Days								54,832			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$249.05	\$128.28	\$0.00	\$21.76	\$37.65	(with L&H)	\$47.01	\$10.94	\$3.41	\$0.00	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5030									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.35									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.35	\$0.00	\$21.76	\$37.65		\$47.01	\$10.94	\$3.41	\$0.00	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.99	\$85.35	\$0.00	\$21.76	\$33.28		\$36.91	\$10.94	11.75 (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	\$199.99	\$85.35	\$0.00	\$21.76	\$33.28	\$0.00	\$36.91	\$10.94	\$11.75	\$0.00	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5052									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.47									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.11	\$128.47	\$0.00	\$21.76	\$33.28	\$0.00	\$36.91	\$10.94	\$11.75	\$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)	\$0.75	\$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	\$3.21	\$3.21									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.42	\$6.42									
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$10.38	\$10.16	\$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	\$253.49	\$138.63	\$0.00	\$21.98	\$33.28	\$0.00	\$36.91	\$10.94	\$11.75	\$0.00	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.12										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide										
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide
Provider: MCRAE MANOR NURSING HOME Prvdr ID: 00141853A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.4663	1.5751	Qtrly BIMS score	18.52%	0.0%	Quarterly Medicaid CMI:	1.5672	1.5342	Nurse Hours per On-Site Day/Quality Incentive:	3.47	5.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.5973	1.5613
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 FY21 C/R - FY21 GL/PL Rpt	\$6,342,472	\$3,655,039	\$0	\$657,194	\$790,531	\$0	\$1,173,879		\$65,829	\$0																		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$466,576)	(\$177,843)	\$0	\$1,624	(\$2,306)	(\$5,474)	(\$233,186)		(\$49,391)																			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$379,000																				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R																	\$51,036											
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,305,932	\$3,477,196	\$0	\$658,818	\$788,225	(\$5,474)	\$940,693	\$379,000	\$16,438	\$51,036																		
8	Total Nursing Facility Days	As Filed Days = 30,818 FY21 Audited C/R Days	30,818																											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,818 FY21 GL-PL Ins Rpt Days								30,818																				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$204.62	\$112.83	\$0.00	\$21.38	\$25.40	(with L&H)	\$30.52	\$12.30	\$0.53	\$1.66																		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4663																										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.95																										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.95	\$0.00	\$21.38	\$25.40		\$30.52	\$12.30	\$0.53	\$1.66																		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.24	\$76.95	\$0.00	\$21.38	\$25.40		\$30.52	\$12.30	11.03 (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	\$179.24	\$76.95	\$0.00	\$21.38	\$25.40	\$0.00	\$30.52	\$12.30	\$11.03	\$1.66																		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5973																										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.91																										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.20	\$122.91	\$0.00	\$21.38	\$25.40	\$0.00	\$30.52	\$12.30	\$11.03	\$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>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	\$6.15	\$6.15																										
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	\$24.78	\$6.68	\$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	\$249.98	\$129.59	\$0.00	\$21.60	\$25.81	\$0.00	\$47.99	\$12.30	\$11.03	\$1.66																		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.66																											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.9580	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	50.00%	5.5%	Quarterly Medicaid CMI:			2.0108	1.5342
							3.14	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.0495	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$8,775,217	\$2,911,472	\$0	\$611,951	\$802,799	\$0	\$2,400,655		\$2,048,340	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$274,660)	(\$2,428)	\$0	\$12,900	\$0	(\$12,900)	(\$121,896)		(\$150,336)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$118,078			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$150,336	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,768,971	\$2,909,044	\$0	\$624,851	\$802,799	(\$12,900)	\$2,278,759	\$118,078	\$1,898,004	\$150,336	
8	Total Nursing Facility Days	As Filed Days = 35,771											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,771											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$245.13	\$81.32	\$0.00	\$17.47	\$22.08	(with L&H)	\$63.70	\$3.30	\$53.06	\$4.20	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9580									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.53	\$0.00	\$17.47	\$22.08		\$63.70	\$3.30	\$53.06	\$4.20	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$41.53	\$0.00	\$17.47	\$22.08		\$63.70	\$3.30	\$53.06	\$4.20	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.76	\$41.53	\$0.00	\$17.47	\$22.08		\$36.91	\$3.30	15.27 (FRV)	\$4.20	
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	\$140.76	\$41.53	\$0.00	\$17.47	\$22.08	\$0.00	\$36.91	\$3.30	\$15.27	\$4.20	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0495									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.12									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.35	\$85.12	\$0.00	\$17.47	\$22.08	\$0.00	\$36.91	\$3.30	\$15.27	\$4.20	
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>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.68	\$4.68									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.40	\$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	\$26.34	\$8.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.69	\$93.73	\$0.00	\$17.69	\$22.49	\$0.00	\$54.01	\$3.30	\$15.27	\$4.20	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.19										

Quarterly Case Mix Per Diem Calculation

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<p>Provider: Ridgecrest Rehab and Skilled Nursing Center</p> <p>Prvdr ID: 00141886A</p> <p>H/B ?: No</p> <p>Case Mix Per Diem Rate Effective Date: 07/01/23</p> <p>MDS & Nurse Hrs Data per Quarter Ending: 03/31/23</p> <p>Facility Score: N/A</p> <p>Add-on Percent: 0.00%</p> <p>Growth Allowance: N/A</p> <p>BIMS: 25.0%</p> <p>Nurse Hours per On-Site Day/Quality Incentive: 5.18</p> <p>Case Mix Index (CMI) Data</p> <p>Base Period Overall CMI: 1.5361</p> <p>Quarterly Medicaid CMI: 1.7065</p> <p>Qtrly Mcaid CMI w RUG Wght Options: 1.7394</p> <p>Facility Specific: 1.5361</p> <p>State-wide: 1.5751</p> <p>Facility Specific: 1.7065</p> <p>State-wide: 1.5195</p> <p>Facility Specific: 1.7394</p> <p>State-wide: 1.5463</p>												
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 Svcs)												
Allowed @ 95% of Std												
Growth Allowance 0.0%												
CMA Allowed Per Diem (After Growth Allowance)												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)												
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%												

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

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Growth Allowance: N/A Qtrly BIMS score: 23.57% Nurse Hours per On-Site Day/Quality Incentive: 3.50			Facility Score: N/A Add-on Percent: 0.00% Add-on Percent: 1.0% Add-on Percent: 5.0%			Base Period Overall CMI: 1.5669 Quarterly Medicaid CMI: 1.5247 Qtrly Mcaid CMI w RUG Wght Options: 1.5514			1.5669	1.5751	1.5247	1.5342	1.5514	1.5613
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,492,499	\$6,952,216	\$0	\$896,303	\$1,592,716	\$0	\$2,524,205		\$527,059	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$1,405,478)	(\$262,561)	\$0	(\$433)	(\$43,890)	(\$46,658)	(\$942,775)		(\$109,161)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$981,353																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,983															
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,100,357	\$6,689,655	\$0	\$895,870	\$1,548,826	(\$46,658)	\$1,581,430	\$981,353	\$417,898	\$31,983															
8	Total Nursing Facility Days As Filed Days = 58,499	FY21 Audited C/R Days	55,171																								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 58,499	FY21 GL-PL Ins Rpt Days								55,171																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$219.32	\$121.25	\$0.00	\$16.24	\$27.23	(with L&H)	\$28.66	\$17.79	\$7.57	\$0.58															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5669																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.38																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.38	\$0.00	\$16.24	\$27.23		\$28.66	\$17.79	\$7.57	\$0.58															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.47	\$77.38	\$0.00	\$16.24	\$27.23		\$28.66	\$17.79	8.59 (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	\$176.47	\$77.38	\$0.00	\$16.24	\$27.23	\$0.00	\$28.66	\$17.79	\$8.59	\$0.58															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5514																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.05																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.14	\$120.05	\$0.00	\$16.24	\$27.23	\$0.00	\$28.66	\$17.79	\$8.59	\$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	\$1.20	\$1.20																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.00	\$6.00																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.83	\$7.73	\$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	\$244.97	\$127.78	\$0.00	\$16.46	\$27.64	\$0.00	\$46.13	\$17.79	\$8.59	\$0.58															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.90																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: MEMORIAL MANOR NURSING HOME														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.3565	1.5751	
Prvdr ID: 00141919A														Qtrly BIMS score	31.75%	2.5%	Quarterly Medicaid CMI:	1.2653	1.5342	
Case Mix Per Diem Rate Effective Date: 7/1/2023														Nurse Hours per On-Site Day/Quality Incentive:	3.32	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.2860	1.5613	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23																				
			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 FY21 C/R - FY21 GL/PL Rpt	\$6,232,667	\$3,313,777	\$0	\$1,313,453	\$348,525	\$448,007	\$603,871		\$205,034	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$79,884)	\$0	\$0	\$0	\$0	\$0	(\$28,876)		(\$51,008)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$28,876										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$51,008								
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,232,667	\$3,313,777	\$0	\$1,313,453	\$348,525	\$448,007	\$574,995	\$28,876	\$154,026	\$51,008								
8	Total Nursing Facility Days	FY21 Audited C/R Days	31,435																	
	As Filed Days = 31,435																			
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								31,435										
	As Filed Days = 31,435																			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$198.27	\$105.42	\$0.00	\$41.78	\$25.34	(with L&H)	\$18.29	\$0.92	\$4.90	\$1.62								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3565																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.72																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.72	\$0.00	\$41.78	\$25.34		\$18.29	\$0.92	\$4.90	\$1.62								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.97	\$77.72	\$0.00	\$37.13	\$25.34		\$18.29	\$0.92	10.95 (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	\$171.97	\$77.72	\$0.00	\$37.13	\$25.34	\$0.00	\$18.29	\$0.92	\$10.95	\$1.62								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2860																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.95																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.20	\$99.95	\$0.00	\$37.13	\$25.34	\$0.00	\$18.29	\$0.92	\$10.95	\$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)	\$1.31	\$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	\$2.50	\$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	\$23.91	\$6.03	\$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	\$218.11	\$105.98	\$0.00	\$37.13	\$25.75	\$0.00	\$35.76	\$0.92	\$10.95	\$1.62								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.76																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5519	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	26.67%	1.0%	Quarterly Medicaid CMI:			1.5718	1.5342
							2.95	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6030	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,418,953	\$2,477,295	\$0	\$397,350	\$520,399	\$0	\$757,029		\$266,880	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$120,542)	(\$13,314)	\$0	\$0	\$0	\$0	(\$44,860)		(\$62,368)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$62,368	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,360,779	\$2,463,981	\$0	\$397,350	\$520,399	\$0	\$712,169	\$0	\$204,512	\$62,368	
8	Total Nursing Facility Days	As Filed Days = 26,697		26,697									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,697								26,697			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$163.34	\$92.29	\$0.00	\$14.88	\$19.49	(with L&H)	\$26.68	\$0.00	\$7.66	\$2.34	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5519									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.47									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.47	\$0.00	\$14.88	\$19.49		\$26.68	\$0.00	\$7.66	\$2.34	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.37	\$59.47	\$0.00	\$14.88	\$19.49		\$26.68	\$0.00	8.51 (FRV)	\$2.34	
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	\$131.37	\$59.47	\$0.00	\$14.88	\$19.49	\$0.00	\$26.68	\$0.00	\$8.51	\$2.34	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6030									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.33									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.23	\$95.33	\$0.00	\$14.88	\$19.49	\$0.00	\$26.68	\$0.00	\$8.51	\$2.34	
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	\$0.95	\$0.95									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.86	\$2.86									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.44	\$4.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.67	\$99.67	\$0.00	\$15.10	\$19.90	\$0.00	\$44.15	\$0.00	\$8.51	\$2.34	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.43										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: WARM SPRINGS MEDICAL CENTER NURSING HOME Prvdr ID: 00141952A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23															
			Growth Allowance: N/A Qtrly BIMS score: 28.13% Nurse Hours per On-Site Day/Quality Incentive: 3.35				Add-on Percent: 0.00% 1.0% 2.0%				Facility Score: N/A 28.13% 3.35		Facility Specific: 1.2650 1.2034 1.2198		State-wide: 1.5751 1.5342 1.5613
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</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 FY21 C/R - FY21 GL/PL Rpt	\$5,316,760	\$3,019,329	\$0	\$675,173	\$279,021	\$294,559	\$830,546		\$218,132	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$43,328)	\$0	\$0	\$0	\$2,927	\$3,088	(\$40,843)		(\$8,500)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$40,843					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$8,356			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,322,631	\$3,019,329	\$0	\$675,173	\$281,948	\$297,647	\$789,703	\$40,843	\$209,632	\$8,356			
8	Total Nursing Facility Days	FY21 Audited C/R Days	26,843												
	As Filed Days = 26,843														
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								26,843					
	As Filed Days = 26,843														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$198.28	\$112.48	\$0.00	\$25.15	\$21.59	(with L&H)	\$29.42	\$1.52	\$7.81	\$0.31			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2650											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.92											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$88.92	\$0.00	\$25.15	\$21.59		\$29.42	\$1.52	\$7.81	\$0.31			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.66	\$88.92	\$0.00	\$25.15	\$21.59		\$29.42	\$1.52	11.75 (FRV)	\$0.31			
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	\$178.66	\$88.92	\$0.00	\$25.15	\$21.59	\$0.00	\$29.42	\$1.52	\$11.75	\$0.31			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2198											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.46											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.20	\$108.46	\$0.00	\$25.15	\$21.59	\$0.00	\$29.42	\$1.52	\$11.75	\$0.31			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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>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	\$21.88	\$3.78	\$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	\$220.08	\$112.24	\$0.00	\$25.37	\$22.00	\$0.00	\$46.89	\$1.52	\$11.75	\$0.31			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.24												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5548		1.5548	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 31.11%		Nurse Hours per On-Site Day/Quality Incentive: 3.45		3.45	2.5%	Quarterly Medicaid CMI: 1.5333		1.5333	1.5342		
							6.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5614		1.5614	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,154,269	\$2,269,168	\$0	\$468,391	\$418,142	\$0	\$735,637		\$262,931	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$183,453)	(\$2,523)	\$0	(\$617)	\$0	(\$528)	(\$122,650)		(\$57,135)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$115,188			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,135	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,143,139	\$2,266,645	\$0	\$467,774	\$418,142	(\$528)	\$612,987	\$115,188	\$205,796	\$57,135	
8	Total Nursing Facility Days	As Filed Days = 21,621											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,621								21,621			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$191.64	\$104.84	\$0.00	\$21.64	\$19.32	(with L&H)	\$28.35	\$5.33	\$9.52	\$2.64	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5548									
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	\$21.64	\$19.32		\$28.35	\$5.33	\$9.52	\$2.64	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.85	\$67.43	\$0.00	\$21.64	\$19.32		\$28.35	\$5.33	11.14 (FRV)	\$2.64	
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	\$155.85	\$67.43	\$0.00	\$21.64	\$19.32	\$0.00	\$28.35	\$5.33	\$11.14	\$2.64	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5614									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.29									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.71	\$105.29	\$0.00	\$21.64	\$19.32	\$0.00	\$28.35	\$5.33	\$11.14	\$2.64	
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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.32	\$6.32									
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	\$27.58	\$9.48	\$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	\$221.29	\$114.77	\$0.00	\$21.86	\$19.73	\$0.00	\$45.82	\$5.33	\$11.14	\$2.64	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.14										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: EASTMAN HEALTHCARE & REHAB Prvdr ID: 00141974A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Facility Score	State-wide	Facility Specific	State-wide								
													N/A	26.44%	2.75	0.00%	1.0%	3.0%	1.4940	1.5751	1.3305	1.5342	1.3549	1.5613
CASE MIX BASED RATE CALCULATIONS																								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,370,214	\$2,885,350	\$0	\$558,912	\$533,885	\$0	\$742,094		\$649,973	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$118,132)	(\$15,891)	\$0	\$0	(\$2,752)	(\$4,494)	(\$52,565)		(\$42,430)													
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$49,865														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R											\$46,640											
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,348,587	\$2,869,459	\$0	\$558,912	\$531,133	(\$4,494)	\$689,529	\$49,865	\$607,543	\$46,640												
8	Total Nursing Facility Days	FY21 Audited C/R Days	32,643																					
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								32,643														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$163.84	\$87.90	\$0.00	\$17.12	\$16.13	(with L&H)	\$21.12	\$1.53	\$18.61	\$1.43												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4940																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.84																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.84	\$0.00	\$17.12	\$16.13		\$21.12	\$1.53	\$18.61	\$1.43												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.10	\$58.84	\$0.00	\$17.12	\$16.13		\$21.12	\$1.53	8.93 (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	\$125.10	\$58.84	\$0.00	\$17.12	\$16.13	\$0.00	\$21.12	\$1.53	\$8.93	\$1.43												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3549																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.72																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.98	\$79.72	\$0.00	\$17.12	\$16.13	\$0.00	\$21.12	\$1.53	\$8.93	\$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)	\$1.53	\$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>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	\$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	\$167.80	\$83.44	\$0.00	\$17.34	\$16.54	\$0.00	\$38.59	\$1.53	\$8.93	\$1.43												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.03																					

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Magnolia Manor of Midway				Facility Score	Add-on Percent			Facility Specific	State-wide
Prvdr ID: 00141985A				N/A	0.00%			1.2981	1.5751
H/B ?: No	Case Mix Per Diem Rate Effective Date: 07/01/23			BIMS: 23.1%	1.0%			1.3916	1.5195
	MDS & Nurse Hrs Data per Quarter Ending: 03/31/23	Nurse Hours per On-Site Day/Quality Incentive: 5.35			3.0%		Qtrly Mcaid CMI w RUG Wght Options:	1.4150	1.5463

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	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	FY2021 GL-PL Ins. Rpt								\$ 114,936		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2021 GL-PL Ins. Rpt								30,676		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2021 Peer Group Limit		\$99.82		\$26.82	\$33.28		\$36.91		\$15.21	\$5.04
	Allowed @ 95% of Std		\$207.24	\$94.83		\$25.48	\$31.62		\$35.06		\$15.21	\$5.04
	Growth Allowance 0.0%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$210.99	\$94.83		\$25.48	\$31.62		\$35.06	\$ 3.75	\$15.21	\$5.04
	Quarterly Facility Case Mix Index for Medicaid Residents			1.4150							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$134.18								
	Quarterly Medicaid CMA Allowed Per Diem		\$250.78	\$134.18		\$25.48	\$31.62		\$35.06	\$ 4.19	\$15.21	\$5.04
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)		\$1.34	\$1.34								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$4.03	\$4.03								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$22.47									
	Quarterly Case Mix Based Per Diem Rate		\$273.25	\$139.55		\$25.48	\$31.62		\$52.16	\$4.19	\$15.21	\$5.04
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$192.11										

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

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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:	2.2223
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 FY21 C/R - FY21 GL/PL Rpt	\$8,740,757	\$3,456,475	\$0	\$852,412	\$337,257	\$488,072	\$2,662,481		\$944,060	\$0									
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$136,051)	\$21,293	\$0	\$0	(\$11,859)	(\$16,124)	(\$99,935)		(\$29,426)										
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$69,303											
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,381									
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,696,390	\$3,477,768	\$0	\$852,412	\$325,398	\$471,948	\$2,562,546	\$69,303	\$914,634	\$22,381									
8	Total Nursing Facility Days	As Filed Days = 21,882 FY21 Audited C/R Days		21,893																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,882 FY21 GL-PL Ins Rpt Days								21,893											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$397.23	\$158.85	\$0.00	\$38.94	\$36.42	(with L&H)	\$117.05	\$3.17	\$41.78	\$1.02									
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		2.2223																	
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.48																	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.48	\$0.00	\$38.94	\$36.42		\$117.05	\$3.17	\$41.78	\$1.02									
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A										
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.89	\$71.48	\$0.00	\$37.13	\$33.28		\$36.91	\$3.17	22.90 (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	\$205.89	\$71.48	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.17	\$22.90	\$1.02									
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0998																	
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$150.09																	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$284.50	\$150.09	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.17	\$22.90	\$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)	\$0.53	\$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	\$8.25	\$8.25																	
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.00	\$6.00																	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10												
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.88	\$14.78	\$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	\$316.38	\$164.87	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$3.17	\$22.90	\$1.02									
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$224.46																		

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.2400	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	12.31%	0.0%	Quarterly Medicaid CMI:			1.2011	1.5342
							2.90	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2189	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$11,544,251	\$5,840,974	\$0	\$1,627,006	\$527,667	\$963,810	\$1,773,598		\$811,196	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$144,368)	(\$5,804)	\$0	\$0	\$0	\$0	(\$132,778)		(\$5,786)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$63,292			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$5,786	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,468,961	\$5,835,170	\$0	\$1,627,006	\$527,667	\$963,810	\$1,640,820	\$63,292	\$805,410	\$5,786	
8	Total Nursing Facility Days As Filed Days = 36,802	FY21 Audited C/R Days	36,802										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,802	FY21 GL-PL Ins Rpt Days								36,802			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$311.65	\$158.56	\$0.00	\$44.21	\$40.53	(with L&H)	\$44.59	\$1.72	\$21.88	\$0.16	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2400									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$127.87									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$127.87	\$0.00	\$44.21	\$40.53		\$44.59	\$1.72	\$21.88	\$0.16	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$220.87	\$99.82	\$0.00	\$37.13	\$33.28		\$36.91	\$1.72	11.85 (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	\$220.87	\$99.82	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.72	\$11.85	\$0.16	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2189									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.67									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$242.72	\$121.67	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.72	\$11.85	\$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)	\$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	\$2.43	\$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	\$19.53	\$2.43	\$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	\$262.25	\$124.10	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$1.72	\$11.85	\$0.16	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.86										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MITCHELL CONVALESCENT CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142018A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance: N/A	0.00%	Base Period Overall CMI: 1.5363			1.5363	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score: 30.77%	2.5%	Quarterly Medicaid CMI: 1.4004			1.4004	1.5342
						3.89	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4216			1.4216	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,495,941	\$2,357,148	\$0	\$586,904	\$295,474	\$390,983	\$607,272		\$258,160	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$6,807	\$0	\$0	\$0	\$0	\$0	\$11,261		(\$4,454)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$14,813		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$5,716
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,523,277	\$2,357,148	\$0	\$586,904	\$295,474	\$390,983	\$618,533	\$14,813	\$253,706	\$5,716
8	Total Nursing Facility Days As Filed Days = 15,621	FY21 Audited C/R Days	15,621									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,621	FY21 GL-PL Ins Rpt Days								15,621		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$289.57	\$150.90	\$0.00	\$37.57	\$43.94	(with L&H)	\$39.60	\$0.95	\$16.24	\$0.37
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5363								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.22								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$98.22	\$0.00	\$37.57	\$43.94		\$39.60	\$0.95	\$16.24	\$0.37
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$219.14	\$98.22	\$0.00	\$37.13	\$33.28		\$36.91	\$0.95	12.28 (FRV)	\$0.37
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	\$219.14	\$98.22	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$0.95	\$12.28	\$0.37
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4216								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$260.55	\$139.63	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$0.95	\$12.28	\$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)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.49	\$3.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$25.31	\$8.21	\$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	\$285.86	\$147.84	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$0.95	\$12.28	\$0.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$201.57									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MONTEZUMA HEALTH CARE CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142062A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.6019			1.6019	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 57.69%		Nurse Hours per On-Site Day/Quality Incentive: 3.34		57.69%	5.5%	Quarterly Medicaid CMI: 1.5371			1.5371	1.5342
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5610			1.5610	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,249,124	\$2,352,696	\$0	\$395,474	\$524,915	\$0	\$801,683		\$174,356	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$127,148)	(\$2,210)	\$0	(\$541)	\$0	(\$551)	(\$113,601)		(\$10,245)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$105,560		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10,245
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,237,781	\$2,350,486	\$0	\$394,933	\$524,915	(\$551)	\$688,082	\$105,560	\$164,111	\$10,245
8	Total Nursing Facility Days	As Filed Days = 18,941										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,941										
		FY21 Audited C/R Days	18,941									
		FY21 GL-PL Ins Rpt Days								18,941		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.73	\$124.10	\$0.00	\$20.85	\$27.68	(with L&H)	\$36.33	\$5.57	\$8.66	\$0.54
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6019								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.47	\$0.00	\$20.85	\$27.68		\$36.33	\$5.57	\$8.66	\$0.54
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.02	\$77.47	\$0.00	\$20.85	\$27.68		\$36.33	\$5.57	10.58 (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	\$179.02	\$77.47	\$0.00	\$20.85	\$27.68	\$0.00	\$36.33	\$5.57	\$10.58	\$0.54
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5610								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.48	\$120.93	\$0.00	\$20.85	\$27.68	\$0.00	\$36.33	\$5.57	\$10.58	\$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>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.65	\$6.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.05	\$6.05								
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	\$31.33	\$13.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$253.81	\$134.16	\$0.00	\$21.07	\$28.09	\$0.00	\$53.80	\$5.57	\$10.58	\$0.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.53									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.4056		1.4056	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 64.58%		Nurse Hours per On-Site Day/Quality Incentive: 3.53		64.58%	5.5%	Quarterly Medicaid CMI: 1.4423		1.4423	1.5342		
								Qtrly Mcaid CMI w RUG Wght Options: 1.4656		1.4656	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,189,417	\$2,922,926	\$0	\$457,786	\$523,612	\$0	\$932,115		\$352,978	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$111,476)	(\$2,530)	\$0	(\$619)	\$0	(\$508)	(\$98,461)		(\$9,358)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$93,600			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$9,358	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,180,899	\$2,920,396	\$0	\$457,167	\$523,612	(\$508)	\$833,654	\$93,600	\$343,620	\$9,358	
8	Total Nursing Facility Days	As Filed Days = 21,679 FY21 Audited C/R Days	21,679										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,679 FY21 GL-PL Ins Rpt Days								21,679			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$238.98	\$134.71	\$0.00	\$21.09	\$24.13	(with L&H)	\$38.45	\$4.32	\$15.85	\$0.43	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4056									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.84									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$95.84	\$0.00	\$21.09	\$24.13		\$38.45	\$4.32	\$15.85	\$0.43	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.88	\$95.84	\$0.00	\$21.09	\$24.13		\$36.91	\$4.32	11.16 (FRV)	\$0.43	
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	\$193.88	\$95.84	\$0.00	\$21.09	\$24.13	\$0.00	\$36.91	\$4.32	\$11.16	\$0.43	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4656									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.46									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.50	\$140.46	\$0.00	\$21.09	\$24.13	\$0.00	\$36.91	\$4.32	\$11.16	\$0.43	
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	\$7.73	\$7.73									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.02	\$7.02									
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	\$33.01	\$15.28	\$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	\$271.51	\$155.74	\$0.00	\$21.31	\$24.54	\$0.00	\$54.01	\$4.32	\$11.16	\$0.43	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.81										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - MOULTRIE Prvdr ID: 00142095A		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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Growth Allowance: N/A Qtrly BIMS score: 32.20% Nurse Hours per On-Site Day/Quality Incentive: 3.21				0.00%	2.5%	Base Period Overall CMI: 1.5350 Quarterly Medicaid CMI: 1.5022 Qtrly Mcaid CMI w RUG Wght Options: 1.5294			1.5350	1.5751
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,458,182	\$2,293,688	\$0	\$328,039	\$539,175	\$0	\$958,542		\$338,738	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$334,364)	(\$95,713)	\$0	\$0	\$60	\$939	(\$210,146)		(\$29,504)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$294,958		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,162
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,449,938	\$2,197,975	\$0	\$328,039	\$539,235	\$939	\$748,396	\$294,958	\$309,234	\$31,162
8	Total Nursing Facility Days	As Filed Days = 19,366 FY21 Audited C/R Days		19,366								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,366 FY21 GL-PL Ins Rpt Days								19,366		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$229.78	\$113.50	\$0.00	\$16.94	\$27.89	(with L&H)	\$38.64	\$15.23	\$15.97	\$1.61
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5350								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.94	\$0.00	\$16.94	\$27.89		\$38.64	\$15.23	\$15.97	\$1.61
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.39	\$73.94	\$0.00	\$16.94	\$27.89		\$36.91	\$15.23	18.87 (FRV)	\$1.61
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.39	\$73.94	\$0.00	\$16.94	\$27.89	\$0.00	\$36.91	\$15.23	\$18.87	\$1.61
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		\$113.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.53	\$113.08	\$0.00	\$16.94	\$27.89	\$0.00	\$36.91	\$15.23	\$18.87	\$1.61
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.65	\$5.65								
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	\$26.74	\$9.01	\$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	\$257.27	\$122.09	\$0.00	\$17.16	\$28.30	\$0.00	\$54.01	\$15.23	\$18.87	\$1.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.13									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: RIVER BROOK HEALTHCARE CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142106A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5747	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	40.54%	2.5%	Quarterly Medicaid CMI:			1.6264	1.5342
							2.70	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6565	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,394,405	\$2,434,629	\$0	\$413,877	\$400,278	\$0	\$851,953		\$293,668	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$244,944)	\$2,600	\$0	\$0	\$0	\$0	(\$222,899)		(\$24,645)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$56,973			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$24,645	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,231,079	\$2,437,229	\$0	\$413,877	\$400,278	\$0	\$629,054	\$56,973	\$269,023	\$24,645	
8	Total Nursing Facility Days As Filed Days = 29,341	FY21 Audited C/R Days	29,341										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,341	FY21 GL-PL Ins Rpt Days								29,341			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$144.21	\$83.07	\$0.00	\$14.11	\$13.64	(with L&H)	\$21.44	\$1.94	\$9.17	\$0.84	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5747									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.75									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$52.75	\$0.00	\$14.11	\$13.64		\$21.44	\$1.94	\$9.17	\$0.84	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.08	\$52.75	\$0.00	\$14.11	\$13.64		\$21.44	\$1.94	7.36 (FRV)	\$0.84	
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	\$112.08	\$52.75	\$0.00	\$14.11	\$13.64	\$0.00	\$21.44	\$1.94	\$7.36	\$0.84	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6565									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.38									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.71	\$87.38	\$0.00	\$14.11	\$13.64	\$0.00	\$21.44	\$1.94	\$7.36	\$0.84	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.75	\$1.75									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.56	\$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	\$169.27	\$91.84	\$0.00	\$14.33	\$14.05	\$0.00	\$38.91	\$1.94	\$7.36	\$0.84	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$114.13										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23															
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 44.90% Nurse Hours per On-Site Day/Quality Incentive: 5.11			Facility Score Add-on Percent: 0.00% 2.5% 3.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.4634 Quarterly Medicaid CMI: 1.3497 Qtrly Mcaid CMI w RUG Wght Options: 1.3737			Facility Specific 1.4634 1.3497 1.3737		State-wide 1.5751 1.5342 1.5613
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$14,105,160	\$7,647,314	\$0	\$1,235,685	\$1,587,195	\$0	\$1,713,262		\$1,921,704	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$229,643)	\$53,664	\$0	\$0	\$0	\$0	(\$243,839)		(\$39,468)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$244,401					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$39,468			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$14,159,386	\$7,700,978	\$0	\$1,235,685	\$1,587,195	\$0	\$1,469,423	\$244,401	\$1,882,236	\$39,468			
8	Total Nursing Facility Days	FY21 Audited C/R Days	46,768												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								46,768					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$302.76	\$164.66	\$0.00	\$26.42	\$33.94	(with L&H)	\$31.42	\$5.23	\$40.25	\$0.84			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4634											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$112.52											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$112.52	\$0.00	\$26.42	\$33.94		\$31.42	\$5.23	\$40.25	\$0.84			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$233.64	\$99.82	\$0.00	\$26.42	\$33.28		\$31.42	\$5.23	36.63 (FRV)	\$0.84			
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	\$233.64	\$99.82	\$0.00	\$26.42	\$33.28	\$0.00	\$31.42	\$5.23	\$36.63	\$0.84			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3737											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.12											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$270.94	\$137.12	\$0.00	\$26.42	\$33.28	\$0.00	\$31.42	\$5.23	\$36.63	\$0.84			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.43	\$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)	\$0.00						\$0.00						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$8.13	\$7.54	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$279.07	\$144.66	\$0.00	\$26.64	\$33.28	\$0.00	\$31.79	\$5.23	\$36.63	\$0.84			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$209.30												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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: SUMMERHILL ELDERLIVING HOME & CARE Prvdr ID: 00142139A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 42.11% Nurse Hours per On-Site Day/Quality Incentive: 4.71			Facility Score Add-on Percent: 0.00% 2.5% 4.0%		Case Mix Index (CMI) Data Base Period Overall CMI: 1.5002 Quarterly Medicaid CMI: 1.4526 Qtrly Mcaid CMI w RUG Wght Options: 1.4759			Facility Specific 1.5002 1.4526 1.4759	State-wide 1.5751 1.5342 1.5613
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,405,251	\$7,721,271	\$0	\$1,292,895	\$1,443,085	\$0	\$1,576,152		\$371,848	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$391,539)	(\$125,707)	\$0	\$0	\$6,390	\$6,457	(\$183,334)		(\$95,345)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$235,416			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$90,683	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,339,811	\$7,595,564	\$0	\$1,292,895	\$1,449,475	\$6,457	\$1,392,818	\$235,416	\$276,503	\$90,683	
8	Total Nursing Facility Days	As Filed Days = 49,289 FY21 Audited C/R Days	49,289										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 49,289 FY21 GL-PL Ins Rpt Days								49,289			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$250.36	\$154.10	\$0.00	\$26.23	\$29.54	(with L&H)	\$28.26	\$4.78	\$5.61	\$1.84	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5002									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.72									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$102.72	\$0.00	\$26.23	\$29.54		\$28.26	\$4.78	\$5.61	\$1.84	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.84	\$99.82	\$0.00	\$26.23	\$29.54		\$28.26	\$4.78	17.37 (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	\$207.84	\$99.82	\$0.00	\$26.23	\$29.54	\$0.00	\$28.26	\$4.78	\$17.37	\$1.84	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4759									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147.32									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.34	\$147.32	\$0.00	\$26.23	\$29.54	\$0.00	\$28.26	\$4.78	\$17.37	\$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)	\$1.00	\$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	\$3.68	\$3.68									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.89	\$5.89									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.67	\$9.57	\$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	\$283.01	\$156.89	\$0.00	\$26.45	\$29.95	\$0.00	\$45.73	\$4.78	\$17.37	\$1.84	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$199.43										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5053	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	21.43%	1.0%	Quarterly Medicaid CMI:			1.3977	1.5342
							3.25	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4192	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,157,996	\$2,130,530	\$0	\$408,906	\$443,942	\$0	\$725,502		\$449,116	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$144,412)	(\$2,480)	\$0	(\$607)	\$0	(\$385)	(\$104,488)		(\$36,452)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$96,980			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,452	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,147,016	\$2,128,050	\$0	\$408,299	\$443,942	(\$385)	\$621,014	\$96,980	\$412,664	\$36,452	
8	Total Nursing Facility Days	As Filed Days = 21,255 FY21 Audited C/R Days	21,255										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,255 FY21 GL-PL Ins Rpt Days								21,255			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$195.10	\$100.12	\$0.00	\$19.21	\$20.87	(with L&H)	\$29.22	\$4.56	\$19.41	\$1.71	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5053									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.51									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.51	\$0.00	\$19.21	\$20.87		\$29.22	\$4.56	\$19.41	\$1.71	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.19	\$66.51	\$0.00	\$19.21	\$20.87		\$29.22	\$4.56	8.11 (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	\$150.19	\$66.51	\$0.00	\$19.21	\$20.87	\$0.00	\$29.22	\$4.56	\$8.11	\$1.71	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4192									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.39									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.07	\$94.39	\$0.00	\$19.21	\$20.87	\$0.00	\$29.22	\$4.56	\$8.11	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>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	\$23.35	\$5.25	\$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	\$201.42	\$99.64	\$0.00	\$19.43	\$21.28	\$0.00	\$46.69	\$4.56	\$8.11	\$1.71	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.24										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: NURSE CARE OF BUCKHEAD		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142183A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6933	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	23.23%	1.0%	Quarterly Medicaid CMI:			1.6207	1.5342
							3.25	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6489	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$17,057,883	\$8,890,668	\$0	\$1,166,679	\$1,364,231	\$0	\$2,652,055		\$2,984,250	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$733,377)	\$0	\$0	\$0	\$0	\$0	(\$433,198)		(\$300,179)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$433,198			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$300,179	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$17,057,883	\$8,890,668	\$0	\$1,166,679	\$1,364,231	\$0	\$2,218,857	\$433,198	\$2,684,071	\$300,179	
8	Total Nursing Facility Days	FY21 Audited C/R Days	65,552										
	As Filed Days = 65,552												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								65,552			
	As Filed Days = 65,552												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$260.23	\$135.63	\$0.00	\$17.80	\$20.81	(with L&H)	\$33.85	\$6.61	\$40.95	\$4.58	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6933									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.10									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.10	\$0.00	\$17.80	\$20.81		\$33.85	\$6.61	\$40.95	\$4.58	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.47	\$80.10	\$0.00	\$17.80	\$20.81		\$33.85	\$6.61	11.72 (FRV)	\$4.58	
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	\$175.47	\$80.10	\$0.00	\$17.80	\$20.81	\$0.00	\$33.85	\$6.61	\$11.72	\$4.58	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6489									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.08									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.45	\$132.08	\$0.00	\$17.80	\$20.81	\$0.00	\$33.85	\$6.61	\$11.72	\$4.58	
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	\$1.32	\$1.32									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.96	\$3.96									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.91	\$5.81	\$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	\$251.36	\$137.89	\$0.00	\$18.02	\$21.22	\$0.00	\$51.32	\$6.61	\$11.72	\$4.58	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.70										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.2913		1.2913	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 27.27%		Nurse Hours per On-Site Day/Quality Incentive: 2.09		27.27%	1.0%	Quarterly Medicaid CMI: 0.9710		0.9710	1.5342		
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 0.9823		0.9823	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$3,571,023	\$1,315,027	\$0	\$294,641	\$502,095	\$0	\$924,040		\$535,220	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$110,995)	(\$91,179)	\$0	\$0	\$0	\$0	\$43,155		(\$62,971)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$48,024			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$62,971	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,571,023	\$1,223,848	\$0	\$294,641	\$502,095	\$0	\$967,195	\$48,024	\$472,249	\$62,971	
8	Total Nursing Facility Days	As Filed Days = 17,934 FY21 Audited C/R Days	17,934										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,934 FY21 GL-PL Ins Rpt Days								17,934			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$199.12	\$68.24	\$0.00	\$16.43	\$28.00	(with L&H)	\$53.93	\$2.68	\$26.33	\$3.51	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2913									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.85									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$52.85	\$0.00	\$16.43	\$28.00		\$53.93	\$2.68	\$26.33	\$3.51	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.63	\$52.85	\$0.00	\$16.43	\$28.00		\$36.91	\$2.68	8.25 (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	\$148.63	\$52.85	\$0.00	\$16.43	\$28.00	\$0.00	\$36.91	\$2.68	\$8.25	\$3.51	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		0.9823									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$51.91									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.69	\$51.91	\$0.00	\$16.43	\$28.00	\$0.00	\$36.91	\$2.68	\$8.25	\$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)	\$1.16	\$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	\$0.52	\$0.52									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.04	\$1.04									
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	\$19.82	\$2.09	\$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	\$167.51	\$54.00	\$0.00	\$16.65	\$28.41	\$0.00	\$54.01	\$2.68	\$8.25	\$3.51	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$112.81										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.4771		1.4771	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 34.58%		Nurse Hours per On-Site Day/Quality Incentive: 2.97		34.58%	2.5%	Quarterly Medicaid CMI: 1.4759		1.4759	1.5342		
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5019		1.5019	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$9,273,122	\$4,682,254	\$0	\$844,483	\$970,368	\$0	\$1,627,084		\$1,148,933	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$348,370)	(\$5,304)	\$0	(\$1,298)	\$0	(\$1,150)	(\$293,700)		(\$46,918)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$157,040			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$46,918	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,128,710	\$4,676,950	\$0	\$843,185	\$970,368	(\$1,150)	\$1,333,384	\$157,040	\$1,102,015	\$46,918	
8	Total Nursing Facility Days	As Filed Days = 45,457 FY21 Audited C/R Days	45,457										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 45,457 FY21 GL-PL Ins Rpt Days								45,457			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$200.81	\$102.89	\$0.00	\$18.55	\$21.32	(with L&H)	\$29.33	\$3.45	\$24.24	\$1.03	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4771									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.66									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.66	\$0.00	\$18.55	\$21.32		\$29.33	\$3.45	\$24.24	\$1.03	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.18	\$69.66	\$0.00	\$18.55	\$21.32		\$29.33	\$3.45	15.84 (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	\$159.18	\$69.66	\$0.00	\$18.55	\$21.32	\$0.00	\$29.33	\$3.45	\$15.84	\$1.03	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5019									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.62									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.14	\$104.62	\$0.00	\$18.55	\$21.32	\$0.00	\$29.33	\$3.45	\$15.84	\$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	\$2.62	\$2.62									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.23	\$5.23									
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	\$9.38	\$8.38	\$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	\$203.52	\$113.00	\$0.00	\$18.77	\$21.73	\$0.00	\$29.70	\$3.45	\$15.84	\$1.03	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.64										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: OAK VIEW HOME, INC Prvdr ID: 00142249A		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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Growth Allowance: N/A Qtrly BIMS score: 42.86% Nurse Hours per On-Site Day/Quality Incentive: 3.32				N/A	0.00% 2.5% 4.0%	Base Period Overall CMI: 1.2527 Quarterly Medicaid CMI: 1.2605 Qtrly Mcaid CMI w RUG Wght Options: 1.2800			1.2527 1.2605 1.2800	1.5751 1.5342 1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,941,829	\$3,346,932	\$0	\$499,134	\$706,400	\$0	\$1,067,721		\$321,642	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$148,513)	(\$3,375)	\$0	(\$826)	\$0	(\$528)	(\$117,596)		(\$26,188)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$107,380		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,188
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,926,884	\$3,343,557	\$0	\$498,308	\$706,400	(\$528)	\$950,125	\$107,380	\$295,454	\$26,188
8	Total Nursing Facility Days	As Filed Days = 28,920 FY21 Audited C/R Days	28,920									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,920 FY21 GL-PL Ins Rpt Days								28,920		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$204.94	\$115.61	\$0.00	\$17.23	\$24.41	(with L&H)	\$32.85	\$3.71	\$10.22	\$0.91
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2527								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$92.29	\$0.00	\$17.23	\$24.41		\$32.85	\$3.71	\$10.22	\$0.91
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.65	\$92.29	\$0.00	\$17.23	\$24.41		\$32.85	\$3.71	10.25 (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	\$181.65	\$92.29	\$0.00	\$17.23	\$24.41	\$0.00	\$32.85	\$3.71	\$10.25	\$0.91
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2800								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.49	\$118.13	\$0.00	\$17.23	\$24.41	\$0.00	\$32.85	\$3.71	\$10.25	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.95	\$2.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>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	\$26.31	\$8.21	\$0.00	\$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	\$233.80	\$126.34	\$0.00	\$17.45	\$24.82	\$0.00	\$50.32	\$3.71	\$10.25	\$0.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.53									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THE OAKS NURSING HOME, INC.		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142271A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.5859	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	48.72%	5.5%	Quarterly Medicaid CMI:				1.5921	1.5342
							4.10	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6205	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$3,907,828	\$2,248,981	\$0	\$416,970	\$588,897	\$0	\$610,061		\$42,919	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$80,874)	(\$370)	\$0	\$0	\$0	\$0	(\$48,592)		(\$31,912)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$44,590				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,912		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,903,456	\$2,248,611	\$0	\$416,970	\$588,897	\$0	\$561,469	\$44,590	\$11,007	\$31,912		
8	Total Nursing Facility Days	As Filed Days = 21,095 FY21 Audited C/R Days	21,095											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,095 FY21 GL-PL Ins Rpt Days								21,095				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$185.04	\$106.59	\$0.00	\$19.77	\$27.92	(with L&H)	\$26.62	\$2.11	\$0.52	\$1.51		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5859										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.21										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.21	\$0.00	\$19.77	\$27.92		\$26.62	\$2.11	\$0.52	\$1.51		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.13	\$67.21	\$0.00	\$19.77	\$27.92		\$26.62	\$2.11	14.99 (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	\$160.13	\$67.21	\$0.00	\$19.77	\$27.92	\$0.00	\$26.62	\$2.11	\$14.99	\$1.51		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6205										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.91										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.83	\$108.91	\$0.00	\$19.77	\$27.92	\$0.00	\$26.62	\$2.11	\$14.99	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.99	\$5.99										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.27	\$3.27										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.89	\$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	\$229.72	\$118.70	\$0.00	\$19.99	\$28.33	\$0.00	\$44.09	\$2.11	\$14.99	\$1.51		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.47											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.2927		1.2927	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: #N/A		Nurse Hours per On-Site Day/Quality Incentive: 3.82		#N/A	#N/A	Quarterly Medicaid CMI: 1.5342		1.5342	1.5342		
								Qtrly Mcaid CMI w RUG Wght Options: 1.5613		1.5613	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$2,763,327	\$1,310,173	\$0	\$303,646	\$329,310	\$0	\$518,907		\$301,291	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$73,292)	(\$1,350)	\$0	(\$331)	\$0	(\$289)	(\$56,997)		(\$14,325)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$52,910			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$14,325	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,757,270	\$1,308,823	\$0	\$303,315	\$329,310	(\$289)	\$461,910	\$52,910	\$286,966	\$14,325	
8	Total Nursing Facility Days	As Filed Days = 11,569 FY21 Audited C/R Days	11,569										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 11,569 FY21 GL-PL Ins Rpt Days								11,569			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$238.33	\$113.13	\$0.00	\$26.22	\$28.44	(with L&H)	\$39.93	\$4.57	\$24.80	\$1.24	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2927									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.52									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.52	\$0.00	\$26.22	\$28.44		\$39.93	\$4.57	\$24.80	\$1.24	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.97	\$87.52	\$0.00	\$26.22	\$28.44		\$36.91	\$4.57	11.07 (FRV)	\$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	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.97	\$87.52	\$0.00	\$26.22	\$28.44	\$0.00	\$36.91	\$4.57	\$11.07	\$1.24	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5613									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.65									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.10	\$136.65	\$0.00	\$26.22	\$28.44	\$0.00	\$36.91	\$4.57	\$11.07	\$1.24	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>#N/A</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$18.26	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$263.36	\$137.18	\$0.00	\$26.44	\$28.85	\$0.00	\$54.01	\$4.57	\$11.07	\$1.24	
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 FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - OLD CAPITOL		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142304A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3583	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	38.10%	2.5%	Quarterly Medicaid CMI:			1.5055	1.5342
							3.30	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5330	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$6,393,979	\$3,331,999	\$0	\$580,828	\$718,360	\$0	\$1,452,836		\$309,956	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$726,950)	(\$113,282)	\$0	\$1,793	(\$2,226)	(\$2,344)	(\$562,329)		(\$48,562)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$615,542			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$7,309	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,289,880	\$3,218,717	\$0	\$582,621	\$716,134	(\$2,344)	\$890,507	\$615,542	\$261,394	\$7,309	
8	Total Nursing Facility Days	FY21 Audited C/R Days	35,467										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								35,467			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$177.36	\$90.75	\$0.00	\$16.43	\$20.13	(with L&H)	\$25.11	\$17.36	\$7.37	\$0.21	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3583									
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	\$16.43	\$20.13		\$25.11	\$17.36	\$7.37	\$0.21	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.37	\$66.81	\$0.00	\$16.43	\$20.13		\$25.11	\$17.36	8.32 (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	\$154.37	\$66.81	\$0.00	\$16.43	\$20.13	\$0.00	\$25.11	\$17.36	\$8.32	\$0.21	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5330									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.42									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.98	\$102.42	\$0.00	\$16.43	\$20.13	\$0.00	\$25.11	\$17.36	\$8.32	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.12	\$5.12									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.31	\$8.21	\$0.00	\$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	\$216.29	\$110.63	\$0.00	\$16.65	\$20.54	\$0.00	\$42.58	\$17.36	\$8.32	\$0.21	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.39										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23															
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 32.00% Nurse Hours per On-Site Day/Quality Incentive: 3.85			Facility Score Add-on Percent: 0.00% 2.5% 5.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.6599 Quarterly Medicaid CMI: 1.8411 Qtrly Mcaid CMI w RUG Wght Options: 1.8776			Facility Specific 1.6599 1.8411 1.8776		State-wide 1.5751 1.5342 1.5613
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,597,345	\$2,475,684	\$0	\$278,422	\$648,735	\$0	\$1,004,514		\$189,990	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$406,896)	(\$94,774)	\$0	\$0	\$26	(\$150)	(\$281,208)		(\$30,790)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$358,452					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,863			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,575,764	\$2,380,910	\$0	\$278,422	\$648,761	(\$150)	\$723,306	\$358,452	\$159,200	\$26,863			
8	Total Nursing Facility Days	FY21 Audited C/R Days	20,479	20,479											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								20,479					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.43	\$116.26	\$0.00	\$13.60	\$31.67	(with L&H)	\$35.32	\$17.50	\$7.77	\$1.31			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6599											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.04											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.04	\$0.00	\$13.60	\$31.67		\$35.32	\$17.50	\$7.77	\$1.31			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.52	\$70.04	\$0.00	\$13.60	\$31.67		\$35.32	\$17.50	10.08 <i>(FRV)</i>	\$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	\$179.52	\$70.04	\$0.00	\$13.60	\$31.67	\$0.00	\$35.32	\$17.50	\$10.08	\$1.31			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8776											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.51											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.99	\$131.51	\$0.00	\$13.60	\$31.67	\$0.00	\$35.32	\$17.50	\$10.08	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.29	\$3.29											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.58	\$6.58											
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	\$28.50	\$10.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$269.49	\$141.91	\$0.00	\$13.82	\$32.08	\$0.00	\$52.79	\$17.50	\$10.08	\$1.31			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.29												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: PALEMON GASKINS MEM NSG HOME														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	0.9961	1.5751
Prvdr ID: 00142326A														Qtrly BIMS score	33.33%	2.5%	Quarterly Medicaid CMI:	1.0736	1.5342
Case Mix Per Diem Rate Effective Date: 7/1/2023														Nurse Hours per On-Site Day/Quality Incentive:	0.00	2.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.0917	1.5613
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23																			
			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 FY21 C/R - FY21 GL/PL Rpt	\$2,604,297	\$1,302,730	\$0	\$524,458	\$84,049	\$216,313	\$523,046		(\$46,299)	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$189,736)	(\$19,967)	\$0	(\$238,717)	(\$26,039)	(\$22,647)	(\$1,927)										
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$12,560									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R																	\$2,963
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,430,084	\$1,282,763	\$0	\$285,741	\$58,010	\$193,666	\$521,119	\$12,560	\$73,262	\$2,963							
8	Total Nursing Facility Days	FY21 Audited C/R Days	9,231	9,231															
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								9,231									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$263.24	\$138.96	\$0.00	\$30.95	\$27.26	(with L&H)	\$56.45	\$1.36	\$7.94	\$0.32							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		0.9961															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$139.51															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$139.51	\$0.00	\$30.95	\$27.26		\$56.45	\$1.36	\$7.94	\$0.32							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.98	\$99.82	\$0.00	\$30.95	\$27.26		\$36.91	\$1.36	15.36 (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	\$211.98	\$99.82	\$0.00	\$30.95	\$27.26	\$0.00	\$36.91	\$1.36	\$15.36	\$0.32							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0917															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.97															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.13	\$108.97	\$0.00	\$30.95	\$27.26	\$0.00	\$36.91	\$1.36	\$15.36	\$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	\$243.76	\$113.87	\$0.00	\$31.17	\$27.67	\$0.00	\$54.01	\$1.36	\$15.36	\$0.32							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.00																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - PALMYRA		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142337A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.5320	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	44.91%	2.5%	Quarterly Medicaid CMI:				1.4886	1.5342
							3.77	5.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5148	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$12,416,323	\$6,519,324	\$0	\$866,244	\$1,414,439	\$0	\$2,685,974		\$930,342	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$1,100,307)	(\$131,179)	\$0	\$0	(\$6,023)	(\$2,497)	(\$879,125)		(\$81,483)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$1,001,633				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$60,422		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,378,071	\$6,388,145	\$0	\$866,244	\$1,408,416	(\$2,497)	\$1,806,849	\$1,001,633	\$848,859	\$60,422		
8	Total Nursing Facility Days As Filed Days = 54,779	FY21 Audited C/R Days	54,779											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 54,779	FY21 GL-PL Ins Rpt Days								54,779				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$225.96	\$116.62	\$0.00	\$15.81	\$25.67	(with L&H)	\$32.98	\$18.28	\$15.50	\$1.10		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5320										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.12										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.12	\$0.00	\$15.81	\$25.67		\$32.98	\$18.28	\$15.50	\$1.10		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.75	\$76.12	\$0.00	\$15.81	\$25.67		\$32.98	\$18.28	9.79 (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	\$179.75	\$76.12	\$0.00	\$15.81	\$25.67	\$0.00	\$32.98	\$18.28	\$9.79	\$1.10		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5148										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.31										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.94	\$115.31	\$0.00	\$15.81	\$25.67	\$0.00	\$32.98	\$18.28	\$9.79	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.77	\$5.77										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.28	\$9.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.22	\$124.49	\$0.00	\$16.03	\$26.08	\$0.00	\$50.45	\$18.28	\$9.79	\$1.10		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.84											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: WELLSTAR PAULDING NURSING CTR														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.0836	1.5751	
Prvdr ID: 00142359A														Qtrly BIMS score	38.53%	2.5%	Quarterly Medicaid CMI:	1.1075	1.5342	
Case Mix Per Diem Rate Effective Date: 7/1/2023														Nurse Hours per On-Site Day/Quality Incentive:	3.65	4.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.1206	1.5613	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23																				
			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 FY21 C/R - FY21 GL/PL Rpt	\$24,127,338	\$9,766,596	\$0	\$2,369,012	\$1,478,875	\$2,256,357	\$3,748,064		\$4,508,434	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$136,931)	(\$2,677)	\$0	\$0	(\$1,553)	(\$2,370)	(\$130,331)		\$0									
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$130,331										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0								
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$24,120,738	\$9,763,919	\$0	\$2,369,012	\$1,477,322	\$2,253,987	\$3,617,733	\$130,331	\$4,508,434	\$0								
8	Total Nursing Facility Days	As Filed Days = 42,862		42,862																
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 42,862								42,862										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$562.74	\$227.80	\$0.00	\$55.27	\$87.05	(with L&H)	\$84.40	\$3.04	\$105.18	\$0.00								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.0836																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$210.23																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$210.23	\$0.00	\$55.27	\$87.05		\$84.40	\$3.04	\$105.18	\$0.00								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$220.48	\$99.82	\$0.00	\$37.13	\$33.28		\$36.91	\$3.04	10.30 (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	\$220.48	\$99.82	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.04	\$10.30	\$0.00								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1206																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.86																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.52	\$111.86	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.04	\$10.30	\$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	\$0.00								
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.80	\$2.80																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.47	\$4.47																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.37	\$7.27	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00								
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$256.89	\$119.13	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$3.04	\$10.30	\$0.00								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.84																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THE LODGE Prvdr ID: 00142381A		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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Growth Allowance: N/A		Facility Score: 33.33%	Add-on Percent: 0.00%	Base Period Overall CMI: 1.8976				Facility Specific: 1.8976	State-wide: 1.5751		
		Qtrly BIMS score: 33.33%		Facility Score: 33.33%	Add-on Percent: 2.5%	Quarterly Medicaid CMI: 1.4639				Facility Specific: 1.4639	State-wide: 1.5342		
		Nurse Hours per On-Site Day/Quality Incentive: 4.64		Facility Score: 4.64	Add-on Percent: 3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4882				Facility Specific: 1.4882	State-wide: 1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,467,748	\$2,883,610	\$0	\$564,763	\$761,176	\$0	\$1,120,692		\$137,507	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$174,200)	(\$13,947)	\$0	\$0	\$0	\$0	(\$156,782)		(\$3,471)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$148,646			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$3,471	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,445,665	\$2,869,663	\$0	\$564,763	\$761,176	\$0	\$963,910	\$148,646	\$134,036	\$3,471	
8	Total Nursing Facility Days As Filed Days = 21,311	FY21 Audited C/R Days	21,311										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,311	FY21 GL-PL Ins Rpt Days								21,311			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$255.54	\$134.66	\$0.00	\$26.50	\$35.72	(with L&H)	\$45.23	\$6.98	\$6.29	\$0.16	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8976									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.96									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.96	\$0.00	\$26.50	\$35.72		\$45.23	\$6.98	\$6.29	\$0.16	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$209.02	\$70.96	\$0.00	\$26.50	\$33.28		\$36.91	\$6.98	34.23 (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	\$209.02	\$70.96	\$0.00	\$26.50	\$33.28	\$0.00	\$36.91	\$6.98	\$34.23	\$0.16	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4882									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.60									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.66	\$105.60	\$0.00	\$26.50	\$33.28	\$0.00	\$36.91	\$6.98	\$34.23	\$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)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.17	\$3.17									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.66	\$6.34	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$267.32	\$111.94	\$0.00	\$26.72	\$33.28	\$0.00	\$54.01	\$6.98	\$34.23	\$0.16	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.67										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Growth Allowance: N/A		Qtrly BIMS score: 33.98%	Nurse Hours per On-Site Day/Quality Incentive: 3.41	0.00%	2.5%	3.0%	Base Period Overall CMI: 1.1494				1.1494	1.5751
		Qtrly Medicaid CMI: 1.1974		Qtrly Mcaid CMI w RUG Wght Options: 1.2146								1.1974	1.5342	
												1.2146	1.5613	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$8,891,809	\$4,566,493	\$0	\$946,633	\$576,683	\$828,394	\$1,403,395		\$570,211	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$52,542)	\$0	\$0	\$0	\$0	\$0	(\$39,254)		(\$13,288)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$39,254				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$13,288		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,891,809	\$4,566,493	\$0	\$946,633	\$576,683	\$828,394	\$1,364,141	\$39,254	\$556,923	\$13,288		
8	Total Nursing Facility Days As Filed Days = 35,116	FY21 Audited C/R Days	35,116											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,116	FY21 GL-PL Ins Rpt Days								35,116				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$253.22	\$130.04	\$0.00	\$26.96	\$40.01	(with L&H)	\$38.85	\$1.12	\$15.86	\$0.38		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.1494										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$113.13										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$113.13	\$0.00	\$26.96	\$40.01		\$38.85	\$1.12	\$15.86	\$0.38		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$210.98	\$99.82	\$0.00	\$26.96	\$33.28		\$36.91	\$1.12	12.51 (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	\$210.98	\$99.82	\$0.00	\$26.96	\$33.28	\$0.00	\$36.91	\$1.12	\$12.51	\$0.38		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2146										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.24										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.40	\$121.24	\$0.00	\$26.96	\$33.28	\$0.00	\$36.91	\$1.12	\$12.51	\$0.38		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.03	\$3.03										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.64	\$3.64										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$256.39	\$127.91	\$0.00	\$27.18	\$33.28	\$0.00	\$54.01	\$1.12	\$12.51	\$0.38		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.47											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - JASPER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142436A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.6379	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	11.90%	0.0%	Quarterly Medicaid CMI:				1.6426	1.5342
							3.59	6.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6730	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,438,050	\$2,274,309	\$0	\$354,292	\$517,467	\$0	\$921,246		\$370,736	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$308,470)	(\$89,390)	\$0	\$0	\$1,222	\$319	(\$183,858)		(\$36,763)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$258,122				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$11,314		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,399,016	\$2,184,919	\$0	\$354,292	\$518,689	\$319	\$737,388	\$258,122	\$333,973	\$11,314		
8	Total Nursing Facility Days	As Filed Days = 17,241 FY21 Audited C/R Days	17,241											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,241 FY21 GL-PL Ins Rpt Days								17,241				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$255.15	\$126.73	\$0.00	\$20.55	\$30.10	(with L&H)	\$42.77	\$14.97	\$19.37	\$0.66		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6379										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.37										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.37	\$0.00	\$20.55	\$30.10		\$42.77	\$14.97	\$19.37	\$0.66		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.12	\$77.37	\$0.00	\$20.55	\$30.10		\$36.91	\$14.97	16.56 (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	\$197.12	\$77.37	\$0.00	\$20.55	\$30.10	\$0.00	\$36.91	\$14.97	\$16.56	\$0.66		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6730										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.44										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.19	\$129.44	\$0.00	\$20.55	\$30.10	\$0.00	\$36.91	\$14.97	\$16.56	\$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>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.77	\$7.77										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.03	\$8.30	\$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	\$275.22	\$137.74	\$0.00	\$20.77	\$30.51	\$0.00	\$54.01	\$14.97	\$16.56	\$0.66		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$193.59											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HARBORVIEW PIERCE COUNTY		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00142447A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.6817		1.6817	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 29.09%		Nurse Hours per On-Site Day/Quality Incentive: 3.82		29.09%	1.0%	Quarterly Medicaid CMI: 1.6546		1.6546	1.5342		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6847		1.6847	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,266,768	\$2,580,529	\$0	\$418,018	\$566,810	\$0	\$808,783		\$892,628	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$173,608)	\$22,407	\$0	(\$3,990)	\$0	\$3,990	(\$96,314)		(\$99,701)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$92,429			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$109,872	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,295,461	\$2,602,936	\$0	\$414,028	\$566,810	\$3,990	\$712,469	\$92,429	\$792,927	\$109,872	
8	Total Nursing Facility Days	As Filed Days = 21,606 FY21 Audited C/R Days	21,606										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,606 FY21 GL-PL Ins Rpt Days								21,606			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$245.10	\$120.47	\$0.00	\$19.16	\$26.42	(with L&H)	\$32.98	\$4.28	\$36.70	\$5.09	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6817									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.64									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.64	\$0.00	\$19.16	\$26.42		\$32.98	\$4.28	\$36.70	\$5.09	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.50	\$71.64	\$0.00	\$19.16	\$26.42		\$32.98	\$4.28	17.93 (FRV)	\$5.09	
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	\$177.50	\$71.64	\$0.00	\$19.16	\$26.42	\$0.00	\$32.98	\$4.28	\$17.93	\$5.09	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6847									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.69									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.55	\$120.69	\$0.00	\$19.16	\$26.42	\$0.00	\$32.98	\$4.28	\$17.93	\$5.09	
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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.62	\$3.62									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.46	\$5.36	\$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	\$250.01	\$126.05	\$0.00	\$19.38	\$26.83	\$0.00	\$50.45	\$4.28	\$17.93	\$5.09	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.68										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PINE KNOLL NURSING & REHAB CTR		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00142458A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.7171		1.7171	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 22.73%		Nurse Hours per On-Site Day/Quality Incentive: 3.07		3.07	1.0%	Quarterly Medicaid CMI: 1.4756		1.4756	1.5342		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5016		1.5016	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$7,199,970	\$3,741,343	\$0	\$643,896	\$618,949	\$0	\$1,370,049		\$825,733	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$53,813)	\$0	\$0	\$0	\$0	\$0	(\$12,462)		(\$41,351)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$12,462			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$41,351	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,199,970	\$3,741,343	\$0	\$643,896	\$618,949	\$0	\$1,357,587	\$12,462	\$784,382	\$41,351	
8	Total Nursing Facility Days As Filed Days = 34,574	FY21 Audited C/R Days	34,574										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,574	FY21 GL-PL Ins Rpt Days								34,574			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$208.25	\$108.21	\$0.00	\$18.62	\$17.90	(with L&H)	\$39.27	\$0.36	\$22.69	\$1.20	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7171									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.02									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.02	\$0.00	\$18.62	\$17.90		\$39.27	\$0.36	\$22.69	\$1.20	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.70	\$63.02	\$0.00	\$18.62	\$17.90		\$36.91	\$0.36	8.69 (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	\$146.70	\$63.02	\$0.00	\$18.62	\$17.90	\$0.00	\$36.91	\$0.36	\$8.69	\$1.20	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5016									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.63									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.31	\$94.63	\$0.00	\$18.62	\$17.90	\$0.00	\$36.91	\$0.36	\$8.69	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2.84									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.05	\$4.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.36	\$98.95	\$0.00	\$18.84	\$18.31	\$0.00	\$54.01	\$0.36	\$8.69	\$1.20	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.45										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CROSSVIEW CARE CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142502A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4045	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	37.88%	2.5%	Quarterly Medicaid CMI:			1.6213	1.5342
							2.56	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6524	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,648,464	\$2,377,800	\$0	\$406,497	\$397,972	\$0	\$731,834		\$734,361	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$99,268)	\$0	\$0	\$0	(\$1,662)	(\$1,489)	(\$75,173)		(\$20,944)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$61,316			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$20,779	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,631,291	\$2,377,800	\$0	\$406,497	\$396,310	(\$1,489)	\$656,661	\$61,316	\$713,417	\$20,779	
8	Total Nursing Facility Days	As Filed Days = 22,910 FY21 Audited C/R Days	22,910										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,910 FY21 GL-PL Ins Rpt Days								22,910			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$202.15	\$103.79	\$0.00	\$17.74	\$17.23	(with L&H)	\$28.66	\$2.68	\$31.14	\$0.91	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4045									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.90									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.90	\$0.00	\$17.74	\$17.23		\$28.66	\$2.68	\$31.14	\$0.91	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.73	\$73.90	\$0.00	\$17.74	\$17.23		\$28.66	\$2.68	8.61 (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	\$149.73	\$73.90	\$0.00	\$17.74	\$17.23	\$0.00	\$28.66	\$2.68	\$8.61	\$0.91	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6524									
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	\$197.94	\$122.11	\$0.00	\$17.74	\$17.23	\$0.00	\$28.66	\$2.68	\$8.61	\$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>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>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	\$24.12	\$6.02	\$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	\$222.06	\$128.13	\$0.00	\$17.96	\$17.64	\$0.00	\$46.13	\$2.68	\$8.61	\$0.91	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.72										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PINEWOOD MANOR NURSING HOME & REHABILITATION CNTR		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00142513A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.3147		1.3147	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 68.52%		Nurse Hours per On-Site Day/Quality Incentive: 4.65		68.52%	5.5%	Quarterly Medicaid CMI: 1.3943		1.3943	1.5342		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4199		1.4199	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,543,206	\$2,418,769	\$0	\$917,767	\$310,979	\$294,695	\$1,159,264		\$441,732	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$69,429)	\$0	\$0	\$0	\$0	\$0	(\$50,456)		(\$18,973)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$50,456			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$18,973	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,543,206	\$2,418,769	\$0	\$917,767	\$310,979	\$294,695	\$1,108,808	\$50,456	\$422,759	\$18,973	
8	Total Nursing Facility Days	As Filed Days = 26,672 FY21 Audited C/R Days	26,672										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,672 FY21 GL-PL Ins Rpt Days								26,672			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$207.83	\$90.69	\$0.00	\$34.41	\$22.71	(with L&H)	\$41.57	\$1.89	\$15.85	\$0.71	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3147									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.98									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.98	\$0.00	\$34.41	\$22.71		\$41.57	\$1.89	\$15.85	\$0.71	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.56	\$68.98	\$0.00	\$34.41	\$22.71		\$36.91	\$1.89	9.95 (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	\$175.56	\$68.98	\$0.00	\$34.41	\$22.71	\$0.00	\$36.91	\$1.89	\$9.95	\$0.71	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4199									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.94									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.52	\$97.94	\$0.00	\$34.41	\$22.71	\$0.00	\$36.91	\$1.89	\$9.95	\$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)	\$1.16	\$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	\$5.39	\$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)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.59	\$8.86	\$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	\$231.11	\$106.80	\$0.00	\$34.63	\$23.12	\$0.00	\$54.01	\$1.89	\$9.95	\$0.71	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.51										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.6362	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	57.14%	5.5%	Quarterly Medicaid CMI:				1.3162	1.5342
							3.33	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3383	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,673,939	\$3,167,559	\$0	\$506,123	\$577,514	\$0	\$898,852		\$523,891	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$152,551)	(\$3,158)	\$0	(\$774)	\$0	(\$541)	(\$115,510)		(\$32,568)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$105,950				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$32,568		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,659,906	\$3,164,401	\$0	\$505,349	\$577,514	(\$541)	\$783,342	\$105,950	\$491,323	\$32,568		
8	Total Nursing Facility Days As Filed Days = 27,064	FY21 Audited C/R Days	27,064											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,064	FY21 GL-PL Ins Rpt Days								27,064				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$209.11	\$116.92	\$0.00	\$18.67	\$21.32	(with L&H)	\$28.94	\$3.91	\$18.15	\$1.20		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6362										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.46										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.46	\$0.00	\$18.67	\$21.32		\$28.94	\$3.91	\$18.15	\$1.20		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.18	\$71.46	\$0.00	\$18.67	\$21.32		\$28.94	\$3.91	10.68 (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	\$156.18	\$71.46	\$0.00	\$18.67	\$21.32	\$0.00	\$28.94	\$3.91	\$10.68	\$1.20		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3383										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.63										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.35	\$95.63	\$0.00	\$18.67	\$21.32	\$0.00	\$28.94	\$3.91	\$10.68	\$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	\$5.26	\$5.26										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.87	\$2.87										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.76	\$8.66	\$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	\$207.11	\$104.29	\$0.00	\$18.89	\$21.73	\$0.00	\$46.41	\$3.91	\$10.68	\$1.20		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.51											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THE PLACE AT MARTINEZ		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00142535A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.3968		1.3968	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 16.36%		Qtrly BIMS score: 16.36%		16.36%	0.0%	Quarterly Medicaid CMI: 1.2785		1.2785	1.5342		
		Nurse Hours per On-Site Day/Quality Incentive: 3.78		Nurse Hours per On-Site Day/Quality Incentive: 3.78		3.78	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2969		1.2969	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,553,835	\$2,955,002	\$0	\$515,467	\$478,603	\$0	\$1,166,332		\$438,431	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$552,500)	(\$4,249)	\$0	\$0	(\$532)	(\$621)	(\$457,619)		(\$89,479)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$407,626			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$89,264	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,498,225	\$2,950,753	\$0	\$515,467	\$478,071	(\$621)	\$708,713	\$407,626	\$348,952	\$89,264	
8	Total Nursing Facility Days As Filed Days = 22,683	FY21 Audited C/R Days	22,683										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,683	FY21 GL-PL Ins Rpt Days								22,683			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$242.39	\$130.09	\$0.00	\$22.72	\$21.05	(with L&H)	\$31.24	\$17.97	\$15.38	\$3.94	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3968									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$93.13									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$93.13	\$0.00	\$22.72	\$21.05		\$31.24	\$17.97	\$15.38	\$3.94	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.38	\$93.13	\$0.00	\$22.72	\$21.05		\$31.24	\$17.97	11.33 (FRV)	\$3.94	
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	\$201.38	\$93.13	\$0.00	\$22.72	\$21.05	\$0.00	\$31.24	\$17.97	\$11.33	\$3.94	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2969									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.78									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.03	\$120.78	\$0.00	\$22.72	\$21.05	\$0.00	\$31.24	\$17.97	\$11.33	\$3.94	
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>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	\$3.62	\$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	\$22.25	\$4.15	\$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	\$251.28	\$124.93	\$0.00	\$22.94	\$21.46	\$0.00	\$48.71	\$17.97	\$11.33	\$3.94	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.64										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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: PLEASANT VIEW NURSING CENTER Prvdr ID: 00142546A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23															
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 25.77% Nurse Hours per On-Site Day/Quality Incentive: 2.55			Facility Score Add-on Percent: 0.00% 1.0% 3.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.3261 Quarterly Medicaid CMI: 1.4231 Qtrly Mcaid CMI w RUG Wght Options: 1.4487			Facility Specific 1.3261 1.4231 1.4487		State-wide 1.5751 1.5342 1.5613
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>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 FY21 C/R - FY21 GL/PL Rpt	\$5,876,385	\$3,081,078	\$0	\$479,023	\$638,241	\$0	\$1,054,581		\$623,462	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$159,905)	\$0	\$0	\$0	\$0	\$0	(\$103,136)		(\$56,769)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$80,018					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$56,769			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,853,267	\$3,081,078	\$0	\$479,023	\$638,241	\$0	\$951,445	\$80,018	\$566,693	\$56,769			
8	Total Nursing Facility Days	As Filed Days = 38,223 FY21 Audited C/R Days	38,223												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,223 FY21 GL-PL Ins Rpt Days								38,223					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$153.14	\$80.61	\$0.00	\$12.53	\$16.70	(with L&H)	\$24.89	\$2.09	\$14.83	\$1.49			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3261											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.79											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.79	\$0.00	\$12.53	\$16.70		\$24.89	\$2.09	\$14.83	\$1.49			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.18	\$60.79	\$0.00	\$12.53	\$16.70		\$24.89	\$2.09	9.69 (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	\$128.18	\$60.79	\$0.00	\$12.53	\$16.70	\$0.00	\$24.89	\$2.09	\$9.69	\$1.49			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4487											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.07											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.46	\$88.07	\$0.00	\$12.53	\$16.70	\$0.00	\$24.89	\$2.09	\$9.69	\$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	\$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	\$2.64	\$2.64											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.15	\$4.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.61	\$92.12	\$0.00	\$12.75	\$17.11	\$0.00	\$42.36	\$2.09	\$9.69	\$1.49			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.38												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 38.71% Nurse Hours per On-Site Day/Quality Incentive: 2.72			Facility Score Add-on Percent: 0.00% 2.5% 3.0%		Case Mix Index (CMI) Data Base Period Overall CMI: 1.6292 Quarterly Medicaid CMI: 1.4381 Qtrly Mcaid CMI w RUG Wght Options: 1.4618			Facility Specific 1.6292 1.4381 1.4618	State-wide 1.5751 1.5342 1.5613
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,501,761	\$2,628,706	\$0	\$519,462	\$525,174	\$0	\$1,077,078		\$751,341	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$45,855)	(\$81,570)	\$0	(\$14,056)	\$0	\$14,056	\$71,355		(\$35,640)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$10,215			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$35,640	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,501,761	\$2,547,136	\$0	\$505,406	\$525,174	\$14,056	\$1,148,433	\$10,215	\$715,701	\$35,640	
8	Total Nursing Facility Days	FY21 Audited C/R Days		27,936									
	As Filed Days = 27,936												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								27,936			
	As Filed Days = 27,936												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$196.95	\$91.18	\$0.00	\$18.09	\$19.30	(with L&H)	\$41.11	\$0.37	\$25.62	\$1.28	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6292									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.97									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$55.97	\$0.00	\$18.09	\$19.30		\$41.11	\$0.37	\$25.62	\$1.28	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.83	\$55.97	\$0.00	\$18.09	\$19.30		\$36.91	\$0.37	9.91 (FRV)	\$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	\$141.83	\$55.97	\$0.00	\$18.09	\$19.30	\$0.00	\$36.91	\$0.37	\$9.91	\$1.28	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4618									
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	\$167.68	\$81.82	\$0.00	\$18.09	\$19.30	\$0.00	\$36.91	\$0.37	\$9.91	\$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)	\$1.16	\$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>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	\$22.76	\$5.03	\$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	\$190.44	\$86.85	\$0.00	\$18.31	\$19.71	\$0.00	\$54.01	\$0.37	\$9.91	\$1.28	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.01										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 49.23% Nurse Hours per On-Site Day/Quality Incentive: 3.97			Facility Score Add-on Percent: 0.00% 5.5% 3.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.3755 Quarterly Medicaid CMI: 1.3731 Qtrly Mcaid CMI w RUG Wght Options: 1.3954			Facility Specific 1.3755 1.3731 1.3954	State-wide 1.5751 1.5342 1.5613
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$13,239,689	\$7,021,129	\$0	\$1,689,522	\$1,508,200	\$0	\$2,274,227		\$746,611	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$100,742)	\$0	\$0	\$0	\$0	\$0	(\$71,846)		(\$28,896)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$100,151				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,896		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,267,994	\$7,021,129	\$0	\$1,689,522	\$1,508,200	\$0	\$2,202,381	\$100,151	\$717,715	\$28,896		
8	Total Nursing Facility Days	FY21 Audited C/R Days	59,903											
	As Filed Days = 59,903													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								59,903				
	As Filed Days = 59,903													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$221.49	\$117.21	\$0.00	\$28.20	\$25.18	(with L&H)	\$36.77	\$1.67	\$11.98	\$0.48		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3755										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.21										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.21	\$0.00	\$28.20	\$25.18		\$36.77	\$1.67	\$11.98	\$0.48		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.07	\$85.21	\$0.00	\$26.82	\$25.18		\$36.77	\$1.67	18.94 (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	\$195.07	\$85.21	\$0.00	\$26.82	\$25.18	\$0.00	\$36.77	\$1.67	\$18.94	\$0.48		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3954										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.90										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.76	\$118.90	\$0.00	\$26.82	\$25.18	\$0.00	\$36.77	\$1.67	\$18.94	\$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)	\$1.04	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.10		\$0.00			
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.54	\$6.54										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.57	\$3.57										
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	\$11.15	\$10.64	\$0.00	\$0.00	\$0.41	\$0.00	\$0.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.91	\$129.54	\$0.00	\$26.82	\$25.59	\$0.00	\$36.87	\$1.67	\$18.94	\$0.48		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.93											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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: BRYANT HEALTH AND REHABILITATION CENTER Prvdr ID: 00142601A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23															
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 30.61% Nurse Hours per On-Site Day/Quality Incentive: 2.59			Facility Score Add-on Percent: 0.00% 2.5% 3.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.5157 Quarterly Medicaid CMI: 1.6274 Qtrly Mcaid CMI w RUG Wght Options: 1.6596			Facility Specific 1.5157 1.6274 1.6596		State-wide 1.5751 1.5342 1.5613
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,225,762	\$1,902,038	\$0	\$332,453	\$415,172	\$0	\$855,900		\$720,199	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$400,121)	\$0	\$0	\$0	\$0	\$0	(\$371,520)		(\$28,601)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$95,751					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,601			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,949,993	\$1,902,038	\$0	\$332,453	\$415,172	\$0	\$484,380	\$95,751	\$691,598	\$28,601			
8	Total Nursing Facility Days	FY21 Audited C/R Days	20,952												
	As Filed Days = 20,952														
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								20,952					
	As Filed Days = 20,952														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$188.54	\$90.78	\$0.00	\$15.87	\$19.82	(with L&H)	\$23.12	\$4.57	\$33.01	\$1.37			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5157											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.89											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.89	\$0.00	\$15.87	\$19.82		\$23.12	\$4.57	\$33.01	\$1.37			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.32	\$59.89	\$0.00	\$15.87	\$19.82		\$23.12	\$4.57	9.68 (FRV)	\$1.37			
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	\$134.32	\$59.89	\$0.00	\$15.87	\$19.82	\$0.00	\$23.12	\$4.57	\$9.68	\$1.37			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6596											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.39											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.82	\$99.39	\$0.00	\$15.87	\$19.82	\$0.00	\$23.12	\$4.57	\$9.68	\$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>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>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.98	\$2.98											
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	\$24.09	\$5.99	\$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	\$197.91	\$105.38	\$0.00	\$16.09	\$20.23	\$0.00	\$40.59	\$4.57	\$9.68	\$1.37			
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 FY2021 Cost Report Data

FINAL

Provider: PROVIDENCE HEALTHCARE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142612A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4734	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	32.14%	2.5%	Quarterly Medicaid CMI:			1.4805	1.5342
							2.59	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5060	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,420,119	\$2,642,259	\$0	\$461,992	\$525,857	\$0	\$892,338		\$897,673	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$150,658)	\$0	\$0	\$0	(\$1,610)	(\$1,576)	(\$127,708)		(\$19,764)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$110,694			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,644	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,399,799	\$2,642,259	\$0	\$461,992	\$524,247	(\$1,576)	\$764,630	\$110,694	\$877,909	\$19,644	
8	Total Nursing Facility Days	As Filed Days = 25,628 FY21 Audited C/R Days	25,628										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,628 FY21 GL-PL Ins Rpt Days								25,628			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.71	\$103.10	\$0.00	\$18.03	\$20.39	(with L&H)	\$29.84	\$4.32	\$34.26	\$0.77	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4734									
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	\$18.03	\$20.39		\$29.84	\$4.32	\$34.26	\$0.77	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.07	\$69.97	\$0.00	\$18.03	\$20.39		\$29.84	\$4.32	8.75 (FRV)	\$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	\$152.07	\$69.97	\$0.00	\$18.03	\$20.39	\$0.00	\$29.84	\$4.32	\$8.75	\$0.77	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5060									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.37									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.47	\$105.37	\$0.00	\$18.03	\$20.39	\$0.00	\$29.84	\$4.32	\$8.75	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>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	\$24.42	\$6.32	\$0.00	\$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	\$211.89	\$111.69	\$0.00	\$18.25	\$20.80	\$0.00	\$47.31	\$4.32	\$8.75	\$0.77	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.09										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: GREENE POINT HEALTH AND REHABILITATION Prvdr ID: 00142634A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Growth Allowance: N/A Qtrly BIMS score: 25.64% Nurse Hours per On-Site Day/Quality Incentive: 3.47			Facility Score: N/A Add-on Percent: 0.00% 1.0% 5.0%			Base Period Overall CMI: 1.3485 Quarterly Medicaid CMI: 1.2770 Qtrly Mcaid CMI w RUG Wght Options: 1.2972			1.3485	1.5751	1.2770	1.5342	1.2972	1.5613
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,659,957	\$1,949,398	\$0	\$342,213	\$467,011	\$0	\$612,486		\$288,849	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$78,315)	(\$1,768)	\$0	(\$433)	\$0	(\$363)	(\$58,195)		(\$17,556)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$52,845																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,556															
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,652,043	\$1,947,630	\$0	\$341,780	\$467,011	(\$363)	\$554,291	\$52,845	\$271,293	\$17,556															
8	Total Nursing Facility Days	As Filed Days = 15,146 FY21 Audited C/R Days	15,146																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,146 FY21 GL-PL Ins Rpt Days								15,146																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$241.13	\$128.59	\$0.00	\$22.57	\$30.81	(with L&H)	\$36.60	\$3.49	\$17.91	\$1.16															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3485																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.35																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$95.35	\$0.00	\$22.57	\$30.81		\$36.60	\$3.49	\$17.91	\$1.16															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.01	\$95.35	\$0.00	\$22.57	\$30.81		\$36.60	\$3.49	13.03 (FRV)	\$1.16															
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	\$203.01	\$95.35	\$0.00	\$22.57	\$30.81	\$0.00	\$36.60	\$3.49	\$13.03	\$1.16															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2972																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.69																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.35	\$123.69	\$0.00	\$22.57	\$30.81	\$0.00	\$36.60	\$3.49	\$13.03	\$1.16															
Quarterly Per Diem Add-on Amounts																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.39	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.23		\$0.00																
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.24	\$1.24																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.18	\$6.18																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.91	\$7.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.33	\$0.00	\$0.00	\$0.00															
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$257.26	\$131.64	\$0.00	\$22.79	\$31.22	\$0.00	\$53.93	\$3.49	\$13.03	\$1.16															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.12																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: ORCHARD HEALTH AND REHABILITATION Prvdr ID: 00142656A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 34.92% Nurse Hours per On-Site Day/Quality Incentive: 3.27				Base Period Overall CMI: 1.3150 Quarterly Medicaid CMI: 1.4269 Qtrly Mcaid CMI w RUG Wght Options: 1.4506				Facility Specific: 1.3150 1.4269 1.4506	State-wide: 1.5751 1.5342 1.5613
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,735,805	\$2,710,319	\$0	\$501,104	\$527,424	\$0	\$794,131		\$202,827	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$147,870)	(\$2,784)	\$0	(\$703)	\$3	(\$420)	(\$117,916)		(\$26,050)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$109,415		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$23,789
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,721,139	\$2,707,535	\$0	\$500,401	\$527,427	(\$420)	\$676,215	\$109,415	\$176,777	\$23,789
8	Total Nursing Facility Days	FY21 Audited C/R Days	24,741									
	As Filed Days = 24,631											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								24,741		
	As Filed Days = 24,631											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$190.83	\$109.44	\$0.00	\$20.23	\$21.30	(with L&H)	\$27.33	\$4.42	\$7.15	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3150								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.22								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.22	\$0.00	\$20.23	\$21.30		\$27.33	\$4.42	\$7.15	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.68	\$83.22	\$0.00	\$20.23	\$21.30		\$27.33	\$4.42	9.22 <i>(FRV)</i>	\$0.96
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	\$166.68	\$83.22	\$0.00	\$20.23	\$21.30	\$0.00	\$27.33	\$4.42	\$9.22	\$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4506								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.18	\$120.72	\$0.00	\$20.23	\$21.30	\$0.00	\$27.33	\$4.42	\$9.22	\$0.96
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.02	\$3.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.04	\$6.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.69	\$9.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$231.87	\$130.31	\$0.00	\$20.45	\$21.71	\$0.00	\$44.80	\$4.42	\$9.22	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.08									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HERITAGE INN OF SANDERSVILLE HEALTH AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142678A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7384	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	32.73%	2.5%	Quarterly Medicaid CMI:			1.4857	1.5342
							3.39	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5096	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$3,780,205	\$2,079,357	\$0	\$362,924	\$398,923	\$0	\$572,981		\$366,020	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$99,857)	(\$2,112)	\$0	(\$517)	\$0	(\$371)	(\$69,313)		(\$27,544)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$62,920			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$27,544	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,770,812	\$2,077,245	\$0	\$362,407	\$398,923	(\$371)	\$503,668	\$62,920	\$338,476	\$27,544	
8	Total Nursing Facility Days	As Filed Days = 18,097 FY21 Audited C/R Days	18,097										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,097 FY21 GL-PL Ins Rpt Days								18,097			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$208.36	\$114.78	\$0.00	\$20.03	\$22.02	(with L&H)	\$27.83	\$3.48	\$18.70	\$1.52	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7384									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.03									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.03	\$0.00	\$20.03	\$22.02		\$27.83	\$3.48	\$18.70	\$1.52	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.69	\$66.03	\$0.00	\$20.03	\$22.02		\$27.83	\$3.48	11.78 (FRV)	\$1.52	
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	\$152.69	\$66.03	\$0.00	\$20.03	\$22.02	\$0.00	\$27.83	\$3.48	\$11.78	\$1.52	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5096									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.68									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.34	\$99.68	\$0.00	\$20.03	\$22.02	\$0.00	\$27.83	\$3.48	\$11.78	\$1.52	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.98	\$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	\$26.10	\$8.00	\$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	\$212.44	\$107.68	\$0.00	\$20.25	\$22.43	\$0.00	\$45.30	\$3.48	\$11.78	\$1.52	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.51										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: JESUP HEALTH AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142689A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.9349	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	21.21%	1.0%	Quarterly Medicaid CMI:			1.9708	1.5342
							3.39	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.0095	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$3,652,609	\$1,659,123	\$0	\$329,656	\$440,513	\$0	\$857,163		\$366,154	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$42,232)	(\$6,302)	\$0	\$0	\$0	\$0	(\$18,068)		(\$17,862)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$16,669			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,862	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,644,908	\$1,652,821	\$0	\$329,656	\$440,513	\$0	\$839,095	\$16,669	\$348,292	\$17,862	
8	Total Nursing Facility Days As Filed Days = 17,731	FY21 Audited C/R Days	17,731										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,731	FY21 GL-PL Ins Rpt Days								17,731			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$205.56	\$93.22	\$0.00	\$18.59	\$24.84	(with L&H)	\$47.32	\$0.94	\$19.64	\$1.01	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9349									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.18									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$48.18	\$0.00	\$18.59	\$24.84		\$47.32	\$0.94	\$19.64	\$1.01	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.41	\$48.18	\$0.00	\$18.59	\$24.84		\$36.91	\$0.94	7.94 (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	\$138.41	\$48.18	\$0.00	\$18.59	\$24.84	\$0.00	\$36.91	\$0.94	\$7.94	\$1.01	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0095									
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	\$187.05	\$96.82	\$0.00	\$18.59	\$24.84	\$0.00	\$36.91	\$0.94	\$7.94	\$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)	\$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	\$0.97	\$0.97									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.87	\$3.87									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.10	\$5.37	\$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	\$210.15	\$102.19	\$0.00	\$18.81	\$25.25	\$0.00	\$54.01	\$0.94	\$7.94	\$1.01	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.79										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: COLQUITT REGIONAL SENIOR CARE & REHABILITATION														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.5985	1.5751
Prvdr ID: 00142711A														Qtrly BIMS score	9.09%	0.0%	Quarterly Medicaid CMI:	1.5719	1.5342
Case Mix Per Diem Rate Effective Date: 7/1/2023														Nurse Hours per On-Site Day/Quality Incentive:	3.72	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.6001	1.5613
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23																			
			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 FY21 C/R - FY21 GL/PL Rpt	\$4,135,451	\$1,865,160	\$0	\$330,376	\$459,646	\$0	\$918,548		\$561,721	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$54,920)	(\$99,547)	\$0	\$0	\$0	\$1,050	\$94,873		(\$51,296)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$4,674									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$51,296							
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,136,501	\$1,765,613	\$0	\$330,376	\$459,646	\$1,050	\$1,013,421	\$4,674	\$510,425	\$51,296							
8	Total Nursing Facility Days	As Filed Days = 17,007																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,007																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$243.23	\$103.82	\$0.00	\$19.43	\$27.09	(with L&H)	\$59.59	\$0.27	\$30.01	\$3.02							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5985															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.95															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.95	\$0.00	\$19.43	\$27.09		\$59.59	\$0.27	\$30.01	\$3.02							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.14	\$64.95	\$0.00	\$19.43	\$27.09		\$36.91	\$0.27	18.47 (FRV)	\$3.02							
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	\$170.14	\$64.95	\$0.00	\$19.43	\$27.09	\$0.00	\$36.91	\$0.27	\$18.47	\$3.02							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6001															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.93															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.12	\$103.93	\$0.00	\$19.43	\$27.09	\$0.00	\$36.91	\$0.27	\$18.47	\$3.02							
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	\$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	\$3.12	\$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	\$21.38	\$3.65	\$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	\$230.50	\$107.58	\$0.00	\$19.65	\$27.50	\$0.00	\$54.01	\$0.27	\$18.47	\$3.02							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.05																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: BUCHANAN HEALTHCARE CENTER Prvdr ID: 00142722A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Facility Score	State-wide										
													N/A	28.57%	2.77	0.00%	1.0%	3.0%	1.6817	1.5751	1.3756	1.5342	1.4000	1.5613
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 FY21 C/R - FY21 GL/PL Rpt	\$4,229,239	\$1,887,153	\$0	\$292,845	\$357,025	\$0	\$1,348,128		\$344,088	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$138,993)	(\$23,335)	\$0	\$0	\$0	\$0	(\$92,686)		(\$22,972)													
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$92,686														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,972												
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,205,904	\$1,863,818	\$0	\$292,845	\$357,025	\$0	\$1,255,442	\$92,686	\$321,116	\$22,972												
8	Total Nursing Facility Days	FY21 Audited C/R Days	17,870																					
	As Filed Days = 17,870																							
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								17,870														
	As Filed Days = 17,870																							
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$235.37	\$104.30	\$0.00	\$16.39	\$19.98	(with L&H)	\$70.25	\$5.19	\$17.97	\$1.29												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6817																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.02																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.02	\$0.00	\$16.39	\$19.98		\$70.25	\$5.19	\$17.97	\$1.29												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.53	\$62.02	\$0.00	\$16.39	\$19.98		\$36.91	\$5.19	11.75 (FRV)	\$1.29												
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	\$153.53	\$62.02	\$0.00	\$16.39	\$19.98	\$0.00	\$36.91	\$5.19	\$11.75	\$1.29												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4000																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.83																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.34	\$86.83	\$0.00	\$16.39	\$19.98	\$0.00	\$36.91	\$5.19	\$11.75	\$1.29												
Quarterly Per Diem Add-on Amounts																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$0.87	\$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	\$21.73	\$4.00	\$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	\$200.07	\$90.83	\$0.00	\$16.61	\$20.39	\$0.00	\$54.01	\$5.19	\$11.75	\$1.29												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.23																					

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: THE RETREAT Prvdr ID: 00142733A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Growth Allowance: N/A Qtrly BIMS score: 31.71% Nurse Hours per On-Site Day/Quality Incentive: 4.94			Facility Score: N/A Add-on Percent: 0.00% 2.5% 3.0%			Base Period Overall CMI: 1.1292 Quarterly Medicaid CMI: 1.1212 Qtrly Mcaid CMI w RUG Wght Options: 1.1368			1.1292	1.5751	1.1212	1.5342	1.1368	1.5613
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</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 FY21 C/R - FY21 GL/PL Rpt	\$4,631,443	\$2,548,680	\$0	\$780,988	\$217,448	\$274,882	\$591,372		\$218,073	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$15,820)	\$0	\$0	\$0	\$0	\$0	(\$15,820)		\$0	\$0															
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$15,820																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0															
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,631,443	\$2,548,680	\$0	\$780,988	\$217,448	\$274,882	\$575,552	\$15,820	\$218,073	\$0															
8	Total Nursing Facility Days	FY21 Audited C/R Days		19,704																							
	As Filed Days = 19,704																										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								19,704																	
	As Filed Days = 19,704																										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$235.06	\$129.35	\$0.00	\$39.64	\$24.99	(with L&H)	\$29.21	\$0.80	\$11.07	\$0.00															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.1292																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$114.55																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$114.55	\$0.00	\$39.64	\$24.99		\$29.21	\$0.80	\$11.07	\$0.00															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.93	\$99.82	\$0.00	\$37.13	\$24.99		\$29.21	\$0.80	8.98 (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	\$200.93	\$99.82	\$0.00	\$37.13	\$24.99	\$0.00	\$29.21	\$0.80	\$8.98	\$0.00															
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		\$113.48																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.59	\$113.48	\$0.00	\$37.13	\$24.99	\$0.00	\$29.21	\$0.80	\$8.98	\$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)	\$0.78	\$0.00	\$0.00	\$0.00	\$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	\$2.84	\$2.84																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.40	\$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	\$24.12	\$6.24	\$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	\$238.71	\$119.72	\$0.00	\$37.13	\$25.40	\$0.00	\$46.68	\$0.80	\$8.98	\$0.00															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.21																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: RIDGEWOOD MANOR HEALTH AND REHABILITATION Prvdr ID: 00142744A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
			Growth Allowance: N/A Qtrly BIMS score: 33.33% Nurse Hours per On-Site Day/Quality Incentive: 6.87				Add-on Percent: 0.00% 2.5% 3.0%				Base Period Overall CMI: 1.4897 Quarterly Medicaid CMI: 1.1800 Qtrly Mcaid CMI w RUG Wght Options: 1.1940		Facility Specific: 1.4897 1.1800 1.1940	State-wide: 1.5751 1.5342 1.5613
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,749,025	\$3,476,594	\$0	\$588,761	\$786,901	\$0	\$1,538,059		\$358,710	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$186,534)	(\$3,505)	\$0	\$6,897	(\$77,554)	(\$2,843)	(\$109,529)		\$0			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$51,996				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10,318		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,624,805	\$3,473,089	\$0	\$595,658	\$709,347	(\$2,843)	\$1,428,530	\$51,996	\$358,710	\$10,318		
8	Total Nursing Facility Days	FY21 Audited C/R Days	25,728											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								25,728				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$257.48	\$134.99	\$0.00	\$23.15	\$27.46	(with L&H)	\$55.52	\$2.02	\$13.94	\$0.40		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4897										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.61										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$90.61	\$0.00	\$23.15	\$27.46		\$55.52	\$2.02	\$13.94	\$0.40		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.41	\$90.61	\$0.00	\$23.15	\$27.46		\$36.91	\$2.02	9.86 (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	\$190.41	\$90.61	\$0.00	\$23.15	\$27.46	\$0.00	\$36.91	\$2.02	\$9.86	\$0.40		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1940										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.19										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.99	\$108.19	\$0.00	\$23.15	\$27.46	\$0.00	\$36.91	\$2.02	\$9.86	\$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	\$2.70	\$2.70										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$24.21	\$6.48	\$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	\$232.20	\$114.67	\$0.00	\$23.37	\$27.87	\$0.00	\$54.01	\$2.02	\$9.86	\$0.40		
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 FY2021 Cost Report Data

FINAL

Provider: HARBORVIEW SATILLA		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142755A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5907	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	12.50%	0.0%	Quarterly Medicaid CMI:			1.5729	1.5342
							2.48	1.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6016	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$6,162,906	\$2,952,579	\$0	\$505,108	\$643,549	\$0	\$1,213,931		\$847,739	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$192,360)	(\$69,707)	\$0	\$0	\$0	(\$3,513)	(\$69,489)		(\$49,651)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$138,917			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$74,651	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,184,114	\$2,882,872	\$0	\$505,108	\$643,549	(\$3,513)	\$1,144,442	\$138,917	\$798,088	\$74,651	
8	Total Nursing Facility Days	As Filed Days = 29,283											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,283											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$211.18	\$98.45	\$0.00	\$17.25	\$21.86	(with L&H)	\$39.08	\$4.74	\$27.25	\$2.55	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5907									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.89	\$0.00	\$17.25	\$21.86		\$39.08	\$4.74	\$27.25	\$2.55	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.89	\$0.00	\$17.25	\$21.86		\$39.08	\$4.74	\$27.25	\$2.55	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.81	\$61.89	\$0.00	\$17.25	\$21.86		\$36.91	\$4.74	13.61 (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	\$158.81	\$61.89	\$0.00	\$17.25	\$21.86	\$0.00	\$36.91	\$4.74	\$13.61	\$2.55	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6016									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.12		\$17.25	\$21.86	\$0.00	\$36.91	\$4.74	\$13.61	\$2.55	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.04	\$99.12	\$0.00	\$17.25	\$21.86	\$0.00	\$36.91	\$4.74	\$13.61	\$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>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	\$0.99	\$0.99									
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	\$19.25	\$1.52	\$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	\$215.29	\$100.64	\$0.00	\$17.47	\$22.27	\$0.00	\$54.01	\$4.74	\$13.61	\$2.55	
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 FY2021 Cost Report Data

FINAL

Provider: ETOWAH LANDING Prvdr ID: 00142766A		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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Growth Allowance: N/A Qtrly BIMS score: 37.68% Nurse Hours per On-Site Day/Quality Incentive: 3.33				N/A	0.00% 2.5% 3.0%	Base Period Overall CMI: 1.6091 Quarterly Medicaid CMI: 1.7281 Qtrly Mcaid CMI w RUG Wght Options: 1.7609			1.6091 1.7281 1.7609	1.5751 1.5342 1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,812,108	\$3,125,360	\$0	\$537,422	\$483,015	\$0	\$1,085,883		\$580,428	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$259,081)	(\$41,934)	\$0	\$0	(\$4,642)	(\$5,467)	(\$158,714)		(\$48,324)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$207,141		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$47,314
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,807,482	\$3,083,426	\$0	\$537,422	\$478,373	(\$5,467)	\$927,169	\$207,141	\$532,104	\$47,314
8	Total Nursing Facility Days As Filed Days = 29,460	FY21 Audited C/R Days	29,460									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,460	FY21 GL-PL Ins Rpt Days								29,460		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$197.12	\$104.66	\$0.00	\$18.24	\$16.05	(with L&H)	\$31.47	\$7.03	\$18.06	\$1.61
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6091								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.04	\$0.00	\$18.24	\$16.05		\$31.47	\$7.03	\$18.06	\$1.61
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.61	\$65.04	\$0.00	\$18.24	\$16.05		\$31.47	\$7.03	9.17 (FRV)	\$1.61
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.61	\$65.04	\$0.00	\$18.24	\$16.05	\$0.00	\$31.47	\$7.03	\$9.17	\$1.61
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7609								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.10	\$114.53	\$0.00	\$18.24	\$16.05	\$0.00	\$31.47	\$7.03	\$9.17	\$1.61
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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	\$3.44	\$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	\$24.93	\$6.83	\$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	\$223.03	\$121.36	\$0.00	\$18.46	\$16.46	\$0.00	\$48.94	\$7.03	\$9.17	\$1.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.45									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: ROBERTA HEALTH AND REHAB Prvdr ID: 00142777A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.7508	1.5751
							39.62%	2.5%					1.6388	1.5342
							3.04	3.0%					1.6672	1.5613
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,984,403	\$1,898,551	\$0	\$338,555	\$447,229	\$0	\$1,570,690		\$729,378	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$114,175)	(\$11,911)	\$0	\$0	\$0	\$0	(\$44,529)		(\$57,735)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$43,750				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,735		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,971,713	\$1,886,640	\$0	\$338,555	\$447,229	\$0	\$1,526,161	\$43,750	\$671,643	\$57,735		
8	Total Nursing Facility Days	FY21 Audited C/R Days	26,018											
	As Filed Days = 26,018													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								26,018				
	As Filed Days = 26,018													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$191.08	\$72.51	\$0.00	\$13.01	\$17.19	(with L&H)	\$58.66	\$1.68	\$25.81	\$2.22		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7508										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.42										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$41.42	\$0.00	\$13.01	\$17.19		\$58.66	\$1.68	\$25.81	\$2.22		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.43	\$41.42	\$0.00	\$13.01	\$17.19		\$36.91	\$1.68	8.00 (FRV)	\$2.22		
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	\$120.43	\$41.42	\$0.00	\$13.01	\$17.19	\$0.00	\$36.91	\$1.68	\$8.00	\$2.22		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6672										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$69.06										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.07	\$69.06	\$0.00	\$13.01	\$17.19	\$0.00	\$36.91	\$1.68	\$8.00	\$2.22		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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	\$1.73	\$1.73										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.07	\$2.07										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.06	\$4.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$170.13	\$73.39	\$0.00	\$13.23	\$17.60	\$0.00	\$54.01	\$1.68	\$8.00	\$2.22		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$114.77											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: TWIN FOUNTAINS HOME Prvdr ID: 00142843A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Growth Allowance: N/A Qtrly BIMS score: 37.33% Nurse Hours per On-Site Day/Quality Incentive: 3.11			Facility Score: N/A Add-on Percent: 0.00% 2.5% 3.0%			Base Period Overall CMI: 1.1498 Quarterly Medicaid CMI: 1.0180 Qtrly Mcaid CMI w RUG Wght Options: 1.0302			1.1498	1.5751	1.0180	1.5342	1.0302	1.5613
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</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 FY21 C/R - FY21 GL/PL Rpt	\$11,651,958	\$3,278,054	\$0	\$985,932	\$911,253	\$763,262	\$4,809,955		\$903,502	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$29,519)	\$286	\$0	\$751	\$368	\$444	(\$48,245)		\$16,877																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$49,751																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0															
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,672,190	\$3,278,340	\$0	\$986,683	\$911,621	\$763,706	\$4,761,710	\$49,751	\$920,379	\$0															
8	Total Nursing Facility Days	As Filed Days = 29,430 FY21 Audited C/R Days	29,430																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,430 FY21 GL-PL Ins Rpt Days								29,430																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$396.61	\$111.39	\$0.00	\$33.53	\$56.93	(with L&H)	\$161.80	\$1.69	\$31.27	\$0.00															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.1498																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.88																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$96.88	\$0.00	\$33.53	\$56.93		\$161.80	\$1.69	\$31.27	\$0.00															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$214.12	\$96.88	\$0.00	\$33.53	\$33.28		\$36.91	\$1.69	11.83 (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	\$214.12	\$96.88	\$0.00	\$33.53	\$33.28	\$0.00	\$36.91	\$1.69	\$11.83	\$0.00															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0302																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.81																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.05	\$99.81	\$0.00	\$33.53	\$33.28	\$0.00	\$36.91	\$1.69	\$11.83	\$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)	\$0.75	\$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	\$2.50	\$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	\$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	\$23.34	\$6.02	\$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	\$240.39	\$105.83	\$0.00	\$33.75	\$33.28	\$0.00	\$54.01	\$1.69	\$11.83	\$0.00															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.47																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score
Provider: WINDER HEALTH CARE & REHAB CTR Prvdr ID: 00142854A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Facility Score	State-wide						
													N/A	23.08%	2.82	0.00%	1.0%	3.0%	1.4126	1.5751
													0.00%	1.0%	3.0%	1.8157	1.5342			
													1.8518	1.5613						
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>											
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,547,221	\$4,109,196	\$0	\$1,037,149	\$893,672	\$0	\$1,105,363		\$401,841	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$313,394)	(\$17,611)	\$0	(\$791)	\$0	\$5,374	(\$246,193)		(\$54,173)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$175,294										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$54,173								
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,463,294	\$4,091,585	\$0	\$1,036,358	\$893,672	\$5,374	\$859,170	\$175,294	\$347,668	\$54,173								
8	Total Nursing Facility Days	FY21 Audited C/R Days	39,368																	
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								39,368										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$189.57	\$103.93	\$0.00	\$26.32	\$22.84	(with L&H)	\$21.82	\$4.45	\$8.83	\$1.38								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4126																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.57																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.57	\$0.00	\$26.32	\$22.84		\$21.82	\$4.45	\$8.83	\$1.38								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.20	\$73.57	\$0.00	\$26.32	\$22.84		\$21.82	\$4.45	12.82 (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	\$163.20	\$73.57	\$0.00	\$26.32	\$22.84	\$0.00	\$21.82	\$4.45	\$12.82	\$1.38								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8518																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.24																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.87	\$136.24	\$0.00	\$26.32	\$22.84	\$0.00	\$21.82	\$4.45	\$12.82	\$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	\$1.36	\$1.36																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$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	\$249.95	\$142.22	\$0.00	\$26.54	\$23.25	\$0.00	\$39.29	\$4.45	\$12.82	\$1.38								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.64																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: DADE HEALTH AND REHAB Prvdr ID: 00142865A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.7828	1.5751
							32.26%	2.5%					1.5885	1.5342
							2.04	2.0%					1.6191	1.5613
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,707,714	\$2,126,507	\$0	\$321,927	\$405,828	\$0	\$558,642		\$294,810	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$89,779)	\$6,411	\$0	\$0	\$957	(\$5,067)	(\$84,418)		(\$7,662)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$110,492				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10,789		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,739,216	\$2,132,918	\$0	\$321,927	\$406,785	(\$5,067)	\$474,224	\$110,492	\$287,148	\$10,789		
8	Total Nursing Facility Days	As Filed Days = 16,805 FY21 Audited C/R Days	16,805											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,805 FY21 GL-PL Ins Rpt Days								16,805				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.50	\$126.92	\$0.00	\$19.16	\$23.90	(with L&H)	\$28.22	\$6.57	\$17.09	\$0.64		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7828										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.19										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.19	\$0.00	\$19.16	\$23.90		\$28.22	\$6.57	\$17.09	\$0.64		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.58	\$71.19	\$0.00	\$19.16	\$23.90		\$28.22	\$6.57	9.90 (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	\$159.58	\$71.19	\$0.00	\$19.16	\$23.90	\$0.00	\$28.22	\$6.57	\$9.90	\$0.64		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6191										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.26										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.65	\$115.26	\$0.00	\$19.16	\$23.90	\$0.00	\$28.22	\$6.57	\$9.90	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.31	\$2.31										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.82	\$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	\$227.47	\$120.98	\$0.00	\$19.38	\$24.31	\$0.00	\$45.69	\$6.57	\$9.90	\$0.64		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.78											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SAVANNAH BEACH HEALTH AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142876A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4441	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	43.59%	2.5%	Quarterly Medicaid CMI:			1.6204	1.5342
							2.73	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6522	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$2,891,420	\$1,476,360	\$0	\$223,024	\$394,382	\$0	\$376,869		\$420,785	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$99,623)	\$0	\$0	\$0	\$0	\$0	(\$47,254)		(\$52,369)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$43,639			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$52,369	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,887,805	\$1,476,360	\$0	\$223,024	\$394,382	\$0	\$329,615	\$43,639	\$368,416	\$52,369	
8	Total Nursing Facility Days As Filed Days = 14,564	FY21 Audited C/R Days	14,564										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,564	FY21 GL-PL Ins Rpt Days								14,564			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$198.29	\$101.37	\$0.00	\$15.31	\$27.08	(with L&H)	\$22.63	\$3.00	\$25.30	\$3.60	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4441									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.19									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.19	\$0.00	\$15.31	\$27.08		\$22.63	\$3.00	\$25.30	\$3.60	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.46	\$70.19	\$0.00	\$15.31	\$27.08		\$22.63	\$3.00	11.65 (FRV)	\$3.60	
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	\$153.46	\$70.19	\$0.00	\$15.31	\$27.08	\$0.00	\$22.63	\$3.00	\$11.65	\$3.60	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6522									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.97									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.24	\$115.97	\$0.00	\$15.31	\$27.08	\$0.00	\$22.63	\$3.00	\$11.65	\$3.60	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.90	\$2.90									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.48	\$3.48									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$224.25	\$122.88	\$0.00	\$15.53	\$27.49	\$0.00	\$40.10	\$3.00	\$11.65	\$3.60	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.36										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: SEARS MANOR NURSING HOME														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.5524	1.5751
Prvdr ID: 00142898A														Qtrly BIMS score	25.00%	1.0%	Quarterly Medicaid CMI:	1.4732	1.5342
Case Mix Per Diem Rate Effective Date: 7/1/2023														Nurse Hours per On-Site Day/Quality Incentive:	4.45	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.4989	1.5613
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23																			
			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 FY21 C/R - FY21 GL/PL Rpt	\$5,791,321	\$3,374,723	\$0	\$630,503	\$630,862	\$0	\$808,806		\$346,427	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$138,929)	\$0	\$0	\$0	\$0	\$0	(\$86,191)		(\$52,738)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$86,191									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R											\$52,738						
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,791,321	\$3,374,723	\$0	\$630,503	\$630,862	\$0	\$722,615	\$86,191	\$293,689	\$52,738							
8	Total Nursing Facility Days	FY21 Audited C/R Days	22,338																
	As Filed Days = 22,338																		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								22,338									
	As Filed Days = 22,338																		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$259.27	\$151.08	\$0.00	\$28.23	\$28.24	(with L&H)	\$32.35	\$3.86	\$13.15	\$2.36							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5524															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.32															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$97.32	\$0.00	\$28.23	\$28.24		\$32.35	\$3.86	\$13.15	\$2.36							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.84	\$97.32	\$0.00	\$26.82	\$28.24		\$32.35	\$3.86	10.89	\$2.36							
											(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	\$201.84	\$97.32	\$0.00	\$26.82	\$28.24	\$0.00	\$32.35	\$3.86	\$10.89	\$2.36							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4989															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$145.87															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$250.39	\$145.87	\$0.00	\$26.82	\$28.24	\$0.00	\$32.35	\$3.86	\$10.89	\$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)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00							
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.46	\$1.46															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.38	\$4.38															
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	\$24.25	\$6.37	\$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	\$274.64	\$152.24	\$0.00	\$26.82	\$28.65	\$0.00	\$49.82	\$3.86	\$10.89	\$2.36							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$193.16																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: SEMINOLE MANOR NURSING HOME														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.1176	1.5751
Prvdr ID: 00142909A														Qtrly BIMS score	21.28%	1.0%	Quarterly Medicaid CMI:	1.0386	1.5342
Case Mix Per Diem Rate Effective Date: 7/1/2023														Nurse Hours per On-Site Day/Quality Incentive:	3.85	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.0512	1.5613
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23																			
			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 FY21 C/R - FY21 GL/PL Rpt	\$5,203,111	\$2,434,399	\$0	\$778,624	\$504,059	\$452,688	\$635,869		\$397,472	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$42,211)	\$0	\$0	\$0	(\$9,295)	(\$8,348)	(\$11,038)		(\$13,530)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$11,038									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$13,280							
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,185,218	\$2,434,399	\$0	\$778,624	\$494,764	\$444,340	\$624,831	\$11,038	\$383,942	\$13,280							
8	Total Nursing Facility Days	FY21 Audited C/R Days		20,968															
	As Filed Days = 20,968																		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								20,968									
	As Filed Days = 20,968																		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$247.29	\$116.10	\$0.00	\$37.13	\$44.79	(with L&H)	\$29.80	\$0.53	\$18.31	\$0.63							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.1176															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$103.88															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$103.88	\$0.00	\$37.13	\$44.79		\$29.80	\$0.53	\$18.31	\$0.63							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.37	\$99.82	\$0.00	\$37.13	\$33.28		\$29.80	\$0.53	10.18 (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	\$211.37	\$99.82	\$0.00	\$37.13	\$33.28	\$0.00	\$29.80	\$0.53	\$10.18	\$0.63							
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		\$104.93															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.48	\$104.93	\$0.00	\$37.13	\$33.28	\$0.00	\$29.80	\$0.53	\$10.18	\$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)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00								
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.05	\$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	\$3.15	\$3.15															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.67	\$4.20	\$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	\$238.15	\$109.13	\$0.00	\$37.13	\$33.28	\$0.00	\$47.27	\$0.53	\$10.18	\$0.63							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.79																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: VISTA 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: 00142931A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5257	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	35.44%	2.5%	Quarterly Medicaid CMI:			1.4170	1.5342
							3.66	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4404	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$8,541,806	\$4,273,183	\$0	\$850,820	\$827,728	\$0	\$1,445,290		\$1,144,785	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$316,410)	(\$4,832)	\$0	(\$1,183)	\$0	(\$1,236)	(\$248,192)		(\$60,967)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$174,720			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$60,967	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,461,083	\$4,268,351	\$0	\$849,637	\$827,728	(\$1,236)	\$1,197,098	\$174,720	\$1,083,818	\$60,967	
8	Total Nursing Facility Days	As Filed Days = 41,410 FY21 Audited C/R Days	41,410										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,410 FY21 GL-PL Ins Rpt Days								41,410			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$204.33	\$103.08	\$0.00	\$20.52	\$19.96	(with L&H)	\$28.91	\$4.22	\$26.17	\$1.47	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5257									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.56									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.56	\$0.00	\$20.52	\$19.96		\$28.91	\$4.22	\$26.17	\$1.47	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.13	\$67.56	\$0.00	\$20.52	\$19.96		\$28.91	\$4.22	21.49 (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	\$164.13	\$67.56	\$0.00	\$20.52	\$19.96	\$0.00	\$28.91	\$4.22	\$21.49	\$1.47	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4404									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.31									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.88	\$97.31	\$0.00	\$20.52	\$19.96	\$0.00	\$28.91	\$4.22	\$21.49	\$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>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	\$4.87	\$4.87									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.93	\$7.83	\$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	\$219.81	\$105.14	\$0.00	\$20.74	\$20.37	\$0.00	\$46.38	\$4.22	\$21.49	\$1.47	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.03										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ROSS MEMORIAL HEALTH CARE CTR		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00142942A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.3827		1.3827	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 34.62%		Nurse Hours per On-Site Day/Quality Incentive: 3.80		3.80	2.5%	Quarterly Medicaid CMI: 1.5757		1.5757	1.5342		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6055		1.6055	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$6,265,968	\$3,784,863	\$0	\$666,840	\$807,743	\$0	\$692,761		\$313,761	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$199,732)	(\$34,745)	\$0	\$0	\$0	\$0	(\$73,619)		(\$91,368)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$60,353			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$91,368	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,217,957	\$3,750,118	\$0	\$666,840	\$807,743	\$0	\$619,142	\$60,353	\$222,393	\$91,368	
8	Total Nursing Facility Days As Filed Days = 24,946	FY21 Audited C/R Days	24,946										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,946	FY21 GL-PL Ins Rpt Days								24,946			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$249.25	\$150.33	\$0.00	\$26.73	\$32.38	(with L&H)	\$24.82	\$2.42	\$8.91	\$3.66	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3827									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$108.72									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$108.72	\$0.00	\$26.73	\$32.38		\$24.82	\$2.42	\$8.91	\$3.66	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.52	\$99.82	\$0.00	\$26.73	\$32.38		\$24.82	\$2.42	13.69 (FRV)	\$3.66	
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	\$203.52	\$99.82	\$0.00	\$26.73	\$32.38	\$0.00	\$24.82	\$2.42	\$13.69	\$3.66	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6055									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$160.26									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$263.96	\$160.26	\$0.00	\$26.73	\$32.38	\$0.00	\$24.82	\$2.42	\$13.69	\$3.66	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.85	\$0.00	\$0.00	\$0.07	\$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	\$4.01	\$4.01									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$26.77	\$8.82	\$0.00	\$0.07	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$290.73	\$169.08	\$0.00	\$26.80	\$32.79	\$0.00	\$42.29	\$2.42	\$13.69	\$3.66	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$205.22										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - SHEPHERD HILLS		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142964A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4379	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	14.00%	0.0%	Quarterly Medicaid CMI:			1.4281	1.5342
							3.15	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4533	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$6,948,476	\$3,897,971	\$0	\$592,947	\$875,413	\$0	\$1,350,872		\$231,273	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$543,178)	(\$114,484)	\$0	\$0	\$0	\$534	(\$375,162)		(\$54,066)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$486,905			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$47,049	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,939,252	\$3,783,487	\$0	\$592,947	\$875,413	\$534	\$975,710	\$486,905	\$177,207	\$47,049	
8	Total Nursing Facility Days	As Filed Days = 34,759 FY21 Audited C/R Days	34,759										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,759 FY21 GL-PL Ins Rpt Days								34,759			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$199.64	\$108.85	\$0.00	\$17.06	\$25.20	(with L&H)	\$28.07	\$14.01	\$5.10	\$1.35	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4379									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.70									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.70	\$0.00	\$17.06	\$25.20		\$28.07	\$14.01	\$5.10	\$1.35	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.92	\$75.70	\$0.00	\$17.06	\$25.20		\$28.07	\$14.01	8.53 (FRV)	\$1.35	
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	\$169.92	\$75.70	\$0.00	\$17.06	\$25.20	\$0.00	\$28.07	\$14.01	\$8.53	\$1.35	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4533									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.01									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.23	\$110.01	\$0.00	\$17.06	\$25.20	\$0.00	\$28.07	\$14.01	\$8.53	\$1.35	
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>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	\$5.50	\$5.50									
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	\$24.13	\$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	\$228.36	\$116.04	\$0.00	\$17.28	\$25.61	\$0.00	\$45.54	\$14.01	\$8.53	\$1.35	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.45										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & 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 FY21 C/R - FY21 GL/PL Rpt	\$4,001,800	\$2,273,782	\$0	\$335,058	\$430,900	\$0	\$795,622		\$166,438	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$98,136)	(\$25,445)	\$0	\$0	\$0	\$0	(\$42,068)		(\$30,623)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$30,623
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,934,287	\$2,248,337	\$0	\$335,058	\$430,900	\$0	\$753,554	\$0	\$135,815	\$30,623
8	Total Nursing Facility Days	As Filed Days = 26,865 FY21 Audited C/R Days	26,865									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,865 FY21 GL-PL Ins Rpt Days								26,865		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$146.45	\$83.69	\$0.00	\$12.47	\$16.04	(with L&H)	\$28.05	\$0.00	\$5.06	\$1.14
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6995								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$49.24	\$0.00	\$12.47	\$16.04		\$28.05	\$0.00	\$5.06	\$1.14
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.38	\$49.24	\$0.00	\$12.47	\$16.04		\$28.05	\$0.00	9.44 (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	\$116.38	\$49.24	\$0.00	\$12.47	\$16.04	\$0.00	\$28.05	\$0.00	\$9.44	\$1.14
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4141								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$69.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$136.77	\$69.63	\$0.00	\$12.47	\$16.04	\$0.00	\$28.05	\$0.00	\$9.44	\$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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.70	\$0.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.09	\$2.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.42	\$3.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$158.19	\$72.95	\$0.00	\$12.69	\$16.45	\$0.00	\$45.52	\$0.00	\$9.44	\$1.14
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$105.82									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.8996		1.8996	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 25.30%		Nurse Hours per On-Site Day/Quality Incentive: 2.62		25.30%	1.0%	Quarterly Medicaid CMI: 1.9905		1.9905	1.5342		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 2.0301		2.0301	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$12,825,331	\$6,151,640	\$0	\$868,106	\$838,869	\$0	\$2,593,414		\$2,373,302	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$453,108)	(\$53,945)	\$0	(\$1,665)	(\$1,997)	(\$2,588)	(\$255,828)		(\$137,085)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$242,651			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$136,387	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,751,261	\$6,097,695	\$0	\$866,441	\$836,872	(\$2,588)	\$2,337,586	\$242,651	\$2,236,217	\$136,387	
8	Total Nursing Facility Days	FY21 Audited C/R Days	43,226	43,226									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								43,226			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$294.99	\$141.07	\$0.00	\$20.04	\$19.30	(with L&H)	\$54.08	\$5.61	\$51.73	\$3.16	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8996									
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	\$20.04	\$19.30		\$54.08	\$5.61	\$51.73	\$3.16	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.24	\$74.26	\$0.00	\$20.04	\$19.30		\$36.91	\$5.61	14.96 (FRV)	\$3.16	
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	\$174.24	\$74.26	\$0.00	\$20.04	\$19.30	\$0.00	\$36.91	\$5.61	\$14.96	\$3.16	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0301									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$150.76									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$250.74	\$150.76	\$0.00	\$20.04	\$19.30	\$0.00	\$36.91	\$5.61	\$14.96	\$3.16	
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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.51	\$1.51									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.52	\$4.52									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.29	\$6.56	\$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	\$275.03	\$157.32	\$0.00	\$20.26	\$19.71	\$0.00	\$54.01	\$5.61	\$14.96	\$3.16	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$193.45										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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 - FAIRBURN Prvdr ID: 00142997A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6344	1.5751
							6.98%	0.0%					1.5263	1.5342
							3.64	5.0%					1.5525	1.5613
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,190,381	\$2,731,348	\$0	\$466,571	\$562,967	\$0	\$1,112,117		\$317,378	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$414,313)	(\$98,721)	\$0	\$0	\$0	\$0	(\$257,279)		(\$58,313)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$356,000				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$58,313		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,190,381	\$2,632,627	\$0	\$466,571	\$562,967	\$0	\$854,838	\$356,000	\$259,065	\$58,313		
8	Total Nursing Facility Days	FY21 Audited C/R Days		20,659										
	As Filed Days = 20,659													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								20,659				
	As Filed Days = 20,659													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$251.23	\$127.43	\$0.00	\$22.58	\$27.25	(with L&H)	\$41.38	\$17.23	\$12.54	\$2.82		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6344										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.97										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.97	\$0.00	\$22.58	\$27.25		\$41.38	\$17.23	\$12.54	\$2.82		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.84	\$77.97	\$0.00	\$22.58	\$27.25		\$36.91	\$17.23	14.08 (FRV)	\$2.82		
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	\$198.84	\$77.97	\$0.00	\$22.58	\$27.25	\$0.00	\$36.91	\$17.23	\$14.08	\$2.82		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5525										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.05										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.92	\$121.05	\$0.00	\$22.58	\$27.25	\$0.00	\$36.91	\$17.23	\$14.08	\$2.82		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <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	\$6.05	\$6.05										
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	\$24.31	\$6.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$266.23	\$127.63	\$0.00	\$22.80	\$27.66	\$0.00	\$54.01	\$17.23	\$14.08	\$2.82		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.85											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: SMITH MEDICAL NURSING CARE CTR Prvdr ID: 00143008A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 42.86% Nurse Hours per On-Site Day/Quality Incentive: 2.90				Base Period Overall CMI: 0.9485 Quarterly Medicaid CMI: 0.9759 Qtrly Mcaid CMI w RUG Wght Options: 0.9860					
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>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 FY21 C/R - FY21 GL/PL Rpt	\$1,709,540	\$777,288	\$0	\$214,136	\$196,608	\$0	\$499,260		\$22,248	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$143,277)	\$0	\$0	\$0	\$0	(\$9,064)	(\$115,504)		(\$18,709)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$74,360		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$18,709
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$1,659,332	\$777,288	\$0	\$214,136	\$196,608	(\$9,064)	\$383,756	\$74,360	\$3,539	\$18,709
8	Total Nursing Facility Days	FY21 Audited C/R Days	14,616									
	As Filed Days = 14,616											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								14,616		
	As Filed Days = 14,616											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$113.53	\$53.18	\$0.00	\$14.65	\$12.83	(with L&H)	\$26.26	\$5.09	\$0.24	\$1.28
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		0.9485								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.07	\$0.00	\$14.65	\$12.83		\$26.26	\$5.09	\$0.24	\$1.28
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.63	\$56.07	\$0.00	\$14.65	\$12.83		\$26.26	\$5.09	11.45 (FRV)	\$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	\$127.63	\$56.07	\$0.00	\$14.65	\$12.83	\$0.00	\$26.26	\$5.09	\$11.45	\$1.28
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		0.9860								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$55.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$126.85	\$55.29	\$0.00	\$14.65	\$12.83	\$0.00	\$26.26	\$5.09	\$11.45	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.38	\$1.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.01	\$1.91	\$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	\$146.86	\$57.20	\$0.00	\$14.87	\$13.24	\$0.00	\$43.73	\$5.09	\$11.45	\$1.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$97.32									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SOCIAL CIRCLE NSG & REHAB CTR		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143041A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7064	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	19.44%	0.0%	Quarterly Medicaid CMI:			1.5422	1.5342
							3.06	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5696	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,761,260	\$2,724,490	\$0	\$371,838	\$392,363	\$0	\$765,392		\$507,177	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$24,707)	(\$8,085)	\$0	\$0	\$3,237	\$4,311	\$1,445		(\$25,615)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$6,640			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,108	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,769,301	\$2,716,405	\$0	\$371,838	\$395,600	\$4,311	\$766,837	\$6,640	\$481,562	\$26,108	
8	Total Nursing Facility Days	As Filed Days = 19,838 FY21 Audited C/R Days	19,838										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,838 FY21 GL-PL Ins Rpt Days								19,838			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$240.40	\$136.93	\$0.00	\$18.74	\$20.16	(with L&H)	\$38.65	\$0.33	\$24.27	\$1.32	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7064									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.24									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.24	\$0.00	\$18.74	\$20.16		\$38.65	\$0.33	\$24.27	\$1.32	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.42	\$80.24	\$0.00	\$18.74	\$20.16		\$36.91	\$0.33	10.72 (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	\$168.42	\$80.24	\$0.00	\$18.74	\$20.16	\$0.00	\$36.91	\$0.33	\$10.72	\$1.32	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5696									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.94									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.12	\$125.94	\$0.00	\$18.74	\$20.16	\$0.00	\$36.91	\$0.33	\$10.72	\$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)	\$1.16	\$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	\$2.52	\$2.52									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.78	\$3.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.90	\$128.99	\$0.00	\$18.96	\$20.57	\$0.00	\$54.01	\$0.33	\$10.72	\$1.32	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.35										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - GRIFFIN		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00143052A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5692		1.5692	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 23.08%		Nurse Hours per On-Site Day/Quality Incentive: 3.21		3.21	1.0%	Quarterly Medicaid CMI: 1.4309		1.4309	1.5342		
							6.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4558		1.4558	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,281,674	\$2,178,914	\$0	\$377,811	\$471,784	\$0	\$947,227		\$305,938	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$338,438)	(\$58,320)	\$0	\$0	\$0	\$0	(\$241,337)		(\$38,781)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$299,657			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$38,781	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,281,674	\$2,120,594	\$0	\$377,811	\$471,784	\$0	\$705,890	\$299,657	\$267,157	\$38,781	
8	Total Nursing Facility Days As Filed Days = 17,315	FY21 Audited C/R Days	17,315										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,315	FY21 GL-PL Ins Rpt Days								17,315			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$247.29	\$122.47	\$0.00	\$21.82	\$27.25	(with L&H)	\$40.77	\$17.31	\$15.43	\$2.24	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5692									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.04									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.04	\$0.00	\$21.82	\$27.25		\$40.77	\$17.31	\$15.43	\$2.24	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.18	\$78.04	\$0.00	\$21.82	\$27.25		\$36.91	\$17.31	9.61 (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	\$193.18	\$78.04	\$0.00	\$21.82	\$27.25	\$0.00	\$36.91	\$17.31	\$9.61	\$2.24	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4558									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.61									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.75	\$113.61	\$0.00	\$21.82	\$27.25	\$0.00	\$36.91	\$17.31	\$9.61	\$2.24	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <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>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.82	\$6.82									
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	\$26.22	\$8.49	\$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	\$254.97	\$122.10	\$0.00	\$22.04	\$27.66	\$0.00	\$54.01	\$17.31	\$9.61	\$2.24	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.40										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.2791		1.2791	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 34.15%		Nurse Hours per On-Site Day/Quality Incentive: 3.00		3.00	2.5%	Quarterly Medicaid CMI: 1.2519		1.2519	1.5342		
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2689		1.2689	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$3,462,080	\$1,695,629	\$0	\$348,853	\$385,889	\$0	\$628,924		\$402,785	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$139,575)	(\$34,687)	\$0	(\$438)	\$0	(\$395)	(\$82,597)		(\$21,458)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$85,088			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$21,458	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,429,051	\$1,660,942	\$0	\$348,415	\$385,889	(\$395)	\$546,327	\$85,088	\$381,327	\$21,458	
8	Total Nursing Facility Days As Filed Days = 15,341	FY21 Audited C/R Days	15,357										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,341	FY21 GL-PL Ins Rpt Days								15,357			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.30	\$108.16	\$0.00	\$22.69	\$25.10	(with L&H)	\$35.58	\$5.54	\$24.83	\$1.40	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2791									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.56									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$84.56	\$0.00	\$22.69	\$25.10		\$35.58	\$5.54	\$24.83	\$1.40	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.34	\$84.56	\$0.00	\$22.69	\$25.10		\$35.58	\$5.54	9.47 (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	\$184.34	\$84.56	\$0.00	\$22.69	\$25.10	\$0.00	\$35.58	\$5.54	\$9.47	\$1.40	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2689									
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	\$207.08	\$107.30	\$0.00	\$22.69	\$25.10	\$0.00	\$35.58	\$5.54	\$9.47	\$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>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>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.37	\$5.37									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.68	\$8.58	\$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	\$233.76	\$115.88	\$0.00	\$22.91	\$25.51	\$0.00	\$53.05	\$5.54	\$9.47	\$1.40	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.50										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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:	1.9125	1.5751
Provider: FULTON CENTER FOR REHABILITATION LLC Prvdr ID: 00143074A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													N/A	0.00%	17.11%	0.0%	2.72	5.0%	2.0262	1.9872	1.5342	1.5613
CASE MIX BASED RATE CALCULATIONS																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,179,162	\$3,288,881	\$0	\$584,888	\$686,376	\$0	\$1,413,983		\$1,205,034	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$296,070)	(\$53,771)	\$0	\$0	(\$3,397)	(\$5,582)	(\$136,996)		(\$96,324)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$183,642												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$95,064										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,161,798	\$3,235,110	\$0	\$584,888	\$682,979	(\$5,582)	\$1,276,987	\$183,642	\$1,108,710	\$95,064										
8	Total Nursing Facility Days	As Filed Days = 35,671 FY21 Audited C/R Days	35,671																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,671 FY21 GL-PL Ins Rpt Days								35,671												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$200.78	\$90.69	\$0.00	\$16.40	\$18.99	(with L&H)	\$35.80	\$5.15	\$31.08	\$2.67										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9125																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.42																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$47.42	\$0.00	\$16.40	\$18.99		\$35.80	\$5.15	\$31.08	\$2.67										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.24	\$47.42	\$0.00	\$16.40	\$18.99		\$35.80	\$5.15	8.81 <i>(FRV)</i>	\$2.67										
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	\$135.24	\$47.42	\$0.00	\$16.40	\$18.99	\$0.00	\$35.80	\$5.15	\$8.81	\$2.67										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0262																		
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	\$183.90	\$96.08	\$0.00	\$16.40	\$18.99	\$0.00	\$35.80	\$5.15	\$8.81	\$2.67										
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>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	\$4.80	\$4.80																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$207.33	\$101.41	\$0.00	\$16.62	\$19.40	\$0.00	\$53.27	\$5.15	\$8.81	\$2.67										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.67																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.7088			1.7088	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 20.25%		Nurse Hours per On-Site Day/Quality Incentive: 3.28		20.25%	1.0%	Quarterly Medicaid CMI: 1.9477			1.9477	1.5342
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.9864			1.9864	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$7,032,690	\$3,608,089	\$0	\$675,571	\$541,888	\$0	\$1,275,549		\$931,593	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$257,495)	(\$5,300)	\$0	\$0	\$0	\$0	(\$160,041)		(\$92,154)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$160,041		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$92,154
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,027,390	\$3,602,789	\$0	\$675,571	\$541,888	\$0	\$1,115,508	\$160,041	\$839,439	\$92,154
8	Total Nursing Facility Days As Filed Days = 36,071	FY21 Audited C/R Days	36,071									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,071	FY21 GL-PL Ins Rpt Days								36,071		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$194.82	\$99.88	\$0.00	\$18.73	\$15.02	(with L&H)	\$30.93	\$4.44	\$23.27	\$2.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7088								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.45	\$0.00	\$18.73	\$15.02		\$30.93	\$4.44	\$23.27	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.87	\$58.45	\$0.00	\$18.73	\$15.02		\$30.93	\$4.44	14.75 (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	\$144.87	\$58.45	\$0.00	\$18.73	\$15.02	\$0.00	\$30.93	\$4.44	\$14.75	\$2.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9864								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.53	\$116.11	\$0.00	\$18.73	\$15.02	\$0.00	\$30.93	\$4.44	\$14.75	\$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)	\$1.53	\$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	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.81	\$5.81								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.60	\$7.50	\$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	\$228.13	\$123.61	\$0.00	\$18.95	\$15.43	\$0.00	\$48.40	\$4.44	\$14.75	\$2.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.27									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5252		1.5252	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 34.38%		Nurse Hours per On-Site Day/Quality Incentive: 3.43		34.38%	2.5%	Quarterly Medicaid CMI: 1.3753		1.3753	1.5342		
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3977		1.3977	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$3,826,766	\$2,062,813	\$0	\$313,177	\$446,791	\$0	\$816,348		\$187,637	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$293,687)	(\$5,565)	\$0	\$0	(\$3,469)	(\$4,558)	(\$261,890)		(\$18,205)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$260,162			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$16,034	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,809,275	\$2,057,248	\$0	\$313,177	\$443,322	(\$4,558)	\$554,458	\$260,162	\$169,432	\$16,034	
8	Total Nursing Facility Days As Filed Days = 17,382	FY21 Audited C/R Days	17,382										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,382	FY21 GL-PL Ins Rpt Days								17,382			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$219.16	\$118.36	\$0.00	\$18.02	\$25.24	(with L&H)	\$31.90	\$14.97	\$9.75	\$0.92	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5252									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.60									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.60	\$0.00	\$18.02	\$25.24		\$31.90	\$14.97	\$9.75	\$0.92	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.92	\$77.60	\$0.00	\$18.02	\$25.24		\$31.90	\$14.97	10.27 (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	\$178.92	\$77.60	\$0.00	\$18.02	\$25.24	\$0.00	\$31.90	\$14.97	\$10.27	\$0.92	
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		\$108.46									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.78	\$108.46	\$0.00	\$18.02	\$25.24	\$0.00	\$31.90	\$14.97	\$10.27	\$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	\$2.71	\$2.71									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.42	\$5.42									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.76	\$8.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$236.54	\$117.12	\$0.00	\$18.24	\$25.65	\$0.00	\$49.37	\$14.97	\$10.27	\$0.92	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.58										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5001			1.5001	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 24.32%		Nurse Hours per On-Site Day/Quality Incentive: 3.56		3.56	1.0%	Quarterly Medicaid CMI: 1.3930			1.3930	1.5342
							4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4144			1.4144	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,706,017	\$3,134,384	\$0	\$545,806	\$686,285	\$0	\$1,185,045		\$154,497	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$133,126)	(\$3,031)	\$0	(\$742)	\$0	(\$619)	(\$115,809)		(\$12,925)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$104,650		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$12,925
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,690,466	\$3,131,353	\$0	\$545,064	\$686,285	(\$619)	\$1,069,236	\$104,650	\$141,572	\$12,925
8	Total Nursing Facility Days	As Filed Days = 25,977 FY21 Audited C/R Days	25,977									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,977 FY21 GL-PL Ins Rpt Days								25,977		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$219.06	\$120.54	\$0.00	\$20.98	\$26.40	(with L&H)	\$41.16	\$4.03	\$5.45	\$0.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5001								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.35	\$0.00	\$20.98	\$26.40		\$41.16	\$4.03	\$5.45	\$0.50
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.13	\$80.35	\$0.00	\$20.98	\$26.40		\$36.91	\$4.03	14.96 (FRV)	\$0.50
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	\$184.13	\$80.35	\$0.00	\$20.98	\$26.40	\$0.00	\$36.91	\$4.03	\$14.96	\$0.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4144								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.43	\$113.65	\$0.00	\$20.98	\$26.40	\$0.00	\$36.91	\$4.03	\$14.96	\$0.50
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.55	\$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	\$23.95	\$6.22	\$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	\$241.38	\$119.87	\$0.00	\$21.20	\$26.81	\$0.00	\$54.01	\$4.03	\$14.96	\$0.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.21									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SENIOR CARE CENTER - ST MARYS Prvdr ID: 00143129A		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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Growth Allowance: N/A Qtrly BIMS score: 35.90% Nurse Hours per On-Site Day/Quality Incentive: 3.57				0.00%	2.5%	Base Period Overall CMI: 1.3150 Quarterly Medicaid CMI: 1.1812 Qtrly Mcaid CMI w RUG Wght Options: 1.1947			1.5751	1.5342	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$6,269,926	\$3,046,378	\$0	\$668,551	\$737,249	\$0	\$1,588,944		\$228,804	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$183,561)	(\$10,332)	\$0	\$0	\$0	\$0	(\$161,358)		(\$11,871)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$161,358			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$11,871	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,259,594	\$3,036,046	\$0	\$668,551	\$737,249	\$0	\$1,427,586	\$161,358	\$216,933	\$11,871	
8	Total Nursing Facility Days	FY21 Audited C/R Days	17,919										
	As Filed Days = 17,919												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								17,919			
	As Filed Days = 17,919												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$349.32	\$169.43	\$0.00	\$37.31	\$41.14	(with L&H)	\$79.67	\$9.00	\$12.11	\$0.66	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3150									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$128.84									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$128.84	\$0.00	\$37.31	\$41.14		\$79.67	\$9.00	\$12.11	\$0.66	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.97	\$99.82	\$0.00	\$26.82	\$33.28		\$36.91	\$9.00	11.48 (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	\$217.97	\$99.82	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$9.00	\$11.48	\$0.66	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1947									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.25									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.40	\$119.25	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$9.00	\$11.48	\$0.66	
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	\$2.98	\$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	\$23.66	\$6.56	\$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	\$261.06	\$125.81	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$9.00	\$11.48	\$0.66	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.97										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: EAGLE HEALTH & REHABILITATION Prvdr ID: 00143151A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.5009	1.5751
							30.30%	2.5%					1.3629	1.5342
							3.71	5.0%					1.3838	1.5613
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,947,192	\$1,953,557	\$0	\$524,514	\$442,449	\$0	\$735,001		\$291,671	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$177,823)	(\$1,797)	\$0	(\$451)	\$428	\$21	(\$130,617)		(\$45,407)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$125,165				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$45,511		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,940,045	\$1,951,760	\$0	\$524,063	\$442,877	\$21	\$604,384	\$125,165	\$246,264	\$45,511		
8	Total Nursing Facility Days	FY21 Audited C/R Days	15,879											
	As Filed Days = 15,796													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								15,879				
	As Filed Days = 15,796													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$248.12	\$122.91	\$0.00	\$33.00	\$27.89	(with L&H)	\$38.06	\$7.88	\$15.51	\$2.87		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5009										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.89										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.89	\$0.00	\$33.00	\$27.89		\$38.06	\$7.88	\$15.51	\$2.87		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.08	\$81.89	\$0.00	\$26.82	\$27.89		\$36.91	\$7.88	10.82 (FRV)	\$2.87		
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	\$195.08	\$81.89	\$0.00	\$26.82	\$27.89	\$0.00	\$36.91	\$7.88	\$10.82	\$2.87		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3838										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.32										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.51	\$113.32	\$0.00	\$26.82	\$27.89	\$0.00	\$36.91	\$7.88	\$10.82	\$2.87		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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	\$2.83	\$2.83										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.67	\$5.67										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.54	\$9.03	\$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	\$253.05	\$122.35	\$0.00	\$26.82	\$28.30	\$0.00	\$54.01	\$7.88	\$10.82	\$2.87		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.96											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ARROWHEAD HEALTH AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143162A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.9920	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	68.75%	5.5%	Quarterly Medicaid CMI:			2.1386	1.5342
							3.28	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.1812	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$6,779,080	\$2,416,403	\$0	\$517,015	\$775,149	\$0	\$1,862,587		\$1,207,926	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$137,141)	(\$6,589)	\$0	\$0	\$0	\$0	(\$58,985)		(\$71,567)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$58,758			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$71,567	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,772,264	\$2,409,814	\$0	\$517,015	\$775,149	\$0	\$1,803,602	\$58,758	\$1,136,359	\$71,567	
8	Total Nursing Facility Days	FY21 Audited C/R Days	30,428										
	As Filed Days = 30,428												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								30,428			
	As Filed Days = 30,428												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.56	\$79.20	\$0.00	\$16.99	\$25.47	(with L&H)	\$59.27	\$1.93	\$37.35	\$2.35	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9920									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.76									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$39.76	\$0.00	\$16.99	\$25.47		\$59.27	\$1.93	\$37.35	\$2.35	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.07	\$39.76	\$0.00	\$16.99	\$25.47		\$36.91	\$1.93	10.66 (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	\$134.07	\$39.76	\$0.00	\$16.99	\$25.47	\$0.00	\$36.91	\$1.93	\$10.66	\$2.35	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.1812									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.72									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.03	\$86.72	\$0.00	\$16.99	\$25.47	\$0.00	\$36.91	\$1.93	\$10.66	\$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>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>4.0%</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	\$26.50	\$8.77	\$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	\$207.53	\$95.49	\$0.00	\$17.21	\$25.88	\$0.00	\$54.01	\$1.93	\$10.66	\$2.35	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.82										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: PRUITTHEALTH - SUNRISE Prvdr ID: 00143173A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													N/A	19.23%	3.49	1.6500	1.5612	1.5894	1.5751	1.5342	1.5613	
CASE MIX BASED RATE CALCULATIONS																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,686,045	\$1,978,744	\$0	\$308,108	\$427,769	\$0	\$807,196		\$164,228	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$290,009)	(\$9,354)	\$0	\$0	\$0	\$1,893	(\$263,649)		(\$18,899)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$260,644												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,788										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,676,468	\$1,969,390	\$0	\$308,108	\$427,769	\$1,893	\$543,547	\$260,644	\$145,329	\$19,788										
8	Total Nursing Facility Days	FY21 Audited C/R Days	15,338																			
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								15,338												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$239.70	\$128.40	\$0.00	\$20.09	\$28.01	(with L&H)	\$35.44	\$16.99	\$9.48	\$1.29										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6500																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.82																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.82	\$0.00	\$20.09	\$28.01		\$35.44	\$16.99	\$9.48	\$1.29										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.62	\$77.82	\$0.00	\$20.09	\$28.01		\$35.44	\$16.99	11.98 <i>(FRV)</i>	\$1.29										
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	\$191.62	\$77.82	\$0.00	\$20.09	\$28.01	\$0.00	\$35.44	\$16.99	\$11.98	\$1.29										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5894																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.69																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.49	\$123.69	\$0.00	\$20.09	\$28.01	\$0.00	\$35.44	\$16.99	\$11.98	\$1.29										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <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	\$6.18	\$6.18																		
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	\$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	\$262.30	\$130.40	\$0.00	\$20.31	\$28.42	\$0.00	\$52.91	\$16.99	\$11.98	\$1.29										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.90																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4871	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	45.65%	5.5%	Quarterly Medicaid CMI:			1.4271	1.5342
							3.58	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4521	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,069,042	\$2,739,274	\$0	\$481,156	\$684,376	\$0	\$859,997		\$304,239	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$174,145)	(\$39,612)	\$0	\$0	\$0	\$905	(\$100,609)		(\$34,829)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,901	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,923,798	\$2,699,662	\$0	\$481,156	\$684,376	\$905	\$759,388	\$0	\$269,410	\$28,901	
8	Total Nursing Facility Days	As Filed Days = 27,819		FY21 Audited C/R Days	27,819								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,819		FY21 GL-PL Ins Rpt Days						27,819			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$176.99	\$97.04	\$0.00	\$17.30	\$24.63	(with L&H)	\$27.30	\$0.00	\$9.68	\$1.04	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4871									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.25									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.25	\$0.00	\$17.30	\$24.63		\$27.30	\$0.00	\$9.68	\$1.04	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.63	\$65.25	\$0.00	\$17.30	\$24.63		\$27.30	\$0.00	8.11 (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	\$143.63	\$65.25	\$0.00	\$17.30	\$24.63	\$0.00	\$27.30	\$0.00	\$8.11	\$1.04	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4521									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.75									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.13	\$94.75	\$0.00	\$17.30	\$24.63	\$0.00	\$27.30	\$0.00	\$8.11	\$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>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.21	\$5.21									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.90	\$1.90									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.74	\$7.64	\$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	\$198.87	\$102.39	\$0.00	\$17.52	\$25.04	\$0.00	\$44.77	\$0.00	\$8.11	\$1.04	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.33										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - SWAINSBORO		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143195A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5672	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	20.63%	1.0%	Quarterly Medicaid CMI:			1.5553	1.5342
							2.81	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5828	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,913,975	\$2,492,102	\$0	\$414,424	\$672,430	\$0	\$1,095,953		\$239,066	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$475,996)	(\$76,170)	\$0	\$0	\$1,458	\$2,516	(\$378,143)		(\$25,657)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$447,421			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,790	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,911,190	\$2,415,932	\$0	\$414,424	\$673,888	\$2,516	\$717,810	\$447,421	\$213,409	\$25,790	
8	Total Nursing Facility Days	As Filed Days = 20,111		FY21 Audited C/R Days	20,111								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,111		FY21 GL-PL Ins Rpt Days						20,111			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$244.20	\$120.13	\$0.00	\$20.61	\$33.63	(with L&H)	\$35.69	\$22.25	\$10.61	\$1.28	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5672									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.65									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.65	\$0.00	\$20.61	\$33.63		\$35.69	\$22.25	\$10.61	\$1.28	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.56	\$76.65	\$0.00	\$20.61	\$33.28		\$35.69	\$22.25	10.80 (FRV)	\$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	\$200.56	\$76.65	\$0.00	\$20.61	\$33.28	\$0.00	\$35.69	\$22.25	\$10.80	\$1.28	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5828									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.32									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.23	\$121.32	\$0.00	\$20.61	\$33.28	\$0.00	\$35.69	\$22.25	\$10.80	\$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)	\$1.12	\$0.53	\$0.00	\$0.22	\$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	\$1.21	\$1.21									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.07	\$6.07									
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	\$25.50	\$7.81	\$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	\$270.73	\$129.13	\$0.00	\$20.83	\$33.28	\$0.00	\$53.16	\$22.25	\$10.80	\$1.28	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.22										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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:	1.4211	1.5751	
Provider: PRUITTHEALTH - SYLVESTER Prvdr ID: 00143206A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													N/A	18.82%	0.00%	1.4000	1.5342	3.40	5.0%	1.4233	1.5613
CASE MIX BASED RATE CALCULATIONS																					
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>												
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%												
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%												
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37												
Base Period Per Diem Allowed Amounts																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,966,529	\$3,697,330	\$0	\$555,160	\$848,045	\$0	\$1,415,538		\$450,456	\$0									
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$520,760)	(\$134,505)	\$0	(\$1,250)	\$731	\$619	(\$358,212)		(\$28,143)										
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$505,437											
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$33,723									
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,984,929	\$3,562,825	\$0	\$553,910	\$848,776	\$619	\$1,057,326	\$505,437	\$422,313	\$33,723									
8	Total Nursing Facility Days	FY21 Audited C/R Days	30,648																		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								30,648											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$227.90	\$116.25	\$0.00	\$18.07	\$27.71	<i>(with L&H)</i>	\$34.50	\$16.49	\$13.78	\$1.10									
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4211																	
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.80																	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.80	\$0.00	\$18.07	\$27.71		\$34.50	\$16.49	\$13.78	\$1.10									
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A										
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.49	\$81.80	\$0.00	\$18.07	\$27.71		\$34.50	\$16.49	10.82 <i>(FRV)</i>	\$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	\$190.49	\$81.80	\$0.00	\$18.07	\$27.71	\$0.00	\$34.50	\$16.49	\$10.82	\$1.10									
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4233																	
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.43																	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.12	\$116.43	\$0.00	\$18.07	\$27.71	\$0.00	\$34.50	\$16.49	\$10.82	\$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>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	\$5.82	\$5.82																	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10												
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.45	\$6.35	\$0.00	\$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	\$249.57	\$122.78	\$0.00	\$18.29	\$28.12	\$0.00	\$51.97	\$16.49	\$10.82	\$1.10									
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 FY2021 Cost Report Data

FINAL

Provider: TATTNALL HEALTHCARE CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143228A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3401	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	33.82%	2.5%	Quarterly Medicaid CMI:			1.3655	1.5342
							2.69	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3891	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,234,914	\$2,466,599	\$0	\$372,220	\$402,280	\$0	\$673,974		\$319,841	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$97,277)	(\$525)	\$0	(\$2,212)	(\$556)	\$3,293	(\$73,845)		(\$23,432)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$59,114			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$23,432	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,220,183	\$2,466,074	\$0	\$370,008	\$401,724	\$3,293	\$600,129	\$59,114	\$296,409	\$23,432	
8	Total Nursing Facility Days As Filed Days = 24,355	FY21 Audited C/R Days	24,355										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,355	FY21 GL-PL Ins Rpt Days								24,355			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$173.28	\$101.26	\$0.00	\$15.19	\$16.63	(with L&H)	\$24.64	\$2.43	\$12.17	\$0.96	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3401									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.56									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.56	\$0.00	\$15.19	\$16.63		\$24.64	\$2.43	\$12.17	\$0.96	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.58	\$75.56	\$0.00	\$15.19	\$16.63		\$24.64	\$2.43	8.17 (FRV)	\$0.96	
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	\$143.58	\$75.56	\$0.00	\$15.19	\$16.63	\$0.00	\$24.64	\$2.43	\$8.17	\$0.96	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3891									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.96									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.98	\$104.96	\$0.00	\$15.19	\$16.63	\$0.00	\$24.64	\$2.43	\$8.17	\$0.96	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.62	\$2.62									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.15	\$3.15									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$197.38	\$111.26	\$0.00	\$15.41	\$17.04	\$0.00	\$42.11	\$2.43	\$8.17	\$0.96	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.21										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THOMSON HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00143261A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.3818		1.3818	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 36.99%		Nurse Hours per On-Site Day/Quality Incentive: 2.82		36.99%	2.5%	Quarterly Medicaid CMI: 1.6341		1.6341	1.5342		
							4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6635		1.6635	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$7,056,508	\$3,963,200	\$0	\$665,449	\$834,286	\$0	\$908,708		\$684,865	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$253,680)	(\$100,065)	\$0	\$0	(\$10,761)	(\$798)	(\$97,574)		(\$44,482)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$134,037			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$41,941	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,978,806	\$3,863,135	\$0	\$665,449	\$823,525	(\$798)	\$811,134	\$134,037	\$640,383	\$41,941	
8	Total Nursing Facility Days As Filed Days = 32,869	FY21 Audited C/R Days	32,872										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,869	FY21 GL-PL Ins Rpt Days								32,872			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$212.31	\$117.52	\$0.00	\$20.24	\$25.03	(with L&H)	\$24.68	\$4.08	\$19.48	\$1.28	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3818									
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	\$20.24	\$25.03		\$24.68	\$4.08	\$19.48	\$1.28	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.81	\$85.05	\$0.00	\$20.24	\$25.03		\$24.68	\$4.08	9.45 (FRV)	\$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	\$169.81	\$85.05	\$0.00	\$20.24	\$25.03	\$0.00	\$24.68	\$4.08	\$9.45	\$1.28	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6635									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.48									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.24	\$141.48	\$0.00	\$20.24	\$25.03	\$0.00	\$24.68	\$4.08	\$9.45	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.54	\$3.54									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.66	\$5.66									
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	\$27.83	\$9.73	\$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	\$254.07	\$151.21	\$0.00	\$20.46	\$25.44	\$0.00	\$42.15	\$4.08	\$9.45	\$1.28	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.73										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: REHABILITATION CENTER OF SOUTH GEORGIA		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143283A		Growth Allowance:		N/A	0.00%	Base Period Overall CMI:				1.5954	1.5751	
Case Mix Per Diem Rate Effective Date: 7/1/2023		Qtrly BIMS score		24.51%	1.0%	Quarterly Medicaid CMI:				1.4501	1.5342	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:		3.46	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4736	1.5613	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,040,869	\$5,127,617	\$0	\$966,768	\$1,101,490	\$0	\$1,219,327		\$625,667	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$279,565)	(\$120,615)	\$0	\$0	\$0	\$0	(\$90,726)		(\$68,224)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$150,941		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$68,224
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,980,469	\$5,007,002	\$0	\$966,768	\$1,101,490	\$0	\$1,128,601	\$150,941	\$557,443	\$68,224
8	Total Nursing Facility Days As Filed Days = 41,136	FY21 Audited C/R Days	41,136									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,136	FY21 GL-PL Ins Rpt Days								41,136		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$218.32	\$121.72	\$0.00	\$23.50	\$26.78	(with L&H)	\$27.44	\$3.67	\$13.55	\$1.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5954								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.30	\$0.00	\$23.50	\$26.78		\$27.44	\$3.67	\$13.55	\$1.66
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.14	\$76.30	\$0.00	\$23.50	\$26.78		\$27.44	\$3.67	9.79 (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	\$169.14	\$76.30	\$0.00	\$23.50	\$26.78	\$0.00	\$27.44	\$3.67	\$9.79	\$1.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4736								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.28	\$112.44	\$0.00	\$23.50	\$26.78	\$0.00	\$27.44	\$3.67	\$9.79	\$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>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	\$3.37	\$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	\$23.12	\$5.02	\$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	\$228.40	\$117.46	\$0.00	\$23.72	\$27.19	\$0.00	\$44.91	\$3.67	\$9.79	\$1.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.48									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: TIFTON 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: 00143294A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7199	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	26.47%	1.0%	Quarterly Medicaid CMI:			1.8171	1.5342
							2.69	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8499	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$6,130,719	\$3,148,179	\$0	\$459,323	\$443,277	\$0	\$957,227		\$1,122,713	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$150,013	(\$22,002)	\$0	(\$2,356)	\$1,433	\$2,853	\$210,305		(\$40,220)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$174,400			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$40,501	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,495,633	\$3,126,177	\$0	\$456,967	\$444,710	\$2,853	\$1,167,532	\$174,400	\$1,082,493	\$40,501	
8	Total Nursing Facility Days	As Filed Days = 28,584 FY21 Audited C/R Days	28,584										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,584 FY21 GL-PL Ins Rpt Days								28,584			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$227.26	\$109.37	\$0.00	\$15.99	\$15.66	(with L&H)	\$40.85	\$6.10	\$37.87	\$1.42	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7199									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.59	\$0.00	\$15.99	\$15.66		\$40.85	\$6.10	\$37.87	\$1.42	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.59	\$0.00	\$15.99	\$15.66		\$40.85	\$6.10	\$37.87	\$1.42	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.43	\$63.59	\$0.00	\$15.99	\$15.66		\$36.91	\$6.10	10.76 (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	\$150.43	\$63.59	\$0.00	\$15.99	\$15.66	\$0.00	\$36.91	\$6.10	\$10.76	\$1.42	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8499									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.64									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.48	\$117.64	\$0.00	\$15.99	\$15.66	\$0.00	\$36.91	\$6.10	\$10.76	\$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)	\$1.16	\$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	\$227.45	\$122.88	\$0.00	\$16.21	\$16.07	\$0.00	\$54.01	\$6.10	\$10.76	\$1.42	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.76										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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 - TOCCOA Prvdr ID: 00143305A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.4373	1.5751
							24.18%	1.0%					1.3822	1.5342
							2.95	5.0%					1.4039	1.5613
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,583,670	\$5,585,116	\$0	\$814,380	\$889,763	\$0	\$1,928,521		\$365,890	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$846,843)	(\$91,627)	\$0	\$0	\$0	\$893	(\$714,073)		(\$42,036)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$785,660				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$42,036		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,564,523	\$5,493,489	\$0	\$814,380	\$889,763	\$893	\$1,214,448	\$785,660	\$323,854	\$42,036		
8	Total Nursing Facility Days	FY21 Audited C/R Days	44,956	44,956										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								44,956				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$212.76	\$122.20	\$0.00	\$18.12	\$19.81	(with L&H)	\$27.01	\$17.48	\$7.20	\$0.94		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4373										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.02										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.02	\$0.00	\$18.12	\$19.81		\$27.01	\$17.48	\$7.20	\$0.94		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.42	\$85.02	\$0.00	\$18.12	\$19.81		\$27.01	\$17.48	7.04 (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	\$175.42	\$85.02	\$0.00	\$18.12	\$19.81	\$0.00	\$27.01	\$17.48	\$7.04	\$0.94		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4039										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.36										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.76	\$119.36	\$0.00	\$18.12	\$19.81	\$0.00	\$27.01	\$17.48	\$7.04	\$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>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>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.97	\$5.97										
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	\$25.79	\$7.69	\$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	\$235.55	\$127.05	\$0.00	\$18.34	\$20.22	\$0.00	\$44.48	\$17.48	\$7.04	\$0.94		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.84											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: OXLEY 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: 00143316A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.4589		1.4589	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 26.92%		Nurse Hours per On-Site Day/Quality Incentive: 3.06		3.06	1.0%	Quarterly Medicaid CMI: 1.3009		1.3009	1.5342		
							6.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3235		1.3235	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,648,798	\$2,960,550	\$0	\$568,096	\$599,886	\$0	\$901,243		\$619,023	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$165,354)	(\$2,944)	\$0	(\$721)	\$0	(\$768)	(\$119,021)		(\$41,900)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$110,108			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$41,900	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,635,452	\$2,957,606	\$0	\$567,375	\$599,886	(\$768)	\$782,222	\$110,108	\$577,123	\$41,900	
8	Total Nursing Facility Days As Filed Days = 25,231	FY21 Audited C/R Days	25,231										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,231	FY21 GL-PL Ins Rpt Days								25,231			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.35	\$117.22	\$0.00	\$22.49	\$23.75	(with L&H)	\$31.00	\$4.36	\$22.87	\$1.66	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4589									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.35									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.35	\$0.00	\$22.49	\$23.75		\$31.00	\$4.36	\$22.87	\$1.66	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.95	\$80.35	\$0.00	\$22.49	\$23.75		\$31.00	\$4.36	15.34 (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	\$178.95	\$80.35	\$0.00	\$22.49	\$23.75	\$0.00	\$31.00	\$4.36	\$15.34	\$1.66	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3235									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.34									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.94	\$106.34	\$0.00	\$22.49	\$23.75	\$0.00	\$31.00	\$4.36	\$15.34	\$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>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>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.38	\$6.38									
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	\$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	\$231.01	\$114.31	\$0.00	\$22.71	\$24.16	\$0.00	\$48.47	\$4.36	\$15.34	\$1.66	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.43										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 - PEAKE Prvdr ID: 00143327A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 19.32% Nurse Hours per On-Site Day/Quality Incentive: 2.58			Facility Score Add-on Percent: 0.00% 0.0% 5.0%		Case Mix Index (CMI) Data Base Period Overall CMI: 1.5984 Quarterly Medicaid CMI: 1.6002 Qtrly Mcaid CMI w RUG Wght Options: 1.6304			Facility Specific 1.5984 1.6002 1.6304	State-wide 1.5751 1.5342 1.5613
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,670,477	\$4,811,171	\$0	\$687,998	\$999,607	\$0	\$1,685,875		\$485,826	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$662,366)	(\$103,831)	\$0	\$0	\$6,718	\$6,550	(\$437,865)		(\$133,938)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$528,920			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$115,031	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,652,062	\$4,707,340	\$0	\$687,998	\$1,006,325	\$6,550	\$1,248,010	\$528,920	\$351,888	\$115,031	
8	Total Nursing Facility Days	As Filed Days = 34,126 FY21 Audited C/R Days	34,126										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,126 FY21 GL-PL Ins Rpt Days								34,126			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$253.53	\$137.94	\$0.00	\$20.16	\$29.68	(with L&H)	\$36.57	\$15.50	\$10.31	\$3.37	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5984									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.30									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.30	\$0.00	\$20.16	\$29.68		\$36.57	\$15.50	\$10.31	\$3.37	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.60	\$86.30	\$0.00	\$20.16	\$29.68		\$36.57	\$15.50	16.02 (FRV)	\$3.37	
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	\$207.60	\$86.30	\$0.00	\$20.16	\$29.68	\$0.00	\$36.57	\$15.50	\$16.02	\$3.37	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6304									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.70									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$262.00	\$140.70	\$0.00	\$20.16	\$29.68	\$0.00	\$36.57	\$15.50	\$16.02	\$3.37	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.41	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.25		\$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	\$7.04	\$7.04									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.55	\$7.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.35	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$287.55	\$148.27	\$0.00	\$20.38	\$30.09	\$0.00	\$53.92	\$15.50	\$16.02	\$3.37	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$202.84										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Growth Allowance: N/A		Qtrly BIMS score: 32.86%	Nurse Hours per On-Site Day/Quality Incentive: 4.25	0.00%	2.5%	3.0%	Base Period Overall CMI: 1.5886		1.5886	1.5751	
		Qtrly Medicaid CMI: 1.5629		Qtrly Mcaid CMI w RUG Wght Options: 1.5905						1.5629	1.5342	1.5613	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$9,061,735	\$4,456,500	\$0	\$1,385,333	\$423,452	\$838,365	\$1,597,623		\$360,462	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$140,726)	(\$34,634)	\$0	\$0	(\$2,733)	(\$5,412)	(\$97,937)		(\$10)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$37,438			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,958,457	\$4,421,866	\$0	\$1,385,333	\$420,719	\$832,953	\$1,499,686	\$37,438	\$360,452	\$10	
8	Total Nursing Facility Days	As Filed Days = 32,180 FY21 Audited C/R Days	32,081										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,180 FY21 GL-PL Ins Rpt Days								32,081			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$279.25	\$137.83	\$0.00	\$43.18	\$39.08	(with L&H)	\$46.75	\$1.17	\$11.24	\$0.00	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5886									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.76									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.76	\$0.00	\$43.18	\$39.08		\$46.75	\$1.17	\$11.24	\$0.00	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.13	\$86.76	\$0.00	\$37.13	\$33.28		\$36.91	\$1.17	11.88 (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	\$207.13	\$86.76	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.17	\$11.88	\$0.00	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5905									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.99									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$258.36	\$137.99	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.17	\$11.88	\$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)	\$0.53	\$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	\$3.45	\$3.45									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.14	\$4.14									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.22	\$8.12	\$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	\$283.58	\$146.11	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$1.17	\$11.88	\$0.00	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$199.86										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: TREUTLEN COUNTY HEALTH AND REHABILITATION Prvdr ID: 00143349A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Growth Allowance: N/A Qtrly BIMS score: 43.59% Nurse Hours per On-Site Day/Quality Incentive: 3.14			Facility Score: N/A Add-on Percent: 0.00% 2.5% 7.0%			Base Period Overall CMI: 1.6904 Quarterly Medicaid CMI: 1.7391 Qtrly Mcaid CMI w RUG Wght Options: 1.7739			1.6904	1.5751	1.7391	1.5342	1.7739	1.5613
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,292,119	\$1,724,191	\$0	\$354,205	\$348,464	\$0	\$628,346		\$236,913	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$92,782)	(\$1,808)	\$0	(\$443)	\$0	(\$448)	(\$83,962)		(\$6,121)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$52,000																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$6,121															
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,257,458	\$1,722,383	\$0	\$353,762	\$348,464	(\$448)	\$544,384	\$52,000	\$230,792	\$6,121															
8	Total Nursing Facility Days	As Filed Days = 15,502 FY21 Audited C/R Days	15,502																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,502 FY21 GL-PL Ins Rpt Days								15,502																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.13	\$111.11	\$0.00	\$22.82	\$22.45	(with L&H)	\$35.12	\$3.35	\$14.89	\$0.39															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6904																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.73																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.73	\$0.00	\$22.82	\$22.45		\$35.12	\$3.35	\$14.89	\$0.39															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.25	\$65.73	\$0.00	\$22.82	\$22.45		\$35.12	\$3.35	16.39 (FRV)	\$0.39															
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	\$166.25	\$65.73	\$0.00	\$22.82	\$22.45	\$0.00	\$35.12	\$3.35	\$16.39	\$0.39															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7739																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.60																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.12	\$116.60	\$0.00	\$22.82	\$22.45	\$0.00	\$35.12	\$3.35	\$16.39	\$0.39															
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	\$2.92	\$2.92																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>7.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.16	\$8.16																							
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	\$29.71	\$11.61	\$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	\$246.83	\$128.21	\$0.00	\$23.04	\$22.86	\$0.00	\$52.59	\$3.35	\$16.39	\$0.39															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.30																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide
														N/A	0.00%		N/A	30.56%	3.58	3.0%	1.6229	1.5751
																					1.5768	1.5342
																					1.6039	1.5613
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 FY21 C/R - FY21 GL/PL Rpt	\$6,313,335	\$2,896,223	\$0	\$717,550	\$747,265	\$0	\$1,193,561		\$758,736	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$247,603)	\$32,284	\$0	(\$4,740)	\$0	\$4,740	(\$233,637)		(\$46,250)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$201,353												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$46,250										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,313,335	\$2,928,507	\$0	\$712,810	\$747,265	\$4,740	\$959,924	\$201,353	\$712,486	\$46,250										
8	Total Nursing Facility Days	As Filed Days = 27,782																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,782																				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$227.25	\$105.41	\$0.00	\$25.66	\$27.07	(with L&H)	\$34.55	\$7.25	\$25.65	\$1.66										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6229																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.95																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.95	\$0.00	\$25.66	\$27.07		\$34.55	\$7.25	\$25.65	\$1.66										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.27	\$64.95	\$0.00	\$25.66	\$27.07		\$34.55	\$7.25	14.13 (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	\$175.27	\$64.95	\$0.00	\$25.66	\$27.07	\$0.00	\$34.55	\$7.25	\$14.13	\$1.66										
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		\$104.17																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.49	\$104.17	\$0.00	\$25.66	\$27.07	\$0.00	\$34.55	\$7.25	\$14.13	\$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	\$2.60	\$2.60																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.13	\$3.13																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.36	\$6.26	\$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	\$238.85	\$110.43	\$0.00	\$25.88	\$27.48	\$0.00	\$52.02	\$7.25	\$14.13	\$1.66										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.31																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: TWIN OAKS CONVALESCENT CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143393A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5890	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	33.33%	2.5%	Quarterly Medicaid CMI:			1.6540	1.5342
							4.13	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6837	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$6,681,019	\$3,112,240	\$0	\$693,589	\$436,299	\$470,421	\$1,453,649		\$514,821	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$221,017)	(\$144,378)	\$0	\$0	\$2,361	\$2,545	(\$26,875)		(\$54,670)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$103,954			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,077	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,583,033	\$2,967,862	\$0	\$693,589	\$438,660	\$472,966	\$1,426,774	\$103,954	\$460,151	\$19,077	
8	Total Nursing Facility Days As Filed Days = 22,644	FY21 Audited C/R Days	23,297										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,644	FY21 GL-PL Ins Rpt Days								23,297			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$282.56	\$127.39	\$0.00	\$29.77	\$39.13	(with L&H)	\$61.24	\$4.46	\$19.75	\$0.82	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5890									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.17									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.17	\$0.00	\$29.77	\$39.13		\$61.24	\$4.46	\$19.75	\$0.82	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.38	\$80.17	\$0.00	\$29.77	\$33.28		\$36.91	\$4.46	18.97 (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	\$204.38	\$80.17	\$0.00	\$29.77	\$33.28	\$0.00	\$36.91	\$4.46	\$18.97	\$0.82	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6837									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.98									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$259.19	\$134.98	\$0.00	\$29.77	\$33.28	\$0.00	\$36.91	\$4.46	\$18.97	\$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)	\$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	\$3.37	\$3.37									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.05	\$4.05									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.27	\$7.95	\$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	\$284.46	\$142.93	\$0.00	\$29.99	\$33.28	\$0.00	\$54.01	\$4.46	\$18.97	\$0.82	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$200.52										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: UNION COUNTY NURSING HOME		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00143415A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.2806		1.2806	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 41.89%		Nurse Hours per On-Site Day/Quality Incentive: 4.56		41.89%	2.5%	Quarterly Medicaid CMI: 1.6646		1.6646	1.5342		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6969		1.6969	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$11,802,410	\$6,060,715	\$0	\$1,514,610	\$527,394	\$776,049	\$1,724,867		\$1,198,775	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$176,912)	\$3,426	\$0	\$0	(\$8,403)	(\$12,365)	(\$141,749)		(\$17,821)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$35,505			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,542	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,678,545	\$6,064,141	\$0	\$1,514,610	\$518,991	\$763,684	\$1,583,118	\$35,505	\$1,180,954	\$17,542	
8	Total Nursing Facility Days	As Filed Days = 44,627 FY21 Audited C/R Days	44,627										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 44,627 FY21 GL-PL Ins Rpt Days								44,627			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$261.69	\$135.89	\$0.00	\$33.94	\$28.74	(with L&H)	\$35.47	\$0.80	\$26.46	\$0.39	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2806									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$106.11									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$106.11	\$0.00	\$33.94	\$28.74		\$35.47	\$0.80	\$26.46	\$0.39	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$210.90	\$99.82	\$0.00	\$33.94	\$28.74		\$35.47	\$0.80	11.74 (FRV)	\$0.39	
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	\$210.90	\$99.82	\$0.00	\$33.94	\$28.74	\$0.00	\$35.47	\$0.80	\$11.74	\$0.39	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6969									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$169.38									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$280.46	\$169.38	\$0.00	\$33.94	\$28.74	\$0.00	\$35.47	\$0.80	\$11.74	\$0.39	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$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	\$4.23	\$4.23									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$27.41	\$9.31	\$0.00	\$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	\$307.87	\$178.69	\$0.00	\$34.16	\$29.15	\$0.00	\$52.94	\$0.80	\$11.74	\$0.39	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$218.08										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: KENTWOOD NURSING FACILITY														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.5514	1.5751
Prvdr ID: 00143426A														Qtrly BIMS score	21.74%	1.0%	Quarterly Medicaid CMI:	1.5131	1.5342
Case Mix Per Diem Rate Effective Date: 7/1/2023														Nurse Hours per On-Site Day/Quality Incentive:	4.95	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.5402	1.5613
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23																			
			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 FY21 C/R - FY21 GL/PL Rpt	\$4,938,329	\$2,434,431	\$0	\$525,471	\$516,876	\$0	\$1,032,677		\$428,874	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$470,857)	(\$4,139)	\$0	\$0	(\$458)	\$3,787	(\$463,203)		(\$6,844)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$119,858									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R																	\$6,829
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,594,159	\$2,430,292	\$0	\$525,471	\$516,418	\$3,787	\$569,474	\$119,858	\$422,030	\$6,829							
8	Total Nursing Facility Days	As Filed Days = 21,098																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,098																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$217.75	\$115.19	\$0.00	\$24.91	\$24.66	(with L&H)	\$26.99	\$5.68	\$20.00	\$0.32							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5514															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.25															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.25	\$0.00	\$24.91	\$24.66		\$26.99	\$5.68	\$20.00	\$0.32							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.77	\$74.25	\$0.00	\$24.91	\$24.66		\$26.99	\$5.68	14.96	\$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	\$171.77	\$74.25	\$0.00	\$24.91	\$24.66	\$0.00	\$26.99	\$5.68	\$14.96	\$0.32							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5402															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.36															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.88	\$114.36	\$0.00	\$24.91	\$24.66	\$0.00	\$26.99	\$5.68	\$14.96	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00								
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.43	\$3.43															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.20	\$5.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00							
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$235.08	\$119.46	\$0.00	\$25.13	\$25.07	\$0.00	\$44.46	\$5.68	\$14.96	\$0.32							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.49																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: CHULIO HILLS HEALTH AND REHAB Prvdr ID: 00143437A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.9573	1.5751
							23.08%	1.0%					1.8235	1.5342
							4.18	2.0%					1.8583	1.5613
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,955,022	\$5,005,296	\$0	\$594,249	\$697,474	\$0	\$992,190		\$665,813	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$266,168)	\$1,104	\$0	\$0	\$340	\$280	(\$247,115)		(\$20,777)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$158,028				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$20,796		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,867,678	\$5,006,400	\$0	\$594,249	\$697,814	\$280	\$745,075	\$158,028	\$645,036	\$20,796		
8	Total Nursing Facility Days	FY21 Audited C/R Days		19,592										
	As Filed Days = 21,009													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								19,592				
	As Filed Days = 21,009													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$401.57	\$255.53	\$0.00	\$30.33	\$35.63	(with L&H)	\$38.03	\$8.07	\$32.92	\$1.06		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9573										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$130.55										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$130.55	\$0.00	\$30.33	\$35.63		\$38.03	\$8.07	\$32.92	\$1.06		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.46	\$99.82	\$0.00	\$26.82	\$33.28		\$36.91	\$8.07	11.50 (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	\$217.46	\$99.82	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$8.07	\$11.50	\$1.06		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8583										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$185.50										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$303.14	\$185.50	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$8.07	\$11.50	\$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)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.86	\$1.86										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.71	\$3.71										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.67	\$5.57	\$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	\$325.81	\$191.07	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$8.07	\$11.50	\$1.06		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$231.53											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: WAYCROSS HEALTH AND REHABILITATION Prvdr ID: 00143459A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23															
			Growth Allowance: N/A Qtrly BIMS score: 20.37% Nurse Hours per On-Site Day/Quality Incentive: 3.46				Add-on Percent: 0.00% 1.0% 6.0%				Base Period Overall CMI: 1.4333 Quarterly Medicaid CMI: 1.5246 Qtrly Mcaid CMI w RUG Wght Options: 1.5530		1.5751	1.5342	1.5613
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,951,207	\$1,934,002	\$0	\$408,160	\$486,106	\$0	\$766,474		\$356,465	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$141,191)	(\$2,084)	\$0	(\$511)	\$1,053	\$711	(\$103,678)		(\$36,682)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$97,370					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,844			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,944,230	\$1,931,918	\$0	\$407,649	\$487,159	\$711	\$662,796	\$97,370	\$319,783	\$36,844			
8	Total Nursing Facility Days	As Filed Days = 17,858 FY21 Audited C/R Days		17,858											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,858 FY21 GL-PL Ins Rpt Days								17,858					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$220.86	\$108.18	\$0.00	\$22.83	\$27.32	(with L&H)	\$37.11	\$5.45	\$17.91	\$2.06			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4333											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.47											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.47	\$0.00	\$22.83	\$27.32		\$37.11	\$5.45	\$17.91	\$2.06			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.23	\$75.47	\$0.00	\$22.83	\$27.32		\$36.91	\$5.45	8.19 (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	\$178.23	\$75.47	\$0.00	\$22.83	\$27.32	\$0.00	\$36.91	\$5.45	\$8.19	\$2.06			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5530											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.20											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.96	\$117.20	\$0.00	\$22.83	\$27.32	\$0.00	\$36.91	\$5.45	\$8.19	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.17	\$1.17											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.03	\$7.03											
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	\$26.46	\$8.73	\$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	\$246.42	\$125.93	\$0.00	\$23.05	\$27.73	\$0.00	\$54.01	\$5.45	\$8.19	\$2.06			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.99												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WASHINGTON CO EXTENDED CARE FACILITY		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00143481A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.2062		1.2062	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 29.79%		Nurse Hours per On-Site Day/Quality Incentive: 2.94		29.79%	1.0%	Quarterly Medicaid CMI: 1.2964		1.2964	1.5342		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3164		1.3164	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,097,426	\$2,142,773	\$0	\$648,565	\$143,432	\$195,873	\$866,448		\$100,335	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$51,581)	(\$9,947)	\$0	\$0	\$0	\$0	(\$37,791)		(\$3,843)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$37,791			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$3,843	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,087,479	\$2,132,826	\$0	\$648,565	\$143,432	\$195,873	\$828,657	\$37,791	\$96,492	\$3,843	
8	Total Nursing Facility Days	As Filed Days = 20,788 FY21 Audited C/R Days	20,788										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,788 FY21 GL-PL Ins Rpt Days								20,788			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$196.62	\$102.60	\$0.00	\$31.20	\$16.32	(with L&H)	\$39.86	\$1.82	\$4.64	\$0.18	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2062									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.06									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.06	\$0.00	\$31.20	\$16.32		\$39.86	\$1.82	\$4.64	\$0.18	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.89	\$85.06	\$0.00	\$31.20	\$16.32		\$36.91	\$1.82	11.40 (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	\$182.89	\$85.06	\$0.00	\$31.20	\$16.32	\$0.00	\$36.91	\$1.82	\$11.40	\$0.18	
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		\$111.97									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.80	\$111.97	\$0.00	\$31.20	\$16.32	\$0.00	\$36.91	\$1.82	\$11.40	\$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)	\$1.16	\$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	\$232.54	\$116.98	\$0.00	\$31.42	\$16.73	\$0.00	\$54.01	\$1.82	\$11.40	\$0.18	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.58										

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: PruittHealth - Seaside, LLC	Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
Prvdr ID: 00143536A	Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.8137	1.5751
H/B ?: No	BIMS:	29.7%	1.0%	Quarterly Medicaid CMI:	1.6164	1.5195
Case Mix Per Diem Rate Effective Date: 07/01/23	Nurse Hours per On-Site Day/Quality Incentive:	2.97	5.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.6462	1.5463
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23						

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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	FY2021 GL-PL Ins. Rpt								\$ 205,470		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2021 GL-PL Ins. Rpt								27,066		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2021 Peer Group Limit		\$99.82		\$26.82	\$33.28		\$36.91		\$21.86	\$1.21
	Allowed @ 95% of Std		\$210.06	\$94.83		\$25.48	\$31.62		\$35.06		\$21.86	\$1.21
	Growth Allowance 0.0%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$217.65	\$94.83		\$25.48	\$31.62		\$35.06	\$ 7.59	\$21.86	\$1.21
	Quarterly Facility Case Mix Index for Medicaid Residents			1.6462							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$156.11								
	Quarterly Medicaid CMA Allowed Per Diem		\$275.53	\$156.11		\$25.48	\$31.62		\$35.06	\$ 4.19	\$21.86	\$1.21
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)		\$1.56	\$1.56								
	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%		\$7.81	\$7.81								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$26.47									
	Quarterly Case Mix Based Per Diem Rate		\$302.00	\$165.48		\$25.48	\$31.62		\$52.16	\$4.19	\$21.86	\$1.21
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$213.67										

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

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WILDWOOD HEALTH AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143547A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5392	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	42.11%	2.5%	Quarterly Medicaid CMI:			1.4862	1.5342
							3.07	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5120	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$2,802,165	\$1,362,505	\$0	\$322,392	\$298,640	\$0	\$521,417		\$297,211	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$49,612)	(\$3,077)	\$0	\$0	\$0	\$0	(\$29,762)		(\$16,773)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$16,773	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,769,326	\$1,359,428	\$0	\$322,392	\$298,640	\$0	\$491,655	\$0	\$280,438	\$16,773	
8	Total Nursing Facility Days	As Filed Days = 12,658 FY21 Audited C/R Days	12,658										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 12,658 FY21 GL-PL Ins Rpt Days								12,658			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$218.79	\$107.40	\$0.00	\$25.47	\$23.59	(with L&H)	\$38.84	\$0.00	\$22.16	\$1.33	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5392									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.77									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.77	\$0.00	\$25.47	\$23.59		\$38.84	\$0.00	\$22.16	\$1.33	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.30	\$69.77	\$0.00	\$25.47	\$23.59		\$36.91	\$0.00	11.23 (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	\$168.30	\$69.77	\$0.00	\$25.47	\$23.59	\$0.00	\$36.91	\$0.00	\$11.23	\$1.33	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5120									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.49									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.02	\$105.49	\$0.00	\$25.47	\$23.59	\$0.00	\$36.91	\$0.00	\$11.23	\$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)	\$1.16	\$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	\$2.64	\$2.64									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.16	\$3.16									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.06	\$6.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$228.08	\$111.82	\$0.00	\$25.69	\$24.00	\$0.00	\$54.01	\$0.00	\$11.23	\$1.33	
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 FY2021 Cost Report Data

FINAL

Provider: SOUTHLAND HEALTHCARE AND REHAB CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143558A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5929	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	9.72%	0.0%	Quarterly Medicaid CMI:			1.5825	1.5342
							2.71	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6106	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,864,165	\$2,775,003	\$0	\$482,067	\$517,882	\$0	\$1,024,212		\$1,065,001	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$384,186)	\$2,600	\$0	\$0	\$0	\$0	(\$358,280)		(\$28,506)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$49,011			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,506	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,557,496	\$2,777,603	\$0	\$482,067	\$517,882	\$0	\$665,932	\$49,011	\$1,036,495	\$28,506	
8	Total Nursing Facility Days	As Filed Days = 29,162 FY21 Audited C/R Days	29,162										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,162 FY21 GL-PL Ins Rpt Days								29,162			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$190.58	\$95.25	\$0.00	\$16.53	\$17.76	(with L&H)	\$22.84	\$1.68	\$35.54	\$0.98	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5929									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.80									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.80	\$0.00	\$16.53	\$17.76		\$22.84	\$1.68	\$35.54	\$0.98	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.51	\$59.80	\$0.00	\$16.53	\$17.76		\$22.84	\$1.68	8.92 (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	\$128.51	\$59.80	\$0.00	\$16.53	\$17.76	\$0.00	\$22.84	\$1.68	\$8.92	\$0.98	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6106									
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	\$165.02	\$96.31	\$0.00	\$16.53	\$17.76	\$0.00	\$22.84	\$1.68	\$8.92	\$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>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	\$1.93	\$1.93									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.56	\$2.46	\$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	\$185.58	\$98.77	\$0.00	\$16.75	\$18.17	\$0.00	\$40.31	\$1.68	\$8.92	\$0.98	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.36										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6049	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	23.26%	1.0%	Quarterly Medicaid CMI:			1.6536	1.5342
							2.55	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6850	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$2,965,736	\$1,463,610	\$0	\$267,685	\$435,943	\$0	\$699,101		\$99,397	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$221,431)	(\$74,700)	\$0	\$0	\$0	\$1,409	(\$130,396)		(\$17,744)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$203,687			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,744	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,965,736	\$1,388,910	\$0	\$267,685	\$435,943	\$1,409	\$568,705	\$203,687	\$81,653	\$17,744	
8	Total Nursing Facility Days	As Filed Days = 11,957 FY21 Audited C/R Days	11,957										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 11,957 FY21 GL-PL Ins Rpt Days								11,957			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$248.03	\$116.16	\$0.00	\$22.39	\$36.58	(with L&H)	\$47.56	\$17.03	\$6.83	\$1.48	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6049									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.38									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.38	\$0.00	\$22.39	\$36.58		\$47.56	\$17.03	\$6.83	\$1.48	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.02	\$72.38	\$0.00	\$22.39	\$33.28		\$36.91	\$17.03	10.55 (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	\$194.02	\$72.38	\$0.00	\$22.39	\$33.28	\$0.00	\$36.91	\$17.03	\$10.55	\$1.48	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6850									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.96									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.60	\$121.96	\$0.00	\$22.39	\$33.28	\$0.00	\$36.91	\$17.03	\$10.55	\$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)	\$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	\$1.22	\$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	\$6.10	\$6.10									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.17	\$7.85	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$268.77	\$129.81	\$0.00	\$22.61	\$33.28	\$0.00	\$54.01	\$17.03	\$10.55	\$1.48	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.75										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: WOOD DALE HEALTH AND REHABILITATION Prvdr ID: 00143591A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
			Growth Allowance: N/A 0.00% Qtrly BIMS score: #N/A #N/A Nurse Hours per On-Site Day/Quality Incentive: N/A 0.0%				Base Period Overall CMI: 1.3030 Quarterly Medicaid CMI: 1.5342 Qtrly Mcaid CMI w RUG Wght Options: 1.5613				1.3030	1.5751	1.5342	1.5613
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,240,245	\$2,750,802	\$0	\$558,686	\$440,744	\$0	\$1,254,482		\$235,531	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$30,229)	\$4,610	\$0	\$568	\$0	\$0	(\$35,407)		\$0			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$41,801				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$8,431		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,260,248	\$2,755,412	\$0	\$559,254	\$440,744	\$0	\$1,219,075	\$41,801	\$235,531	\$8,431		
8	Total Nursing Facility Days	FY21 Audited C/R Days	23,486											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								23,486				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.98	\$117.32	\$0.00	\$23.81	\$18.77	(with L&H)	\$51.91	\$1.78	\$10.03	\$0.36		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3030										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.04										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$90.04	\$0.00	\$23.81	\$18.77		\$51.91	\$1.78	\$10.03	\$0.36		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.09	\$90.04	\$0.00	\$23.81	\$18.77		\$36.91	\$1.78	12.42 (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	\$184.09	\$90.04	\$0.00	\$23.81	\$18.77	\$0.00	\$36.91	\$1.78	\$12.42	\$0.36		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5613										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.58										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.63	\$140.58	\$0.00	\$23.81	\$18.77	\$0.00	\$36.91	\$1.78	\$12.42	\$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>#N/A</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$18.26	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$252.89	\$141.11	\$0.00	\$24.03	\$19.18	\$0.00	\$54.01	\$1.78	\$12.42	\$0.36		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.84											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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: WRIGHTSVILLE MANOR HEALTH AND REHAB Prvdr ID: 00143602A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 38.24% Nurse Hours per On-Site Day/Quality Incentive: 3.00			Facility Score Add-on Percent: 0.00% 2.5% 3.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.6930 Quarterly Medicaid CMI: 1.7823 Qtrly Mcaid CMI w RUG Wght Options: 1.8178			Facility Specific 1.6930 1.7823 1.8178	State-wide 1.5751 1.5342 1.5613
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,846,261	\$3,099,207	\$0	\$600,360	\$566,289	\$0	\$935,677		\$644,728	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$92,541)	\$10,704	\$0	\$1,298	\$1,141	(\$330)	(\$64,785)		(\$40,569)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$70,355				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,592		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,849,667	\$3,109,911	\$0	\$601,658	\$567,430	(\$330)	\$870,892	\$70,355	\$604,159	\$25,592		
8	Total Nursing Facility Days	As Filed Days = 26,128 FY21 Audited C/R Days	26,128											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,128 FY21 GL-PL Ins Rpt Days								26,128				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.88	\$119.03	\$0.00	\$23.03	\$21.70	(with L&H)	\$33.33	\$2.69	\$23.12	\$0.98		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6930										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.31										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.31	\$0.00	\$23.03	\$21.70		\$33.33	\$2.69	\$23.12	\$0.98		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.94	\$70.31	\$0.00	\$23.03	\$21.70		\$33.33	\$2.69	12.90 (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	\$164.94	\$70.31	\$0.00	\$23.03	\$21.70	\$0.00	\$33.33	\$2.69	\$12.90	\$0.98		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8178										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.81										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.44	\$127.81	\$0.00	\$23.03	\$21.70	\$0.00	\$33.33	\$2.69	\$12.90	\$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	\$3.20	\$3.20										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.83	\$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	\$25.66	\$7.56	\$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	\$248.10	\$135.37	\$0.00	\$23.25	\$22.11	\$0.00	\$50.80	\$2.69	\$12.90	\$0.98		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.25											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4294	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	63.24%	5.5%	Quarterly Medicaid CMI:			1.5224	1.5342
							3.51	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5476	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,566,466	\$2,888,526	\$0	\$550,350	\$652,041	\$0	\$955,915		\$519,634	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$245,881)	(\$4,426)	\$0	(\$741)	(\$29,599)	(\$3,734)	(\$170,733)		(\$36,648)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$123,176			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,258	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,480,019	\$2,884,100	\$0	\$549,609	\$622,442	(\$3,734)	\$785,182	\$123,176	\$482,986	\$36,258	
8	Total Nursing Facility Days As Filed Days = 25,935	FY21 Audited C/R Days	26,069										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,935	FY21 GL-PL Ins Rpt Days								26,069			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.20	\$110.63	\$0.00	\$21.08	\$23.73	(with L&H)	\$30.12	\$4.72	\$18.53	\$1.39	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4294									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.39									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.39	\$0.00	\$21.08	\$23.73		\$30.12	\$4.72	\$18.53	\$1.39	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.68	\$77.39	\$0.00	\$21.08	\$23.73		\$30.12	\$4.72	8.25 (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	\$166.68	\$77.39	\$0.00	\$21.08	\$23.73	\$0.00	\$30.12	\$4.72	\$8.25	\$1.39	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5476									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.77									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.06	\$119.77	\$0.00	\$21.08	\$23.73	\$0.00	\$30.12	\$4.72	\$8.25	\$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>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.59	\$6.59									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.99	\$5.99									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.21	\$13.11	\$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	\$240.27	\$132.88	\$0.00	\$21.30	\$24.14	\$0.00	\$47.59	\$4.72	\$8.25	\$1.39	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.38										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7336	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	42.86%	2.5%	Quarterly Medicaid CMI:			1.5489	1.5342
							3.10	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5734	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$8,881,113	\$4,899,748	\$0	\$892,950	\$1,112,447	\$0	\$1,544,236		\$431,732	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$343,619)	(\$4,938)	\$0	(\$1,209)	\$12,239	\$13,733	(\$215,688)		(\$147,756)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$191,035			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$151,329	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,879,858	\$4,894,810	\$0	\$891,741	\$1,124,686	\$13,733	\$1,328,548	\$191,035	\$283,976	\$151,329	
8	Total Nursing Facility Days As Filed Days = 40,357	FY21 Audited C/R Days	37,791										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,357	FY21 GL-PL Ins Rpt Days								37,791			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$234.97	\$129.52	\$0.00	\$23.60	\$30.12	(with L&H)	\$35.16	\$5.06	\$7.51	\$4.00	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7336									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.71									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.71	\$0.00	\$23.60	\$30.12		\$35.16	\$5.06	\$7.51	\$4.00	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.46	\$74.71	\$0.00	\$23.60	\$30.12		\$35.16	\$5.06	10.81 (FRV)	\$4.00	
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	\$183.46	\$74.71	\$0.00	\$23.60	\$30.12	\$0.00	\$35.16	\$5.06	\$10.81	\$4.00	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5734									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.55									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.30	\$117.55	\$0.00	\$23.60	\$30.12	\$0.00	\$35.16	\$5.06	\$10.81	\$4.00	
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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.94	\$2.94									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.88	\$5.88									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.45	\$9.35	\$0.00	\$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	\$253.75	\$126.90	\$0.00	\$23.82	\$30.53	\$0.00	\$52.63	\$5.06	\$10.81	\$4.00	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.49										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6672	1.5751
							35.96%	2.5%					1.5610	1.5342
							2.60	5.0%					1.5881	1.5613
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,050,025	\$4,338,422	\$0	\$739,502	\$967,374	\$0	\$1,727,817		\$276,910	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$731,802)	(\$110,637)	\$0	\$0	\$4,082	\$5,082	(\$559,188)		(\$71,141)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$660,869				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$71,754		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,050,846	\$4,227,785	\$0	\$739,502	\$971,456	\$5,082	\$1,168,629	\$660,869	\$205,769	\$71,754		
8	Total Nursing Facility Days As Filed Days = 35,536	FY21 Audited C/R Days	35,536											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,536	FY21 GL-PL Ins Rpt Days								35,536				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$226.56	\$118.97	\$0.00	\$20.81	\$27.48	(with L&H)	\$32.89	\$18.60	\$5.79	\$2.02		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6672										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.36										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.36	\$0.00	\$20.81	\$27.48		\$32.89	\$18.60	\$5.79	\$2.02		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.71	\$71.36	\$0.00	\$20.81	\$27.48		\$32.89	\$18.60	8.55 (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	\$181.71	\$71.36	\$0.00	\$20.81	\$27.48	\$0.00	\$32.89	\$18.60	\$8.55	\$2.02		
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		\$113.33										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.68	\$113.33	\$0.00	\$20.81	\$27.48	\$0.00	\$32.89	\$18.60	\$8.55	\$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)	\$1.53	\$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>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.67	\$5.67										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.13	\$9.03	\$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	\$250.81	\$122.36	\$0.00	\$21.03	\$27.89	\$0.00	\$50.36	\$18.60	\$8.55	\$2.02		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.28											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3956	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	22.95%	1.0%	Quarterly Medicaid CMI:			1.2860	1.5342
							6.41	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3063	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$7,150,782	\$3,905,772	\$0	\$783,256	\$694,682	\$0	\$1,450,121		\$316,951	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$30,223)	\$3,124	\$0	\$565	(\$2,164)	(\$2,784)	(\$29,022)		\$58		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$61,173			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$11,847	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,193,579	\$3,908,896	\$0	\$783,821	\$692,518	(\$2,784)	\$1,421,099	\$61,173	\$317,009	\$11,847	
8	Total Nursing Facility Days	As Filed Days = 29,422 FY21 Audited C/R Days	29,422										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,422 FY21 GL-PL Ins Rpt Days								29,422			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$244.49	\$132.86	\$0.00	\$26.64	\$23.44	(with L&H)	\$48.30	\$2.08	\$10.77	\$0.40	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3956									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.20									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$95.20	\$0.00	\$26.64	\$23.44		\$48.30	\$2.08	\$10.77	\$0.40	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.44	\$95.20	\$0.00	\$26.64	\$23.44		\$36.91	\$2.08	19.77 (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	\$204.44	\$95.20	\$0.00	\$26.64	\$23.44	\$0.00	\$36.91	\$2.08	\$19.77	\$0.40	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3063									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.36									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.60	\$124.36	\$0.00	\$26.64	\$23.44	\$0.00	\$36.91	\$2.08	\$19.77	\$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)	\$1.08	\$0.53	\$0.00	\$0.14	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.24	\$1.24									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.73	\$3.73									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.15	\$5.50	\$0.00	\$0.14	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$256.75	\$129.86	\$0.00	\$26.78	\$23.85	\$0.00	\$54.01	\$2.08	\$19.77	\$0.40	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.74										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5826		1.5826	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 31.16%		Nurse Hours per On-Site Day/Quality Incentive: 3.35		3.35	2.5%	Quarterly Medicaid CMI: 1.4390		1.4390	1.5342		
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4620		1.4620	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$14,644,578	\$8,083,942	\$0	\$1,251,402	\$1,351,545	\$0	\$3,554,499		\$403,190	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$918,888)	(\$310,565)	\$0	\$0	\$5,723	\$7,453	(\$566,910)		(\$54,589)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$861,543			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$32,256	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$14,619,489	\$7,773,377	\$0	\$1,251,402	\$1,357,268	\$7,453	\$2,987,589	\$861,543	\$348,601	\$32,256	
8	Total Nursing Facility Days As Filed Days = 60,954	FY21 Audited C/R Days	60,954										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 60,954	FY21 GL-PL Ins Rpt Days								60,954			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$239.84	\$127.53	\$0.00	\$20.53	\$22.39	(with L&H)	\$49.01	\$14.13	\$5.72	\$0.53	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5826									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.58									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.58	\$0.00	\$20.53	\$22.39		\$49.01	\$14.13	\$5.72	\$0.53	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.58	\$80.58	\$0.00	\$20.53	\$22.39		\$36.91	\$14.13	15.51 (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	\$190.58	\$80.58	\$0.00	\$20.53	\$22.39	\$0.00	\$36.91	\$14.13	\$15.51	\$0.53	
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		\$117.81									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.81	\$117.81	\$0.00	\$20.53	\$22.39	\$0.00	\$36.91	\$14.13	\$15.51	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.95	\$2.95									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.89	\$5.89									
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$10.00	\$9.37	\$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	\$237.81	\$127.18	\$0.00	\$20.75	\$22.80	\$0.00	\$36.91	\$14.13	\$15.51	\$0.53	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.36										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MANOR CARE REHABILITATION CENTER - DECATUR		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00159266A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4536	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	16.67%	0.0%	Quarterly Medicaid CMI:			1.6667	1.5342
							2.54	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6963	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$8,101,794	\$4,711,697	\$0	\$748,250	\$737,142	\$0	\$1,606,984		\$297,721	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$212,304)	(\$10)	\$0	\$0	(\$5,262)	(\$5,666)	(\$33,489)		(\$167,877)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$29,171			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$167,764	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,086,425	\$4,711,687	\$0	\$748,250	\$731,880	(\$5,666)	\$1,573,495	\$29,171	\$129,844	\$167,764	
8	Total Nursing Facility Days As Filed Days = 35,395	FY21 Audited C/R Days	35,395										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,395	FY21 GL-PL Ins Rpt Days								35,395			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$228.47	\$133.12	\$0.00	\$21.14	\$20.52	(with L&H)	\$44.46	\$0.82	\$3.67	\$4.74	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4536									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.58									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$91.58	\$0.00	\$21.14	\$20.52		\$44.46	\$0.82	\$3.67	\$4.74	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.33	\$91.58	\$0.00	\$21.14	\$20.52		\$36.91	\$0.82	10.62 (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	\$186.33	\$91.58	\$0.00	\$21.14	\$20.52	\$0.00	\$36.91	\$0.82	\$10.62	\$4.74	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6963									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$155.35									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$250.10	\$155.35	\$0.00	\$21.14	\$20.52	\$0.00	\$36.91	\$0.82	\$10.62	\$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)	\$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	\$4.66	\$4.66									
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	\$22.92	\$5.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$273.02	\$160.54	\$0.00	\$21.36	\$20.93	\$0.00	\$54.01	\$0.82	\$10.62	\$4.74	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.94										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide											
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide	
Provider: HART CARE CENTER Prvdr ID: 00167857A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Facility Score	State-wide																	
													N/A	25.00%	3.13	1.5440	1.5440	1.5198	1.5751	1.5342	1.5613										
													0.00%	1.0%	3.0%	Base Period Overall CMI:	1.5440	1.5751	Qtrly BIMS score	25.00%	1.0%	3.0%	Quarterly Medicaid CMI:	1.4940	1.5342	Nurse Hours per On-Site Day/Quality Incentive:	3.13	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.5198	1.5613
													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 FY21 C/R - FY21 GL/PL Rpt	\$4,879,156	\$3,023,714	\$0	\$604,333	\$574,601	\$0	\$605,838		\$70,670	\$0																			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$109,586)	\$0	\$0	\$0	\$0	\$0	(\$65,640)		(\$43,946)																				
As Filed FY21 GL/PL Rpt																															
As Filed FY21 C/R																															
7	As Filed Cost Center Costs (GL/PL)	FY21 Audited C/R	\$4,877,752	\$3,023,714	\$0	\$604,333	\$574,601	\$0	\$540,198	\$64,236	\$26,724	\$43,946																			
8	As Filed Cost Center Costs (Taxes and Insurance)	FY21 Audited C/R																													
9	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,877,752	\$3,023,714	\$0	\$604,333	\$574,601	\$0	\$540,198	\$64,236	\$26,724	\$43,946																			
10	Total Nursing Facility Days	FY21 Audited C/R Days	25,482																												
11	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								25,482																					
12	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$191.42	\$118.66	\$0.00	\$23.72	\$22.55	(with L&H)	\$21.20	\$2.52	\$1.05	\$1.72																			
13	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5440																											
14	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.85																											
15	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.85	\$0.00	\$23.72	\$22.55		\$21.20	\$2.52	\$1.05	\$1.72																			
16	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																				
17	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.23	\$76.85	\$0.00	\$23.72	\$22.55		\$21.20	\$2.52	7.67 (FRV)	\$1.72																			
Quarterly Per Diem Rate Prior to Add-ons																															
18	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																			
19	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.23	\$76.85	\$0.00	\$23.72	\$22.55	\$0.00	\$21.20	\$2.52	\$7.67	\$1.72																			
20	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5198																											
21	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.80																											
22	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.18	\$116.80	\$0.00	\$23.72	\$22.55	\$0.00	\$21.20	\$2.52	\$7.67	\$1.72																			
Quarterly Per Diem Add-on Amounts																															
23	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00																				
24	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$1.17	\$1.17																											
25	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.50	\$3.50																											
26	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																						
27	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.30	\$5.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00																			
28	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.48	\$122.00	\$0.00	\$23.94	\$22.96	\$0.00	\$38.67	\$2.52	\$7.67	\$1.72																			
29	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.79																												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PARKSIDE POST ACUTE AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00169199A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6795	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	38.14%	2.5%	Quarterly Medicaid CMI:			1.5682	1.5342
							3.70	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5950	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$13,395,649	\$7,373,041	\$0	\$1,141,384	\$1,357,471	\$0	\$2,287,073		\$1,236,680	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$405,993)	\$0	\$0	\$0	\$0	\$0	(\$323,796)		(\$82,197)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$323,796			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$82,197	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,395,649	\$7,373,041	\$0	\$1,141,384	\$1,357,471	\$0	\$1,963,277	\$323,796	\$1,154,483	\$82,197	
8	Total Nursing Facility Days	FY21 Audited C/R Days	55,184										
	As Filed Days = 55,184												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								55,184			
	As Filed Days = 55,184												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$242.75	\$133.61	\$0.00	\$20.68	\$24.60	(with L&H)	\$35.58	\$5.87	\$20.92	\$1.49	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6795									
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	\$20.68	\$24.60		\$35.58	\$5.87	\$20.92	\$1.49	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.05	\$79.55	\$0.00	\$20.68	\$24.60		\$35.58	\$5.87	11.28 (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	\$179.05	\$79.55	\$0.00	\$20.68	\$24.60	\$0.00	\$35.58	\$5.87	\$11.28	\$1.49	
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		\$126.88									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.38	\$126.88	\$0.00	\$20.68	\$24.60	\$0.00	\$35.58	\$5.87	\$11.28	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.17	\$3.17									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.54	\$2.54									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.34	\$6.24	\$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	\$250.72	\$133.12	\$0.00	\$20.90	\$25.01	\$0.00	\$53.05	\$5.87	\$11.28	\$1.49	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.22										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.7761	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	29.27%	1.0%	Quarterly Medicaid CMI:				1.6587	1.5342
							3.30	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6885	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$10,772,160	\$5,891,941	\$0	\$898,248	\$904,976	\$0	\$1,775,279		\$1,301,716	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$93,149)	(\$40,237)	\$0	\$0	\$0	\$0	\$22,769		(\$75,681)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$17,468				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$75,681		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,772,160	\$5,851,704	\$0	\$898,248	\$904,976	\$0	\$1,798,048	\$17,468	\$1,226,035	\$75,681		
8	Total Nursing Facility Days	FY21 Audited C/R Days	47,934	47,934										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								47,934				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$224.73	\$122.08	\$0.00	\$18.74	\$18.88	(with L&H)	\$37.51	\$0.36	\$25.58	\$1.58		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7761										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.73										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.73	\$0.00	\$18.74	\$18.88		\$37.51	\$0.36	\$25.58	\$1.58		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.83	\$68.73	\$0.00	\$18.74	\$18.88		\$36.91	\$0.36	9.63 (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	\$154.83	\$68.73	\$0.00	\$18.74	\$18.88	\$0.00	\$36.91	\$0.36	\$9.63	\$1.58		
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		\$116.05										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.15	\$116.05	\$0.00	\$18.74	\$18.88	\$0.00	\$36.91	\$0.36	\$9.63	\$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	\$1.16	\$1.16										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.32	\$2.32										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.74	\$4.01	\$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	\$223.89	\$120.06	\$0.00	\$18.96	\$19.29	\$0.00	\$54.01	\$0.36	\$9.63	\$1.58		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.09											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7658	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	23.00%	1.0%	Quarterly Medicaid CMI:			1.6633	1.5342
							3.05	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6944	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,354,783	\$2,520,566	\$0	\$547,901	\$461,177	\$0	\$1,190,872		\$634,267	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$398,712)	\$0	\$0	\$0	(\$1,016)	(\$814)	(\$341,148)		(\$55,734)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$244,477			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$148,076	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,348,624	\$2,520,566	\$0	\$547,901	\$460,161	(\$814)	\$849,724	\$244,477	\$578,533	\$148,076	
8	Total Nursing Facility Days As Filed Days = 30,777	FY21 Audited C/R Days	30,777										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,777	FY21 GL-PL Ins Rpt Days								30,777			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$173.79	\$81.90	\$0.00	\$17.80	\$14.93	(with L&H)	\$27.61	\$7.94	\$18.80	\$4.81	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7658									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.38									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$46.38	\$0.00	\$17.80	\$14.93		\$27.61	\$7.94	\$18.80	\$4.81	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.85	\$46.38	\$0.00	\$17.80	\$14.93		\$27.61	\$7.94	9.38 (FRV)	\$4.81	
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	\$128.85	\$46.38	\$0.00	\$17.80	\$14.93	\$0.00	\$27.61	\$7.94	\$9.38	\$4.81	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6944									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.59									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.06	\$78.59	\$0.00	\$17.80	\$14.93	\$0.00	\$27.61	\$7.94	\$9.38	\$4.81	
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	\$1.57	\$1.57									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.99	\$2.89	\$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	\$182.05	\$81.48	\$0.00	\$18.02	\$15.34	\$0.00	\$45.08	\$7.94	\$9.38	\$4.81	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.71										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7499	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	22.54%	1.0%	Quarterly Medicaid CMI:			1.7306	1.5342
							3.25	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7637	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$8,584,193	\$4,776,112	\$0	\$589,769	\$866,467	\$0	\$1,672,921		\$678,924	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$746,010)	(\$104,652)	\$0	\$0	(\$4,025)	(\$3,832)	(\$555,489)		(\$78,012)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$642,229			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$56,825	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,537,237	\$4,671,460	\$0	\$589,769	\$862,442	(\$3,832)	\$1,117,432	\$642,229	\$600,912	\$56,825	
8	Total Nursing Facility Days	As Filed Days = 33,387 FY21 Audited C/R Days	33,387										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,387 FY21 GL-PL Ins Rpt Days								33,387			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$255.71	\$139.92	\$0.00	\$17.66	\$25.72	(with L&H)	\$33.47	\$19.24	\$18.00	\$1.70	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7499									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.96									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$79.96	\$0.00	\$17.66	\$25.72		\$33.47	\$19.24	\$18.00	\$1.70	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.75	\$79.96	\$0.00	\$17.66	\$25.72		\$33.47	\$19.24	9.00 (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	\$186.75	\$79.96	\$0.00	\$17.66	\$25.72	\$0.00	\$33.47	\$19.24	\$9.00	\$1.70	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7637									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.03									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.82	\$141.03	\$0.00	\$17.66	\$25.72	\$0.00	\$33.47	\$19.24	\$9.00	\$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)	\$1.53	\$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	\$1.41	\$1.41									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.05	\$7.05									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.09	\$8.99	\$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	\$274.91	\$150.02	\$0.00	\$17.88	\$26.13	\$0.00	\$50.94	\$19.24	\$9.00	\$1.70	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$193.36										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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 - MARIETTA Prvdr ID: 00202507A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.7096	1.5751
							42.50%	2.5%					1.7492	1.5342
							2.70	5.0%					1.7813	1.5613
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,224,856	\$3,773,075	\$0	\$596,344	\$667,354	\$0	\$1,465,037		\$723,046	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$591,523)	(\$99,095)	\$0	\$0	(\$1,111)	\$301	(\$421,863)		(\$69,755)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$513,536				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$69,489		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,216,358	\$3,673,980	\$0	\$596,344	\$666,243	\$301	\$1,043,174	\$513,536	\$653,291	\$69,489		
8	Total Nursing Facility Days	FY21 Audited C/R Days	31,600											
	As Filed Days = 31,600													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								31,600				
	As Filed Days = 31,600													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$228.36	\$116.27	\$0.00	\$18.87	\$21.09	(with L&H)	\$33.01	\$16.25	\$20.67	\$2.20		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7096										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.01										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.01	\$0.00	\$18.87	\$21.09		\$33.01	\$16.25	\$20.67	\$2.20		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.34	\$68.01	\$0.00	\$18.87	\$21.09		\$33.01	\$16.25	13.91 (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	\$173.34	\$68.01	\$0.00	\$18.87	\$21.09	\$0.00	\$33.01	\$16.25	\$13.91	\$2.20		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7813										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.15										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.48	\$121.15	\$0.00	\$18.87	\$21.09	\$0.00	\$33.01	\$16.25	\$13.91	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.03	\$3.03										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.06	\$6.06										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.72	\$9.62	\$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	\$254.20	\$130.77	\$0.00	\$19.09	\$21.50	\$0.00	\$50.48	\$16.25	\$13.91	\$2.20		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.83											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5507	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	16.87%	0.0%	Quarterly Medicaid CMI:			1.4148	1.5342
							3.17	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4386	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$7,183,917	\$3,596,901	\$0	\$649,006	\$692,896	\$0	\$1,255,590		\$989,524	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$243,042)	(\$3,936)	\$0	(\$963)	\$0	(\$733)	(\$196,420)		(\$40,990)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$121,680			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$40,990	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,103,545	\$3,592,965	\$0	\$648,043	\$692,896	(\$733)	\$1,059,170	\$121,680	\$948,534	\$40,990	
8	Total Nursing Facility Days	As Filed Days = 33,732 FY21 Audited C/R Days	33,732										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,732 FY21 GL-PL Ins Rpt Days								33,732			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.60	\$106.52	\$0.00	\$19.21	\$20.52	(with L&H)	\$31.40	\$3.61	\$28.12	\$1.22	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5507									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.69									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.69	\$0.00	\$19.21	\$20.52		\$31.40	\$3.61	\$28.12	\$1.22	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.40	\$68.69	\$0.00	\$19.21	\$20.52		\$31.40	\$3.61	11.75 (FRV)	\$1.22	
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	\$156.40	\$68.69	\$0.00	\$19.21	\$20.52	\$0.00	\$31.40	\$3.61	\$11.75	\$1.22	
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		\$98.82									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.53	\$98.82	\$0.00	\$19.21	\$20.52	\$0.00	\$31.40	\$3.61	\$11.75	\$1.22	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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	\$4.94	\$4.94									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.57	\$5.47	\$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	\$210.10	\$104.29	\$0.00	\$19.43	\$20.93	\$0.00	\$48.87	\$3.61	\$11.75	\$1.22	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.75										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: FLORENCE HAND HOME Prvdr ID: 00207083A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													N/A	0.00%	20.45%	3.93	1.2637	1.1531	1.1671	1.5751	1.5342	1.5613
CASE MIX BASED RATE CALCULATIONS																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</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 FY21 C/R - FY21 GL/PL Rpt	\$17,694,024	\$5,143,711	\$0	\$1,295,276	\$1,251,130	\$1,375,807	\$7,155,680		\$1,472,420	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$178,751)	\$676	\$0	\$1,228	\$11,681	\$12,950	(\$74,860)		(\$130,426)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$72,005												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$17,587,278	\$5,144,387	\$0	\$1,296,504	\$1,262,811	\$1,388,757	\$7,080,820	\$72,005	\$1,341,994	\$0										
8	Total Nursing Facility Days	As Filed Days = 34,165 FY21 Audited C/R Days	34,165																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,165 FY21 GL-PL Ins Rpt Days								34,165												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$514.77	\$150.57	\$0.00	\$37.95	\$77.61	(with L&H)	\$207.25	\$2.11	\$39.28	\$0.00										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2637																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$119.15																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$119.15	\$0.00	\$37.95	\$77.61		\$207.25	\$2.11	\$39.28	\$0.00										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$225.67	\$99.82	\$0.00	\$37.13	\$33.28		\$36.91	\$2.11	16.42 (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	\$225.67	\$99.82	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.11	\$16.42	\$0.00										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1671																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.50																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$242.35	\$116.50	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.11	\$16.42	\$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 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	\$21.77	\$4.67	\$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	\$264.12	\$121.17	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$2.11	\$16.42	\$0.00										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.27																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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:	1.9327	1.5751
Provider: CHATSWORTH HEALTH CARE CENTER Prvdr ID: 00209778A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													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:	1.9327	1.5751
													2.90	3.0%	38.30%	2.5%	2.90	3.0%	1.9625	1.5342	2.0016	1.5613
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 FY21 C/R - FY21 GL/PL Rpt	\$6,857,507	\$2,983,220	\$0	\$672,611	\$567,575	\$0	\$1,172,988		\$1,461,113	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$449,704)	\$3,825	\$0	\$0	\$0	\$0	(\$416,676)		(\$36,853)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$244,862												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$202,529										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,855,194	\$2,987,045	\$0	\$672,611	\$567,575	\$0	\$756,312	\$244,862	\$1,424,260	\$202,529										
8	Total Nursing Facility Days	FY21 Audited C/R Days	35,934																			
	As Filed Days = 35,934																					
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								35,934												
	As Filed Days = 35,934																					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$190.78	\$83.13	\$0.00	\$18.72	\$15.79	(with L&H)	\$21.05	\$6.81	\$39.64	\$5.64										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9327																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.01																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$43.01	\$0.00	\$18.72	\$15.79		\$21.05	\$6.81	\$39.64	\$5.64										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.71	\$43.01	\$0.00	\$18.72	\$15.79		\$21.05	\$6.81	9.69 (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	\$120.71	\$43.01	\$0.00	\$18.72	\$15.79	\$0.00	\$21.05	\$6.81	\$9.69	\$5.64										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0016																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.09																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.79	\$86.09	\$0.00	\$18.72	\$15.79	\$0.00	\$21.05	\$6.81	\$9.69	\$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)	\$1.53	\$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	\$187.15	\$91.35	\$0.00	\$18.94	\$16.20	\$0.00	\$38.52	\$6.81	\$9.69	\$5.64										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.54																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: HIGH SHOALS HEALTH AND REHABILITATION Prvdr ID: 00212814A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
							Facility Score: N/A	Add-on Percent: 0.00%					Facility Specific: 1.3913	State-wide: 1.5751
							Qtrly BIMS score: 28.81%	1.0%					Quarterly Medicaid CMI: 1.3748	1.5342
							Nurse Hours per On-Site Day/Quality Incentive: 2.93	6.0%					Qtrly Mcaid CMI w RUG Wght Options: 1.3970	1.5613
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,059,556	\$2,569,983	\$0	\$533,421	\$643,683	\$0	\$1,054,720		\$257,749	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$175,365)	(\$3,012)	\$0	(\$737)	\$0	(\$928)	(\$149,291)		(\$21,397)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$104,000				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$21,397		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,009,588	\$2,566,971	\$0	\$532,684	\$643,683	(\$928)	\$905,429	\$104,000	\$236,352	\$21,397		
8	Total Nursing Facility Days As Filed Days = 25,818	FY21 Audited C/R Days	25,818											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,818	FY21 GL-PL Ins Rpt Days								25,818				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$194.04	\$99.43	\$0.00	\$20.63	\$24.90	(with L&H)	\$35.07	\$4.03	\$9.15	\$0.83		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3913										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.47										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.47	\$0.00	\$20.63	\$24.90		\$35.07	\$4.03	\$9.15	\$0.83		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.68	\$71.47	\$0.00	\$20.63	\$24.90		\$35.07	\$4.03	16.75 (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	\$173.68	\$71.47	\$0.00	\$20.63	\$24.90	\$0.00	\$35.07	\$4.03	\$16.75	\$0.83		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3970										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.84										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.05	\$99.84	\$0.00	\$20.63	\$24.90	\$0.00	\$35.07	\$4.03	\$16.75	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.99	\$5.99										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.62	\$7.52	\$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	\$227.67	\$107.36	\$0.00	\$20.85	\$25.31	\$0.00	\$52.54	\$4.03	\$16.75	\$0.83		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.93											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.3979		1.3979	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 27.38%		Nurse Hours per On-Site Day/Quality Incentive: 3.04		27.38%	1.0%	Quarterly Medicaid CMI: 1.5228		1.5228	1.5342		
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5490		1.5490	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$6,639,864	\$3,623,547	\$0	\$627,318	\$714,152	\$0	\$1,355,404		\$319,443	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$559,599)	(\$64,721)	\$0	\$0	\$0	\$1,082	(\$457,876)		(\$38,084)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$521,515			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,271	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,633,051	\$3,558,826	\$0	\$627,318	\$714,152	\$1,082	\$897,528	\$521,515	\$281,359	\$31,271	
8	Total Nursing Facility Days As Filed Days = 31,796	FY21 Audited C/R Days	31,796										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,796	FY21 GL-PL Ins Rpt Days								31,796			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$208.61	\$111.93	\$0.00	\$19.73	\$22.49	(with L&H)	\$28.23	\$16.40	\$8.85	\$0.98	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3979									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.07									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.07	\$0.00	\$19.73	\$22.49		\$28.23	\$16.40	\$8.85	\$0.98	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.20	\$80.07	\$0.00	\$19.73	\$22.49		\$28.23	\$16.40	9.30 (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	\$177.20	\$80.07	\$0.00	\$19.73	\$22.49	\$0.00	\$28.23	\$16.40	\$9.30	\$0.98	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5490									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.03									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.16	\$124.03	\$0.00	\$19.73	\$22.49	\$0.00	\$28.23	\$16.40	\$9.30	\$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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.24	\$1.24									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.20	\$6.20									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$247.23	\$132.00	\$0.00	\$19.95	\$22.90	\$0.00	\$45.70	\$16.40	\$9.30	\$0.98	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.60										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: UNIVERSITY EXTENDED CARE-WESTWOOD Prvdr ID: 00219359A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 34.88% Nurse Hours per On-Site Day/Quality Incentive: 4.41				Base Period Overall CMI: 1.5413 Quarterly Medicaid CMI: 1.5339 Qtrly Mcaid CMI w RUG Wght Options: 1.5610				Facility Specific: 1.5413 State-wide: 1.5751 1.5339 1.5610	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,395,308	\$3,936,702	\$0	\$1,034,040	\$922,729	\$0	\$1,143,695		\$358,142	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$737,841)	(\$99,320)	\$0	(\$2,117)	(\$1,192)	\$40,695	(\$665,665)		(\$10,242)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$179,706		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10,220
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,847,393	\$3,837,382	\$0	\$1,031,923	\$921,537	\$40,695	\$478,030	\$179,706	\$347,900	\$10,220
8	Total Nursing Facility Days	FY21 Audited C/R Days	36,264	36,264								
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								36,264		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$188.82	\$105.82	\$0.00	\$28.46	\$26.53	(with L&H)	\$13.18	\$4.96	\$9.59	\$0.28
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5413								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.66	\$0.00	\$28.46	\$26.53		\$13.18	\$4.96	\$9.59	\$0.28
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.68	\$68.66	\$0.00	\$26.82	\$26.53		\$13.18	\$4.96	16.25 (FRV)	\$0.28
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	\$156.68	\$68.66	\$0.00	\$26.82	\$26.53	\$0.00	\$13.18	\$4.96	\$16.25	\$0.28
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5610								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.20	\$107.18	\$0.00	\$26.82	\$26.53	\$0.00	\$13.18	\$4.96	\$16.25	\$0.28
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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	\$2.68	\$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	\$24.31	\$6.43	\$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	\$219.51	\$113.61	\$0.00	\$26.82	\$26.94	\$0.00	\$30.65	\$4.96	\$16.25	\$0.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.81									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: COMER HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00220448A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.4773			1.4773	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 46.77%		Nurse Hours per On-Site Day/Quality Incentive: 3.05		46.77%	5.5%	Quarterly Medicaid CMI: 1.2750			1.2750	1.5342
							6.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2942			1.2942	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,603,335	\$3,047,785	\$0	\$617,294	\$626,479	\$0	\$1,085,364		\$226,413	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$195,835)	(\$3,401)	\$0	(\$791)	\$0	(\$589)	(\$177,130)		(\$13,924)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$120,640		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$13,924
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,542,064	\$3,044,384	\$0	\$616,503	\$626,479	(\$589)	\$908,234	\$120,640	\$212,489	\$13,924
8	Total Nursing Facility Days As Filed Days = 27,704	FY21 Audited C/R Days	27,704									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,704	FY21 GL-PL Ins Rpt Days								27,704		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$200.03	\$109.89	\$0.00	\$22.25	\$22.59	(with L&H)	\$32.78	\$4.35	\$7.67	\$0.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4773								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.38	\$0.00	\$22.25	\$22.59		\$32.78	\$4.35	\$7.67	\$0.50
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.26	\$74.38	\$0.00	\$22.25	\$22.59		\$32.78	\$4.35	9.41 (FRV)	\$0.50
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	\$166.26	\$74.38	\$0.00	\$22.25	\$22.59	\$0.00	\$32.78	\$4.35	\$9.41	\$0.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2942								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.14	\$96.26	\$0.00	\$22.25	\$22.59	\$0.00	\$32.78	\$4.35	\$9.41	\$0.50
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.29	\$5.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.78	\$5.78								
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	\$29.70	\$11.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.84	\$107.86	\$0.00	\$22.47	\$23.00	\$0.00	\$50.25	\$4.35	\$9.41	\$0.50
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 FY2021 Cost Report Data

FINAL

Provider: GLENWOOD 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: 00220514A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5491	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	25.35%	1.0%	Quarterly Medicaid CMI:			1.6638	1.5342
							2.66	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6944	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$12,695,913	\$7,917,216	\$0	\$1,153,334	\$973,086	\$0	\$1,324,966		\$1,327,311	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$637,045	(\$29,748)	\$0	(\$1,488)	\$0	\$3,202	\$759,556		(\$94,477)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$25,508			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$94,477	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,452,943	\$7,887,468	\$0	\$1,151,846	\$973,086	\$3,202	\$2,084,522	\$25,508	\$1,232,834	\$94,477	
8	Total Nursing Facility Days As Filed Days = 66,608	FY21 Audited C/R Days	66,608										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 66,608	FY21 GL-PL Ins Rpt Days								66,608			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$201.98	\$118.42	\$0.00	\$17.29	\$14.66	(with L&H)	\$31.30	\$0.38	\$18.51	\$1.42	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5491									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.44									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.44	\$0.00	\$17.29	\$14.66		\$31.30	\$0.38	\$18.51	\$1.42	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.00	\$76.44	\$0.00	\$17.29	\$14.66		\$31.30	\$0.38	7.51 (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	\$149.00	\$76.44	\$0.00	\$17.29	\$14.66	\$0.00	\$31.30	\$0.38	\$7.51	\$1.42	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6944									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.52									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.08	\$129.52	\$0.00	\$17.29	\$14.66	\$0.00	\$31.30	\$0.38	\$7.51	\$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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.89	\$3.89									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$225.90	\$135.24	\$0.00	\$17.51	\$15.07	\$0.00	\$48.77	\$0.38	\$7.51	\$1.42	
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 FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7353	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	42.11%	2.5%	Quarterly Medicaid CMI:			1.7343	1.5342
							2.03	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7686	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,191,381	\$2,848,119	\$0	\$430,246	\$474,229	\$0	\$875,695		\$563,092	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$244,388)	(\$2,033)	\$0	\$0	\$0	\$1,328	(\$175,490)		(\$68,193)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$176,195			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$68,193	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,191,381	\$2,846,086	\$0	\$430,246	\$474,229	\$1,328	\$700,205	\$176,195	\$494,899	\$68,193	
8	Total Nursing Facility Days As Filed Days = 26,747	FY21 Audited C/R Days	26,747										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,747	FY21 GL-PL Ins Rpt Days								26,747			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$194.10	\$106.41	\$0.00	\$16.09	\$17.78	(with L&H)	\$26.18	\$6.59	\$18.50	\$2.55	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7353									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.32									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.32	\$0.00	\$16.09	\$17.78		\$26.18	\$6.59	\$18.50	\$2.55	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.72	\$61.32	\$0.00	\$16.09	\$17.78		\$26.18	\$6.59	9.21 (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	\$139.72	\$61.32	\$0.00	\$16.09	\$17.78	\$0.00	\$26.18	\$6.59	\$9.21	\$2.55	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7686									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.45									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.85	\$108.45	\$0.00	\$16.09	\$17.78	\$0.00	\$26.18	\$6.59	\$9.21	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.71	\$2.71									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>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	\$23.51	\$5.41	\$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	\$210.36	\$113.86	\$0.00	\$16.31	\$18.19	\$0.00	\$43.65	\$6.59	\$9.21	\$2.55	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.95										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.2738		1.2738	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 19.15%		Qtrly BIMS score: 19.15%		19.15%	0.0%	Quarterly Medicaid CMI: 1.3264		1.3264	1.5342		
		Nurse Hours per On-Site Day/Quality Incentive: 3.40		Nurse Hours per On-Site Day/Quality Incentive: 3.40		3.40	5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3476		1.3476	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,241,102	\$2,152,673	\$0	\$415,855	\$493,705	\$0	\$765,401		\$413,468	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$148,191)	(\$2,503)	\$0	(\$612)	\$0	(\$529)	(\$116,581)		(\$27,966)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$109,005			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$27,966	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,229,882	\$2,150,170	\$0	\$415,243	\$493,705	(\$529)	\$648,820	\$109,005	\$385,502	\$27,966	
8	Total Nursing Facility Days	As Filed Days = 21,448 FY21 Audited C/R Days	21,448										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,448 FY21 GL-PL Ins Rpt Days								21,448			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$197.20	\$100.25	\$0.00	\$19.36	\$22.99	(with L&H)	\$30.25	\$5.08	\$17.97	\$1.30	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2738									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.70									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.70	\$0.00	\$19.36	\$22.99		\$30.25	\$5.08	\$17.97	\$1.30	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.51	\$78.70	\$0.00	\$19.36	\$22.99		\$30.25	\$5.08	9.83 (FRV)	\$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	\$167.51	\$78.70	\$0.00	\$19.36	\$22.99	\$0.00	\$30.25	\$5.08	\$9.83	\$1.30	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3476									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.06									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.87	\$106.06	\$0.00	\$19.36	\$22.99	\$0.00	\$30.25	\$5.08	\$9.83	\$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	\$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	\$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	\$218.80	\$111.89	\$0.00	\$19.58	\$23.40	\$0.00	\$47.72	\$5.08	\$9.83	\$1.30	
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 FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7280	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	17.57%	0.0%	Quarterly Medicaid CMI:			1.4569	1.5342
							2.74	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4809	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$9,351,671	\$5,262,946	\$0	\$787,045	\$653,515	\$0	\$1,536,523		\$1,111,642	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$46,735)	(\$741)	\$0	(\$13,528)	\$0	\$14,269	(\$15,322)		(\$31,413)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$15,322			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,413	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,351,671	\$5,262,205	\$0	\$773,517	\$653,515	\$14,269	\$1,521,201	\$15,322	\$1,080,229	\$31,413	
8	Total Nursing Facility Days	As Filed Days = 41,405 FY21 Audited C/R Days	41,405										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,405 FY21 GL-PL Ins Rpt Days								41,405			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$225.86	\$127.09	\$0.00	\$18.68	\$16.13	(with L&H)	\$36.74	\$0.37	\$26.09	\$0.76	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7280									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.55									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.55	\$0.00	\$18.68	\$16.13		\$36.74	\$0.37	\$26.09	\$0.76	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.02	\$73.55	\$0.00	\$18.68	\$16.13		\$36.74	\$0.37	8.79 (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	\$155.02	\$73.55	\$0.00	\$18.68	\$16.13	\$0.00	\$36.74	\$0.37	\$8.79	\$0.76	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4809									
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	\$190.39	\$108.92	\$0.00	\$18.68	\$16.13	\$0.00	\$36.74	\$0.37	\$8.79	\$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)	\$1.29	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.13		\$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	\$2.18	\$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	\$20.57	\$2.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.23	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.96	\$111.63	\$0.00	\$18.90	\$16.54	\$0.00	\$53.97	\$0.37	\$8.79	\$0.76	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.40										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MANOR CARE REHABILITATION CENTER - MARIETTA		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00236211A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5440	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	22.00%	1.0%	Quarterly Medicaid CMI:			1.7168	1.5342
							2.60	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7479	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$8,993,093	\$5,168,960	\$0	\$831,523	\$672,384	\$0	\$2,011,856		\$308,370	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$92,866)	\$0	\$0	\$0	\$0	\$0	(\$28,579)		(\$64,287)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$24,378			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$66,657	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,991,262	\$5,168,960	\$0	\$831,523	\$672,384	\$0	\$1,983,277	\$24,378	\$244,083	\$66,657	
8	Total Nursing Facility Days As Filed Days = 31,838	FY21 Audited C/R Days	31,838										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,838	FY21 GL-PL Ins Rpt Days								31,838			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$282.41	\$162.35	\$0.00	\$26.12	\$21.12	(with L&H)	\$62.29	\$0.77	\$7.67	\$2.09	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5440									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$105.15									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$105.15	\$0.00	\$26.12	\$21.12		\$62.29	\$0.77	\$7.67	\$2.09	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.18	\$99.82	\$0.00	\$26.12	\$21.12		\$36.91	\$0.77	11.35 (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	\$198.18	\$99.82	\$0.00	\$26.12	\$21.12	\$0.00	\$36.91	\$0.77	\$11.35	\$2.09	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7479									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$174.48									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$272.84	\$174.48	\$0.00	\$26.12	\$21.12	\$0.00	\$36.91	\$0.77	\$11.35	\$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)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.74	\$1.74									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.23	\$5.23									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.70	\$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	\$297.54	\$181.45	\$0.00	\$26.34	\$21.53	\$0.00	\$54.01	\$0.77	\$11.35	\$2.09	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$210.33										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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 - SAVANNAH Prvdr ID: 00238323A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.8215	1.5751
							46.43%	5.5%					1.4892	1.5342
							2.97	5.0%					1.5153	1.5613
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,281,417	\$4,947,476	\$0	\$594,312	\$910,695	\$0	\$1,853,808		\$975,126	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$626,544)	(\$67,288)	\$0	\$0	\$10,640	\$12,259	(\$465,159)		(\$116,996)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$523,002				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$119,697		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,297,572	\$4,880,188	\$0	\$594,312	\$921,335	\$12,259	\$1,388,649	\$523,002	\$858,130	\$119,697		
8	Total Nursing Facility Days	As Filed Days = 38,491 FY21 Audited C/R Days	38,491											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,491 FY21 GL-PL Ins Rpt Days								38,491				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$241.55	\$126.79	\$0.00	\$15.44	\$24.25	(with L&H)	\$36.08	\$13.59	\$22.29	\$3.11		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8215										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.61										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.61	\$0.00	\$15.44	\$24.25		\$36.08	\$13.59	\$22.29	\$3.11		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.23	\$69.61	\$0.00	\$15.44	\$24.25		\$36.08	\$13.59	29.15 (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	\$191.23	\$69.61	\$0.00	\$15.44	\$24.25	\$0.00	\$36.08	\$13.59	\$29.15	\$3.11		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5153										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.48										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.10	\$105.48	\$0.00	\$15.44	\$24.25	\$0.00	\$36.08	\$13.59	\$29.15	\$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>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>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.27	\$5.27										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.70	\$11.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$256.80	\$117.08	\$0.00	\$15.66	\$24.66	\$0.00	\$53.55	\$13.59	\$29.15	\$3.11		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.78											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: RESORTS AT POOLER INC Prvdr ID: 00238741A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Facility Score	State-wide								
													N/A	20.90%	2.85	1.5159	1.7198	1.7535	1.5751	1.5342	1.5613	
CASE MIX BASED RATE CALCULATIONS																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,317,337	\$2,825,297	\$0	\$393,421	\$640,713	\$0	\$913,867		\$3,544,039	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$256,644)	\$0	\$0	\$0	\$0	\$0	(\$192,605)		(\$64,039)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$192,605												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$64,039										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,317,337	\$2,825,297	\$0	\$393,421	\$640,713	\$0	\$721,262	\$192,605	\$3,480,000	\$64,039										
8	Total Nursing Facility Days	FY21 Audited C/R Days	26,733																			
	As Filed Days = 26,733																					
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								26,733												
	As Filed Days = 26,733																					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$311.14	\$105.69	\$0.00	\$14.72	\$23.97	(with L&H)	\$26.98	\$7.20	\$130.18	\$2.40										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5159																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.72																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.72	\$0.00	\$14.72	\$23.97		\$26.98	\$7.20	\$130.18	\$2.40										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.99	\$69.72	\$0.00	\$14.72	\$23.97		\$26.98	\$7.20	8.00	\$2.40										
											(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	\$152.99	\$69.72	\$0.00	\$14.72	\$23.97	\$0.00	\$26.98	\$7.20	\$8.00	\$2.40										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7535																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.25																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.52	\$122.25	\$0.00	\$14.72	\$23.97	\$0.00	\$26.98	\$7.20	\$8.00	\$2.40										
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	\$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	\$2.45	\$2.45																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.30	\$4.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$227.82	\$126.45	\$0.00	\$14.94	\$24.38	\$0.00	\$44.45	\$7.20	\$8.00	\$2.40										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.04																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: WINDERMERE HEALTH AND REHABILITATION CENTER Prvdr ID: 00241678A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													N/A	0.00%	36.21%	2.5%	3.21	2.0%	1.6170	1.7775	1.8113	1.5751	1.5342	1.5613
CASE MIX BASED RATE CALCULATIONS																								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,304,784	\$3,694,551	\$0	\$590,810	\$518,891	\$0	\$1,641,856		\$1,858,676	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$551,721)	(\$144,488)	\$0	(\$5,975)	(\$3,978)	\$5,036	(\$351,398)		(\$50,918)													
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$221,572														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$61,483												
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,036,118	\$3,550,063	\$0	\$584,835	\$514,913	\$5,036	\$1,290,458	\$221,572	\$1,807,758	\$61,483												
8	Total Nursing Facility Days	FY21 Audited C/R Days	28,524																					
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								28,524														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$281.74	\$124.46	\$0.00	\$20.50	\$18.23	(with L&H)	\$45.24	\$7.77	\$63.38	\$2.16												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6170																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.97																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.97	\$0.00	\$20.50	\$18.23		\$45.24	\$7.77	\$63.38	\$2.16												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.24	\$76.97	\$0.00	\$20.50	\$18.23		\$36.91	\$7.77	10.70 <i>(FRV)</i>	\$2.16												
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	\$173.24	\$76.97	\$0.00	\$20.50	\$18.23	\$0.00	\$36.91	\$7.77	\$10.70	\$2.16												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8113																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.42																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.69	\$139.42	\$0.00	\$20.50	\$18.23	\$0.00	\$36.91	\$7.77	\$10.70	\$2.16												
Quarterly Per Diem Add-on Amounts																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00													
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.49	\$3.49																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$24.54	\$6.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00												
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$260.23	\$146.23	\$0.00	\$20.72	\$18.64	\$0.00	\$54.01	\$7.77	\$10.70	\$2.16												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.35																					

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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 HILLS														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.5897	1.5751	
Prvdr ID: 00245055A														Qtrly BIMS score	23.94%	1.0%	Quarterly Medicaid CMI:	1.4931	1.5342	
Case Mix Per Diem Rate Effective Date: 7/1/2023														Nurse Hours per On-Site Day/Quality Incentive:	3.34	5.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.5185	1.5613	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23																				
			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 Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,210,798	\$3,131,302	\$0	\$559,223	\$776,800	\$0	\$1,341,738		\$401,735	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$607,851)	(\$108,119)	\$0	\$0	\$0	\$383	(\$442,308)		(\$57,807)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$547,187										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$47,690								
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,197,824	\$3,023,183	\$0	\$559,223	\$776,800	\$383	\$899,430	\$547,187	\$343,928	\$47,690								
8	Total Nursing Facility Days	FY21 Audited C/R Days	28,019	28,019																
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								28,019										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$221.20	\$107.90	\$0.00	\$19.96	\$27.74	(with L&H)	\$32.10	\$19.53	\$12.27	\$1.70								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5897																
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.88																
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.88	\$0.00	\$19.96	\$27.74		\$32.10	\$19.53	\$12.27	\$1.70								
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.41	\$67.88	\$0.00	\$19.96	\$27.74		\$32.10	\$19.53	8.50 (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	\$177.41	\$67.88	\$0.00	\$19.96	\$27.74	\$0.00	\$32.10	\$19.53	\$8.50	\$1.70								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5185																
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.08																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.61	\$103.08	\$0.00	\$19.96	\$27.74	\$0.00	\$32.10	\$19.53	\$8.50	\$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)	\$1.53	\$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	\$1.03	\$1.03																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.15	\$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	\$237.42	\$109.79	\$0.00	\$20.18	\$28.15	\$0.00	\$49.57	\$19.53	\$8.50	\$1.70								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.24																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6783	1.5751
							14.75%	0.0%					1.5700	1.5342
							3.21	5.0%					1.5979	1.5613
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,613,079	\$3,167,474	\$0	\$448,042	\$948,885	\$0	\$1,372,740		\$675,938	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$542,583)	(\$89,719)	\$0	\$0	\$0	\$2,343	(\$342,891)		(\$112,316)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$423,022				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$112,316		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,605,834	\$3,077,755	\$0	\$448,042	\$948,885	\$2,343	\$1,029,849	\$423,022	\$563,622	\$112,316		
8	Total Nursing Facility Days	As Filed Days = 26,707 FY21 Audited C/R Days	26,707											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,707 FY21 GL-PL Ins Rpt Days								26,707				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$247.35	\$115.24	\$0.00	\$16.78	\$35.62	(with L&H)	\$38.56	\$15.84	\$21.10	\$4.21		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6783										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.66										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.66	\$0.00	\$16.78	\$35.62		\$38.56	\$15.84	\$21.10	\$4.21		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.23	\$68.66	\$0.00	\$16.78	\$33.28		\$36.91	\$15.84	27.55 (FRV)	\$4.21		
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	\$203.23	\$68.66	\$0.00	\$16.78	\$33.28	\$0.00	\$36.91	\$15.84	\$27.55	\$4.21		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5979										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.71										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.28	\$109.71	\$0.00	\$16.78	\$33.28	\$0.00	\$36.91	\$15.84	\$27.55	\$4.21		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$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	\$5.49	\$5.49										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.34	\$6.02	\$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	\$267.62	\$115.73	\$0.00	\$17.00	\$33.28	\$0.00	\$54.01	\$15.84	\$27.55	\$4.21		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.89											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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
													Facility Score	3.14	Add-on Percent	4.0%	Case Mix Index (CMI) Data	Base Period Overall CMI:	1.5018	Facility Specific	1.5018	State-wide	1.5751	
													Growth Allowance:	N/A	Add-on Percent	0.00%	Case Mix Index (CMI) Data	Quarterly Medicaid CMI:	1.6070	Facility Specific	1.6070	State-wide	1.5342	
													Nurse Hours per On-Site Day/Quality Incentive:	3.14	Add-on Percent	4.0%	Case Mix Index (CMI) Data	Qtrly Mcaid CMI w RUG Wght Options:	1.6342	Facility Specific	1.6342	State-wide	1.5613	
													Case Mix Per Diem Rate Effective Date:	7/1/2023										
													MDS & Nurse Hrs Data per Quarter Ending:	03/31/23										
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															
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 FY21 C/R - FY21 GL/PL Rpt	\$10,408,103	\$5,758,589	\$0	\$857,375	\$1,058,815	\$0	\$2,031,659		\$701,665	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$722,196)	(\$89,521)	\$0	\$0	(\$5,104)	(\$2,740)	(\$557,838)		(\$66,993)													
As Filed FY21 GL/PL Rpt																								
As Filed FY21 C/R																								
7	As Filed Cost Center Costs (GL/PL)	FY21 Audited C/R	\$10,386,579	\$5,669,068	\$0	\$857,375	\$1,053,711	(\$2,740)	\$1,473,821	\$634,296	\$634,672	\$66,376												
8	As Filed Cost Center Costs (Taxes and Insurance)	FY21 Audited C/R										\$66,376												
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,386,579	\$5,669,068	\$0	\$857,375	\$1,053,711	(\$2,740)	\$1,473,821	\$634,296	\$634,672	\$66,376												
8	Total Nursing Facility Days As Filed Days = 46,345	FY21 Audited C/R Days	46,345																					
8	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,345	FY21 GL-PL Ins Rpt Days								46,345														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$224.11	\$122.32	\$0.00	\$18.50	\$22.68	(with L&H)	\$31.80	\$13.69	\$13.69	\$1.43												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5018																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.45																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.45	\$0.00	\$18.50	\$22.68		\$31.80	\$13.69	\$13.69	\$1.43												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.28	\$81.45	\$0.00	\$18.50	\$22.68		\$31.80	\$13.69	14.73 (FRV)	\$1.43												
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	\$184.28	\$81.45	\$0.00	\$18.50	\$22.68	\$0.00	\$31.80	\$13.69	\$14.73	\$1.43												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6342																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.11																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.94	\$133.11	\$0.00	\$18.50	\$22.68	\$0.00	\$31.80	\$13.69	\$14.73	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00													
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.33	\$3.33																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (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	\$27.28	\$9.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00												
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$263.22	\$142.29	\$0.00	\$18.72	\$23.09	\$0.00	\$49.27	\$13.69	\$14.73	\$1.43												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.59																					

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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 - LAFAYETTE Prvdr ID: 00254394A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.4247	1.5751
							26.47%	1.0%					1.5391	1.5342
							2.72	4.0%					1.5649	1.5613
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,304,528	\$2,720,017	\$0	\$415,037	\$639,098	\$0	\$1,168,314		\$362,062	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$472,545)	(\$72,883)	\$0	\$0	(\$3,224)	(\$4,281)	(\$367,170)		(\$24,987)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$434,816				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,180		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,292,979	\$2,647,134	\$0	\$415,037	\$635,874	(\$4,281)	\$801,144	\$434,816	\$337,075	\$26,180		
8	Total Nursing Facility Days	FY21 Audited C/R Days	26,283	26,283										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								26,283				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$201.38	\$100.72	\$0.00	\$15.79	\$24.03	(with L&H)	\$30.48	\$16.54	\$12.82	\$1.00		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4247										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.70										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.70	\$0.00	\$15.79	\$24.03		\$30.48	\$16.54	\$12.82	\$1.00		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.62	\$70.70	\$0.00	\$15.79	\$24.03		\$30.48	\$16.54	9.08 (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	\$167.62	\$70.70	\$0.00	\$15.79	\$24.03	\$0.00	\$30.48	\$16.54	\$9.08	\$1.00		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5649										
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	\$207.56	\$110.64	\$0.00	\$15.79	\$24.03	\$0.00	\$30.48	\$16.54	\$9.08	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.43	\$4.43										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$231.73	\$116.71	\$0.00	\$16.01	\$24.44	\$0.00	\$47.95	\$16.54	\$9.08	\$1.00		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.97											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - WEST ATLANTA		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00256088A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5051	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	20.25%	1.0%	Quarterly Medicaid CMI:			1.5760	1.5342
							3.48	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6038	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$7,083,206	\$4,014,888	\$0	\$461,505	\$895,097	\$0	\$1,454,029		\$257,687	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$647,432)	(\$188,367)	\$0	\$0	(\$1,292)	(\$509)	(\$378,907)		(\$78,357)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$522,301			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$78,073	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,036,148	\$3,826,521	\$0	\$461,505	\$893,805	(\$509)	\$1,075,122	\$522,301	\$179,330	\$78,073	
8	Total Nursing Facility Days As Filed Days = 30,633	FY21 Audited C/R Days	30,633										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,633	FY21 GL-PL Ins Rpt Days								30,633			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$229.69	\$124.91	\$0.00	\$15.07	\$29.16	(with L&H)	\$35.10	\$17.05	\$5.85	\$2.55	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5051									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.99									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$82.99	\$0.00	\$15.07	\$29.16		\$35.10	\$17.05	\$5.85	\$2.55	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.51	\$82.99	\$0.00	\$15.07	\$29.16		\$35.10	\$17.05	11.59 (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	\$193.51	\$82.99	\$0.00	\$15.07	\$29.16	\$0.00	\$35.10	\$17.05	\$11.59	\$2.55	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6038									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.10									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.62	\$133.10	\$0.00	\$15.07	\$29.16	\$0.00	\$35.10	\$17.05	\$11.59	\$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)	\$1.53	\$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	\$1.33	\$1.33									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.66	\$6.66									
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	\$26.62	\$8.52	\$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	\$270.24	\$141.62	\$0.00	\$15.29	\$29.57	\$0.00	\$52.57	\$17.05	\$11.59	\$2.55	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.86										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: BAINBRIDGE HEALTH AND REHAB														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.9312	1.5751	
Prvdr ID: 00258915A														Qtrly BIMS score	23.64%	1.0%	Quarterly Medicaid CMI:	2.0304	1.5342	
Case Mix Per Diem Rate Effective Date: 7/1/2023														Nurse Hours per On-Site Day/Quality Incentive:	2.89	4.0%	Qtrly Mcaid CMI w RUG Wght Options:	2.0699	1.5613	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23																				
			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 FY21 C/R - FY21 GL/PL Rpt	\$5,473,601	\$2,061,357	\$0	\$469,989	\$479,279	\$0	\$1,491,645		\$971,331	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$67,797)	\$21,177	\$0	\$0	\$0	\$0	(\$59,499)		(\$29,475)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$29,010										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$29,475								
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,464,289	\$2,082,534	\$0	\$469,989	\$479,279	\$0	\$1,432,146	\$29,010	\$941,856	\$29,475								
8	Total Nursing Facility Days	As Filed Days = 27,042		27,042																
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,042									27,042									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$202.06	\$77.01	\$0.00	\$17.38	\$17.72	(with L&H)	\$52.96	\$1.07	\$34.83	\$1.09								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9312																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.88																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$39.88	\$0.00	\$17.38	\$17.72		\$52.96	\$1.07	\$34.83	\$1.09								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.97	\$39.88	\$0.00	\$17.38	\$17.72		\$36.91	\$1.07	8.92 (FRV)	\$1.09								
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	\$122.97	\$39.88	\$0.00	\$17.38	\$17.72	\$0.00	\$36.91	\$1.07	\$8.92	\$1.09								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0699																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.55																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.64	\$82.55	\$0.00	\$17.38	\$17.72	\$0.00	\$36.91	\$1.07	\$8.92	\$1.09								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00								
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.83	\$0.83																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.30	\$3.30																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$188.03	\$87.21	\$0.00	\$17.60	\$18.13	\$0.00	\$54.01	\$1.07	\$8.92	\$1.09								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.20																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.6035		1.6035	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 23.40%		Nurse Hours per On-Site Day/Quality Incentive: 3.24		3.24	1.0%	Quarterly Medicaid CMI: 1.5890		1.5890	1.5342		
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6171		1.6171	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,912,617	\$2,635,846	\$0	\$346,846	\$546,352	\$0	\$971,836		\$411,737	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$319,351)	(\$108,314)	\$0	\$0	\$0	\$185	(\$177,137)		(\$34,085)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$284,431			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$29,824	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,907,521	\$2,527,532	\$0	\$346,846	\$546,352	\$185	\$794,699	\$284,431	\$377,652	\$29,824	
8	Total Nursing Facility Days	As Filed Days = 22,406 FY21 Audited C/R Days	22,406										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,406 FY21 GL-PL Ins Rpt Days								22,406			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$219.02	\$112.81	\$0.00	\$15.48	\$24.39	(with L&H)	\$35.47	\$12.69	\$16.85	\$1.33	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6035									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.35									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.35	\$0.00	\$15.48	\$24.39		\$35.47	\$12.69	\$16.85	\$1.33	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.34	\$70.35	\$0.00	\$15.48	\$24.39		\$35.47	\$12.69	10.63 (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	\$170.34	\$70.35	\$0.00	\$15.48	\$24.39	\$0.00	\$35.47	\$12.69	\$10.63	\$1.33	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6171									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.76									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.75	\$113.76	\$0.00	\$15.48	\$24.39	\$0.00	\$35.47	\$12.69	\$10.63	\$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>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	\$5.69	\$5.69									
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	\$25.46	\$7.36	\$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	\$239.21	\$121.12	\$0.00	\$15.70	\$24.80	\$0.00	\$52.94	\$12.69	\$10.63	\$1.33	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.58										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: LAGRANGE HEALTH AND REHAB Prvdr ID: 00270245A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													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%		23.88%	2.81	3.0%	1.6078	1.5751	
																				1.4323	1.5342	
																				1.4566	1.5613	
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 FY21 C/R - FY21 GL/PL Rpt	\$6,234,242	\$2,961,580	\$0	\$515,109	\$598,628	\$0	\$938,777		\$1,220,148	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$117,853)	(\$3,163)	\$0	\$0	\$0	\$0	(\$69,414)		(\$45,276)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R																			\$45,276	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,161,665	\$2,958,417	\$0	\$515,109	\$598,628	\$0	\$869,363	\$0	\$1,174,872	\$45,276										
8	Total Nursing Facility Days	FY21 Audited C/R Days	26,582	26,582																		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								26,582												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$231.79	\$111.29	\$0.00	\$19.38	\$22.52	(with L&H)	\$32.70	\$0.00	\$44.20	\$1.70										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6078																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.22																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.22	\$0.00	\$19.38	\$22.52		\$32.70	\$0.00	\$44.20	\$1.70										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.12	\$69.22	\$0.00	\$19.38	\$22.52		\$32.70	\$0.00	10.60	\$1.70										
											(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	\$156.12	\$69.22	\$0.00	\$19.38	\$22.52	\$0.00	\$32.70	\$0.00	\$10.60	\$1.70										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4566																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.83																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.73	\$100.83	\$0.00	\$19.38	\$22.52	\$0.00	\$32.70	\$0.00	\$10.60	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00										
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.66	\$4.56	\$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	\$210.39	\$105.39	\$0.00	\$19.60	\$22.93	\$0.00	\$50.17	\$0.00	\$10.60	\$1.70										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.97																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7056	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	26.42%	1.0%	Quarterly Medicaid CMI:			1.5447	1.5342
							2.89	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5737	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,495,483	\$2,104,633	\$0	\$341,191	\$403,048	\$0	\$640,127		\$1,006,484	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$92,822)	\$0	\$0	\$0	\$0	\$0	(\$68,341)		(\$24,481)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$55,559			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$24,481	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,482,701	\$2,104,633	\$0	\$341,191	\$403,048	\$0	\$571,786	\$55,559	\$982,003	\$24,481	
8	Total Nursing Facility Days	As Filed Days = 21,134 FY21 Audited C/R Days	21,134										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,134 FY21 GL-PL Ins Rpt Days								21,134			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$212.12	\$99.59	\$0.00	\$16.14	\$19.07	(with L&H)	\$27.06	\$2.63	\$46.47	\$1.16	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7056									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.39									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.39	\$0.00	\$16.14	\$19.07		\$27.06	\$2.63	\$46.47	\$1.16	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.41	\$58.39	\$0.00	\$16.14	\$19.07		\$27.06	\$2.63	9.96 (FRV)	\$1.16	
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	\$134.41	\$58.39	\$0.00	\$16.14	\$19.07	\$0.00	\$27.06	\$2.63	\$9.96	\$1.16	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5737									
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	\$167.91	\$91.89	\$0.00	\$16.14	\$19.07	\$0.00	\$27.06	\$2.63	\$9.96	\$1.16	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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>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	\$21.39	\$3.29	\$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	\$189.30	\$95.18	\$0.00	\$16.36	\$19.48	\$0.00	\$44.53	\$2.63	\$9.96	\$1.16	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.15										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WILLOWOOD HEALTHCARE AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00271829A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.8038	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	28.24%	1.0%	Quarterly Medicaid CMI:			1.8171	1.5342
							2.85	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8526	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,229,778	\$2,612,599	\$0	\$547,841	\$426,159	\$0	\$977,519		\$665,660	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$248,424)	\$0	\$0	\$0	(\$851)	(\$801)	(\$210,772)		(\$36,000)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$210,772			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$35,861	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,227,987	\$2,612,599	\$0	\$547,841	\$425,308	(\$801)	\$766,747	\$210,772	\$629,660	\$35,861	
8	Total Nursing Facility Days	As Filed Days = 28,538 FY21 Audited C/R Days	28,538										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,538 FY21 GL-PL Ins Rpt Days								28,538			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$183.21	\$91.55	\$0.00	\$19.20	\$14.88	(with L&H)	\$26.87	\$7.39	\$22.06	\$1.26	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8038									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.75									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$50.75	\$0.00	\$19.20	\$14.88		\$26.87	\$7.39	\$22.06	\$1.26	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.98	\$50.75	\$0.00	\$19.20	\$14.88		\$26.87	\$7.39	8.63 (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	\$128.98	\$50.75	\$0.00	\$19.20	\$14.88	\$0.00	\$26.87	\$7.39	\$8.63	\$1.26	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8526									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.02									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.25	\$94.02	\$0.00	\$19.20	\$14.88	\$0.00	\$26.87	\$7.39	\$8.63	\$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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.82	\$2.82									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.39	\$4.29	\$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	\$194.64	\$98.31	\$0.00	\$19.42	\$15.29	\$0.00	\$44.34	\$7.39	\$8.63	\$1.26	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.16										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CRESTVIEW HEALTH & REHAB CTR		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00273567A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3901	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	29.07%	1.0%	Quarterly Medicaid CMI:			1.3404	1.5342
							2.20	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3623	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$25,073,162	\$13,127,953	\$0	\$2,750,383	\$2,165,295	\$1,101,918	\$4,174,714		\$1,752,899	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$290,759)	\$0	\$0	\$0	\$11,715	\$5,961	(\$134,798)		(\$173,637)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$100,000			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$3,588	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$24,885,991	\$13,127,953	\$0	\$2,750,383	\$2,177,010	\$1,107,879	\$4,039,916	\$100,000	\$1,579,262	\$3,588	
8	Total Nursing Facility Days	As Filed Days = 106,099 FY21 Audited C/R Days	106,099										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 106,099 FY21 GL-PL Ins Rpt Days								106,099			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$234.54	\$123.73	\$0.00	\$25.92	\$30.96	(with L&H)	\$38.08	\$0.94	\$14.88	\$0.03	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3901									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.01									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$89.01	\$0.00	\$25.92	\$30.96		\$38.08	\$0.94	\$14.88	\$0.03	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.42	\$89.01	\$0.00	\$25.92	\$30.96		\$36.91	\$0.94	10.65 (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	\$194.42	\$89.01	\$0.00	\$25.92	\$30.96	\$0.00	\$36.91	\$0.94	\$10.65	\$0.03	
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		\$121.26									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.67	\$121.26	\$0.00	\$25.92	\$30.96	\$0.00	\$36.91	\$0.94	\$10.65	\$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)	\$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)	\$0.00						\$0.00				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$4.80	\$4.17	\$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	\$231.47	\$125.43	\$0.00	\$26.14	\$31.37	\$0.00	\$36.91	\$0.94	\$10.65	\$0.03	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.60										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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:	1.8356	1.5751				
Provider: CRISP REGIONAL NSG & REHAB CTR Prvdr ID: 00274128A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													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:	1.8356	1.5751	1.7325	1.5342	1.7666	1.5613
CASE MIX BASED RATE CALCULATIONS																										
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</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 FY21 C/R - FY21 GL/PL Rpt	\$5,965,708	\$3,214,189	\$0	\$568,532	\$254,086	\$364,358	\$1,183,820		\$380,723	\$0														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$84,180)	\$192,250	\$0	\$0	(\$523)	(\$51,127)	(\$212,005)		(\$12,775)															
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$71,384																
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$12,785														
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,965,697	\$3,406,439	\$0	\$568,532	\$253,563	\$313,231	\$971,815	\$71,384	\$367,948	\$12,785														
8	Total Nursing Facility Days	As Filed Days = 19,654 FY21 Audited C/R Days	19,654																							
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,654 FY21 GL-PL Ins Rpt Days								19,654																
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$303.54	\$173.32	\$0.00	\$28.93	\$28.84	(with L&H)	\$49.45	\$3.63	\$18.72	\$0.65														
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8356																						
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.42																						
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$94.42	\$0.00	\$28.93	\$28.84		\$49.45	\$3.63	\$18.72	\$0.65														
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A															
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.19	\$94.42	\$0.00	\$28.93	\$28.84		\$36.91	\$3.63	10.81 (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	\$204.19	\$94.42	\$0.00	\$28.93	\$28.84	\$0.00	\$36.91	\$3.63	\$10.81	\$0.65														
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		\$166.80																						
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$276.57	\$166.80	\$0.00	\$28.93	\$28.84	\$0.00	\$36.91	\$3.63	\$10.81	\$0.65														
Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$4.17	\$4.17																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$27.43	\$9.70	\$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	\$304.00	\$176.50	\$0.00	\$29.15	\$29.25	\$0.00	\$54.01	\$3.63	\$10.81	\$0.65														
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$215.18																							

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THOMASVILLE HEALTH & REHAB, LLC		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00277604A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6481	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	33.33%	2.5%	Quarterly Medicaid CMI:			1.5732	1.5342
							3.25	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6034	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$2,863,334	\$1,312,669	\$0	\$319,275	\$285,297	\$0	\$547,400		\$398,693	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$52,525)	(\$4,942)	\$0	\$0	\$0	\$0	(\$29,869)		(\$17,714)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,714	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,828,523	\$1,307,727	\$0	\$319,275	\$285,297	\$0	\$517,531	\$0	\$380,979	\$17,714	
8	Total Nursing Facility Days	FY21 Audited C/R Days	13,719										
	As Filed Days = 13,719												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								13,719			
	As Filed Days = 13,719												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$206.17	\$95.32	\$0.00	\$23.27	\$20.80	(with L&H)	\$37.72	\$0.00	\$27.77	\$1.29	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6481									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.84									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.84	\$0.00	\$23.27	\$20.80		\$37.72	\$0.00	\$27.77	\$1.29	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.66	\$57.84	\$0.00	\$23.27	\$20.80		\$36.91	\$0.00	10.55 (FRV)	\$1.29	
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	\$150.66	\$57.84	\$0.00	\$23.27	\$20.80	\$0.00	\$36.91	\$0.00	\$10.55	\$1.29	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6034									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.74									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.56	\$92.74	\$0.00	\$23.27	\$20.80	\$0.00	\$36.91	\$0.00	\$10.55	\$1.29	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$208.92	\$98.37	\$0.00	\$23.49	\$21.21	\$0.00	\$54.01	\$0.00	\$10.55	\$1.29	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.87										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: DELMAR GARDENS OF SMYRNA Prvdr ID: 00296271A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Facility Score	State-wide								
													N/A	20.78%	3.48	0.00%	1.0%	3.0%	Base Period Overall CMI:	1.5215	1.5751	
													20.78%	3.48	0.00%	1.0%	3.0%	Quarterly Medicaid CMI:	1.3048	1.5342		
													3.48	3.48	3.0%	3.0%	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.3246	1.5613		
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 FY21 C/R - FY21 GL/PL Rpt	\$7,583,660	\$4,172,188	\$0	\$858,148	\$899,316	\$0	\$1,244,503		\$409,505	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$171,981)	(\$68,055)	\$0	\$0	\$1,593	\$8,574	(\$44,122)		(\$69,971)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$83,100												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$70,215										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,564,994	\$4,104,133	\$0	\$858,148	\$900,909	\$8,574	\$1,200,381	\$83,100	\$339,534	\$70,215										
8	Total Nursing Facility Days	FY21 Audited C/R Days	32,894																			
	As Filed Days = 32,894																					
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								32,894												
	As Filed Days = 32,894																					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$229.98	\$124.77	\$0.00	\$26.09	\$27.65	(with L&H)	\$36.49	\$2.53	\$10.32	\$2.13										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5215																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.01																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$82.01	\$0.00	\$26.09	\$27.65		\$36.49	\$2.53	\$10.32	\$2.13										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.28	\$82.01	\$0.00	\$26.09	\$27.65		\$36.49	\$2.53	12.38 (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	\$189.28	\$82.01	\$0.00	\$26.09	\$27.65	\$0.00	\$36.49	\$2.53	\$12.38	\$2.13										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3246																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.63																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.90	\$108.63	\$0.00	\$26.09	\$27.65	\$0.00	\$36.49	\$2.53	\$12.38	\$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)	\$1.47	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.31		\$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	\$3.26	\$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	\$22.92	\$4.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.41	\$0.00	\$0.00	\$0.00										
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.82	\$113.51	\$0.00	\$26.31	\$28.06	\$0.00	\$53.90	\$2.53	\$12.38	\$2.13										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.29																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: NHC HEALTHCARE FT OGLETHORPE Prvdr ID: 00344759A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
			Growth Allowance: N/A Qtrly BIMS score: 30.43% Nurse Hours per On-Site Day/Quality Incentive: 3.75				Add-on Percent: 0.00% 2.5% 4.0%				Base Period Overall CMI: 1.2825 Quarterly Medicaid CMI: 1.1889 Qtrly Mcaid CMI w RUG Wght Options: 1.2064		Facility Specific: 1.2825 1.1889 1.2064	State-wide: 1.5751 1.5342 1.5613
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,635,829	\$4,941,021	\$0	\$880,223	\$874,293	\$0	\$1,567,555		\$372,737	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$303,798)	(\$23,391)	\$0	\$0	(\$3,161)	(\$3,426)	(\$209,600)		(\$64,220)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$209,600				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$63,736		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,605,367	\$4,917,630	\$0	\$880,223	\$871,132	(\$3,426)	\$1,357,955	\$209,600	\$308,517	\$63,736		
8	Total Nursing Facility Days	As Filed Days = 42,758 FY21 Audited C/R Days	42,758											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 42,758 FY21 GL-PL Ins Rpt Days								42,758				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$201.26	\$115.01	\$0.00	\$20.59	\$20.29	(with L&H)	\$31.76	\$4.90	\$7.22	\$1.49		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2825										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.68										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$89.68	\$0.00	\$20.59	\$20.29		\$31.76	\$4.90	\$7.22	\$1.49		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.22	\$89.68	\$0.00	\$20.59	\$20.29		\$31.76	\$4.90	12.51 (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	\$181.22	\$89.68	\$0.00	\$20.59	\$20.29	\$0.00	\$31.76	\$4.90	\$12.51	\$1.49		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2064										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.19										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.73	\$108.19	\$0.00	\$20.59	\$20.29	\$0.00	\$31.76	\$4.90	\$12.51	\$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>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.33	\$4.33										
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	\$25.66	\$7.56	\$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	\$225.39	\$115.75	\$0.00	\$20.81	\$20.70	\$0.00	\$49.23	\$4.90	\$12.51	\$1.49		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.22											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRESBYTERIAN VILLAGE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00362832A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.7786	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	45.45%	5.5%	Quarterly Medicaid CMI:				1.7244	1.5342
							5.02	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.7583	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$9,691,375	\$5,269,868	\$0	\$781,677	\$1,020,274	\$0	\$1,975,109		\$644,447	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$164,404)	\$0	\$0	\$0	\$0	\$0	(\$144,638)		(\$19,766)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$129,346				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,766		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,676,083	\$5,269,868	\$0	\$781,677	\$1,020,274	\$0	\$1,830,471	\$129,346	\$624,681	\$19,766		
8	Total Nursing Facility Days	FY21 Audited C/R Days	27,539											
	As Filed Days = 27,539													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								27,539				
	As Filed Days = 27,539													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$351.36	\$191.36	\$0.00	\$28.38	\$37.05	(with L&H)	\$66.47	\$4.70	\$22.68	\$0.72		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7786										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.59										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$107.59	\$0.00	\$28.38	\$37.05		\$66.47	\$4.70	\$22.68	\$0.72		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$224.67	\$99.82	\$0.00	\$26.82	\$33.28		\$36.91	\$4.70	22.42 (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	\$224.67	\$99.82	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.70	\$22.42	\$0.72		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7583										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$175.51										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$300.36	\$175.51	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.70	\$22.42	\$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)	\$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>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$9.65	\$9.65										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.27	\$5.27										
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	\$14.92	\$14.92	\$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	\$315.28	\$190.43	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.70	\$22.42	\$0.72		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$236.46											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3820	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	27.27%	1.0%	Quarterly Medicaid CMI:			1.1730	1.5342
							3.62	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1877	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,793,869	\$2,854,714	\$0	\$466,998	\$464,572	\$0	\$829,150		\$178,435	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$130,188)	(\$1,054)	\$0	(\$2,317)	(\$1,431)	\$1,435	(\$80,827)		(\$45,994)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$80,827			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$45,685	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,790,193	\$2,853,660	\$0	\$464,681	\$463,141	\$1,435	\$748,323	\$80,827	\$132,441	\$45,685	
8	Total Nursing Facility Days	As Filed Days = 21,403 FY21 Audited C/R Days	21,403										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,403 FY21 GL-PL Ins Rpt Days								21,403			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.81	\$133.33	\$0.00	\$21.71	\$21.71	(with L&H)	\$34.96	\$3.78	\$6.19	\$2.13	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3820									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.47									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$96.47	\$0.00	\$21.71	\$21.71		\$34.96	\$3.78	\$6.19	\$2.13	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.50	\$96.47	\$0.00	\$21.71	\$21.71		\$34.96	\$3.78	9.74 (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	\$190.50	\$96.47	\$0.00	\$21.71	\$21.71	\$0.00	\$34.96	\$3.78	\$9.74	\$2.13	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1877									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.58									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.61	\$114.58	\$0.00	\$21.71	\$21.71	\$0.00	\$34.96	\$3.78	\$9.74	\$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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.73	\$5.73									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.51	\$7.41	\$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	\$234.12	\$121.99	\$0.00	\$21.93	\$22.12	\$0.00	\$52.43	\$3.78	\$9.74	\$2.13	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.77										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5002	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	66.67%	5.5%	Quarterly Medicaid CMI:			1.4905	1.5342
							3.62	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5194	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,298,657	\$2,325,947	\$0	\$402,234	\$660,121	\$0	\$816,431		\$93,924	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$144,493)	(\$4,429)	\$0	\$1,176	\$984	\$5,112	(\$106,590)		(\$40,746)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$110,444			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$41,995	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,306,603	\$2,321,518	\$0	\$403,410	\$661,105	\$5,112	\$709,841	\$110,444	\$53,178	\$41,995	
8	Total Nursing Facility Days	As Filed Days = 19,344 FY21 Audited C/R Days		19,344									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,344 FY21 GL-PL Ins Rpt Days								19,344			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.63	\$120.01	\$0.00	\$20.85	\$34.44	(with L&H)	\$36.70	\$5.71	\$2.75	\$2.17	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5002									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.00									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.00	\$0.00	\$20.85	\$34.44		\$36.70	\$5.71	\$2.75	\$2.17	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.98	\$80.00	\$0.00	\$20.85	\$33.28		\$36.70	\$5.71	12.27 (FRV)	\$2.17	
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	\$190.98	\$80.00	\$0.00	\$20.85	\$33.28	\$0.00	\$36.70	\$5.71	\$12.27	\$2.17	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5194									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.55									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.53	\$121.55	\$0.00	\$20.85	\$33.28	\$0.00	\$36.70	\$5.71	\$12.27	\$2.17	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.91	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.16		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.69	\$6.69									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.08	\$6.08									
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	\$30.78	\$13.30	\$0.00	\$0.22	\$0.00	\$0.00	\$17.26	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$263.31	\$134.85	\$0.00	\$21.07	\$33.28	\$0.00	\$53.96	\$5.71	\$12.27	\$2.17	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.66										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: WESTWOOD HEALTHCARE AND REHABILITATION Prvdr ID: 00370862A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													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	0.00%	34.04%	2.5%	3.05	2.0%	1.8838	1.5751			
																									1.8399	1.5342	
																										1.8766	1.5613
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 FY21 C/R - FY21 GL/PL Rpt	\$3,095,731	\$1,636,652	\$0	\$304,674	\$246,393	\$0	\$644,395		\$263,617	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$152,182)	\$0	\$0	\$0	\$0	\$0	(\$119,552)		(\$32,630)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$119,552																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R																								\$32,630	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,095,731	\$1,636,652	\$0	\$304,674	\$246,393	\$0	\$524,843	\$119,552	\$230,987	\$32,630															
8	Total Nursing Facility Days	FY21 Audited C/R Days	14,406																								
	As Filed Days = 14,406																										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								14,406																	
	As Filed Days = 14,406																										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$214.89	\$113.61	\$0.00	\$21.15	\$17.10	(with L&H)	\$36.43	\$8.30	\$16.03	\$2.27															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8838																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.31																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.31	\$0.00	\$21.15	\$17.10		\$36.43	\$8.30	\$16.03	\$2.27															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.01	\$60.31	\$0.00	\$21.15	\$17.10		\$36.43	\$8.30	10.45	\$2.27															
											(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	\$156.01	\$60.31	\$0.00	\$21.15	\$17.10	\$0.00	\$36.43	\$8.30	\$10.45	\$2.27															
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		\$113.18																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.88	\$113.18	\$0.00	\$21.15	\$17.10	\$0.00	\$36.43	\$8.30	\$10.45	\$2.27															
	Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.52	\$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	\$2.83	\$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	\$2.26	\$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	\$23.71	\$5.62	\$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	\$232.59	\$118.80	\$0.00	\$21.37	\$17.51	\$0.00	\$53.89	\$8.30	\$10.45	\$2.27															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.62																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LIFE CARE CENTER OF GWINNETT		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00370873A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance:	N/A	Base Period Overall CMI:				1.5103	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	27.42%	Quarterly Medicaid CMI:				1.2623	1.5342	
					3.21	Qtrly Mcaid CMI w RUG Wght Options:				1.2804	1.5613	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$6,323,178	\$3,159,074	\$0	\$677,534	\$799,881	\$0	\$1,268,941		\$417,748	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$262,957)	\$0	\$0	\$0	\$0	\$0	(\$161,998)		(\$100,959)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$161,998		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$100,959
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,323,178	\$3,159,074	\$0	\$677,534	\$799,881	\$0	\$1,106,943	\$161,998	\$316,789	\$100,959
8	Total Nursing Facility Days	FY21 Audited C/R Days	22,099									
	As Filed Days = 22,099											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								22,099		
	As Filed Days = 22,099											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$286.13	\$142.95	\$0.00	\$30.66	\$36.20	(with L&H)	\$50.09	\$7.33	\$14.33	\$4.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5103								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.65								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$94.65	\$0.00	\$30.66	\$36.20		\$50.09	\$7.33	\$14.33	\$4.57
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$215.30	\$94.65	\$0.00	\$26.82	\$33.28		\$36.91	\$7.33	11.74 (FRV)	\$4.57
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	\$215.30	\$94.65	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$7.33	\$11.74	\$4.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2804								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.84	\$121.19	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$7.33	\$11.74	\$4.57
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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.06	\$6.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.90	\$7.80	\$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	\$266.74	\$128.99	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$7.33	\$11.74	\$4.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.23									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: DELMAR GARDENS OF GWINNETT		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00395161A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.6088		1.6088	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 13.89%		Qtrly BIMS score: 13.89%		13.89%	0.0%	Quarterly Medicaid CMI: 1.4444		1.4444	1.5342		
		Nurse Hours per On-Site Day/Quality Incentive: 3.59		Nurse Hours per On-Site Day/Quality Incentive: 3.59		3.59	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4658		1.4658	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,857,404	\$2,525,340	\$0	\$878,028	\$820,040	\$0	\$1,078,973		\$555,023	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$237,933)	(\$13,579)	\$0	\$0	(\$16,034)	(\$5,885)	(\$68,398)		(\$134,037)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$63,000			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$129,613	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,812,084	\$2,511,761	\$0	\$878,028	\$804,006	(\$5,885)	\$1,010,575	\$63,000	\$420,986	\$129,613	
8	Total Nursing Facility Days As Filed Days = 19,298	FY21 Audited C/R Days	19,298										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,298	FY21 GL-PL Ins Rpt Days								19,298			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$301.19	\$130.16	\$0.00	\$45.50	\$41.36	(with L&H)	\$52.37	\$3.26	\$21.82	\$6.72	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6088									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.91									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.91	\$0.00	\$45.50	\$41.36		\$52.37	\$3.26	\$21.82	\$6.72	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.25	\$80.91	\$0.00	\$26.82	\$33.28		\$36.91	\$3.26	10.35 (FRV)	\$6.72	
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	\$198.25	\$80.91	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$3.26	\$10.35	\$6.72	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4658									
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	\$235.94	\$118.60	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$3.26	\$10.35	\$6.72	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$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	\$3.56	\$3.56									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.19	\$4.09	\$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	\$257.13	\$122.69	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$3.26	\$10.35	\$6.72	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.02										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LAKE CROSSING HEALTH CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00403939A		Growth Allowance: N/A				N/A	0.00%	Base Period Overall CMI: 1.5577				1.5577	1.5751
Case Mix Per Diem Rate Effective Date: 7/1/2023		Qtrly BIMS score: 55.56%				55.56%	5.5%	Quarterly Medicaid CMI: 1.7786				1.7786	1.5342
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive: 2.60				2.60	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8129				1.8129	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,976,194	\$2,374,505	\$0	\$445,367	\$663,825	\$0	\$963,647		\$1,528,850	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$265,489)	\$0	\$0	\$0	\$0	(\$5,125)	(\$215,627)		(\$44,737)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$229,705			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$44,737	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,985,147	\$2,374,505	\$0	\$445,367	\$663,825	(\$5,125)	\$748,020	\$229,705	\$1,484,113	\$44,737	
8	Total Nursing Facility Days As Filed Days = 27,902	FY21 Audited C/R Days	27,902										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,902	FY21 GL-PL Ins Rpt Days								27,902			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$214.50	\$85.10	\$0.00	\$15.96	\$23.61	(with L&H)	\$26.81	\$8.23	\$53.19	\$1.60	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5577									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.63									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$54.63	\$0.00	\$15.96	\$23.61		\$26.81	\$8.23	\$53.19	\$1.60	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.32	\$54.63	\$0.00	\$15.96	\$23.61		\$26.81	\$8.23	11.48 (FRV)	\$1.60	
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	\$142.32	\$54.63	\$0.00	\$15.96	\$23.61	\$0.00	\$26.81	\$8.23	\$11.48	\$1.60	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8129									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.04									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.73	\$99.04	\$0.00	\$15.96	\$23.61	\$0.00	\$26.81	\$8.23	\$11.48	\$1.60	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.45	\$5.45									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$213.78	\$107.99	\$0.00	\$16.18	\$24.02	\$0.00	\$44.28	\$8.23	\$11.48	\$1.60	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.51										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: TOWNSEND PARK HEALTH AND REHABILITATION Prvdr ID: 00404995A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
			Growth Allowance: N/A Qtrly BIMS score: 48.94% Nurse Hours per On-Site Day/Quality Incentive: 3.31				Add-on Percent: 0.00% 5.5% 6.0%				Base Period Overall CMI: 1.3178 Quarterly Medicaid CMI: 1.3388 Qtrly Mcaid CMI w RUG Wght Options: 1.3601		Facility Specific: 1.3178 1.3388 1.3601	State-wide: 1.5751 1.5342 1.5613
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,355,073	\$3,698,777	\$0	\$624,689	\$884,750	\$0	\$1,731,448		\$415,409	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$158,646)	(\$5,507)	\$0	(\$917)	\$0	\$820	(\$138,275)		(\$14,767)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$128,960				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$14,767		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,340,154	\$3,693,270	\$0	\$623,772	\$884,750	\$820	\$1,593,173	\$128,960	\$400,642	\$14,767		
8	Total Nursing Facility Days	FY21 Audited C/R Days	32,134											
	As Filed Days = 32,134													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								32,134				
	As Filed Days = 32,134													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$228.42	\$114.93	\$0.00	\$19.41	\$27.56	(with L&H)	\$49.58	\$4.01	\$12.47	\$0.46		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3178										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.21										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.21	\$0.00	\$19.41	\$27.56		\$49.58	\$4.01	\$12.47	\$0.46		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.85	\$87.21	\$0.00	\$19.41	\$27.56		\$36.91	\$4.01	14.29	\$0.46		
											(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	\$189.85	\$87.21	\$0.00	\$19.41	\$27.56	\$0.00	\$36.91	\$4.01	\$14.29	\$0.46		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3601										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.61										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.25	\$118.61	\$0.00	\$19.41	\$27.56	\$0.00	\$36.91	\$4.01	\$14.29	\$0.46		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$6.52	\$6.52										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.12	\$7.12										
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	\$31.90	\$14.17	\$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	\$253.15	\$132.78	\$0.00	\$19.63	\$27.97	\$0.00	\$54.01	\$4.01	\$14.29	\$0.46		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.04											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: FOUR COUNTY HEALTH AND REHABILITATION Prvdr ID: 00405292A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Growth Allowance: N/A Qtrly BIMS score: 44.44% 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: 1.5838 Quarterly Medicaid CMI: 1.5161 Qtrly Mcaid CMI w RUG Wght Options: 1.5417			1.5838	1.5751	1.5161	1.5342	1.5417	1.5613
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,784,811	\$2,476,310	\$0	\$504,007	\$522,033	\$0	\$797,436		\$485,025	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$150,678)	(\$15,075)	\$0	(\$611)	\$0	(\$462)	(\$99,697)		(\$34,833)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$89,505																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$33,730															
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,757,368	\$2,461,235	\$0	\$503,396	\$522,033	(\$462)	\$697,739	\$89,505	\$450,192	\$33,730															
8	Total Nursing Facility Days	As Filed Days = 21,395 FY21 Audited C/R Days		21,645																							
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,395 FY21 GL-PL Ins Rpt Days								21,645																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$219.81	\$113.71	\$0.00	\$23.26	\$24.10	(with L&H)	\$32.24	\$4.14	\$20.80	\$1.56															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5838																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.80																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.80	\$0.00	\$23.26	\$24.10		\$32.24	\$4.14	\$20.80	\$1.56															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.57	\$71.80	\$0.00	\$23.26	\$24.10		\$32.24	\$4.14	10.47 (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	\$167.57	\$71.80	\$0.00	\$23.26	\$24.10	\$0.00	\$32.24	\$4.14	\$10.47	\$1.56															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5417																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.69																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.46	\$110.69	\$0.00	\$23.26	\$24.10	\$0.00	\$32.24	\$4.14	\$10.47	\$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>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>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.64	\$6.64																							
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	\$28.04	\$9.94	\$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	\$234.50	\$120.63	\$0.00	\$23.48	\$24.51	\$0.00	\$49.71	\$4.14	\$10.47	\$1.56															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.05																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: SOUTHLAND HEALTH AND REHABILITATION Prvdr ID: 00409054A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													
							Facility Score: N/A	Add-on Percent: 0.00%	Base Period Overall CMI: 1.6255				1.5751
							Qtrly BIMS score: 20.55%	1.0%	Quarterly Medicaid CMI: 1.4328				1.5342
							Nurse Hours per On-Site Day/Quality Incentive: 3.58	6.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4552				1.5613
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,886,085	\$4,416,545	\$0	\$814,426	\$1,052,395	\$0	\$1,466,368		\$2,136,351	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$211,649)	(\$4,214)	\$0	(\$1,031)	(\$5,378)	(\$6,362)	(\$122,044)		(\$72,620)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$161,200			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$71,887	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,907,523	\$4,412,331	\$0	\$813,395	\$1,047,017	(\$6,362)	\$1,344,324	\$161,200	\$2,063,731	\$71,887	
8	Total Nursing Facility Days	FY21 Audited C/R Days	36,118										
	As Filed Days = 36,118												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								36,118			
	As Filed Days = 36,118												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$274.30	\$122.16	\$0.00	\$22.52	\$28.81	(with L&H)	\$37.22	\$4.46	\$57.14	\$1.99	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6255									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.15									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.15	\$0.00	\$22.52	\$28.81		\$37.22	\$4.46	\$57.14	\$1.99	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.28	\$75.15	\$0.00	\$22.52	\$28.81		\$36.91	\$4.46	14.44 (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	\$184.28	\$75.15	\$0.00	\$22.52	\$28.81	\$0.00	\$36.91	\$4.46	\$14.44	\$1.99	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4552									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.36									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.49	\$109.36	\$0.00	\$22.52	\$28.81	\$0.00	\$36.91	\$4.46	\$14.44	\$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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.56	\$6.56									
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	\$25.91	\$8.18	\$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	\$244.40	\$117.54	\$0.00	\$22.74	\$29.22	\$0.00	\$54.01	\$4.46	\$14.44	\$1.99	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.48										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - TOOMSBORO		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00409494A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5376		1.5376	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 33.33%		Nurse Hours per On-Site Day/Quality Incentive: 2.90		33.33%	2.5%	Quarterly Medicaid CMI: 1.5209		1.5209	1.5342		
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5483		1.5483	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$3,710,186	\$1,848,536	\$0	\$332,830	\$459,746	\$0	\$832,616		\$236,458	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$308,087)	(\$12,861)	\$0	\$0	(\$2,718)	(\$2,965)	(\$264,089)		(\$25,454)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$268,711			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,053	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,695,863	\$1,835,675	\$0	\$332,830	\$457,028	(\$2,965)	\$568,527	\$268,711	\$211,004	\$25,053	
8	Total Nursing Facility Days As Filed Days = 18,484	FY21 Audited C/R Days	18,484										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,484	FY21 GL-PL Ins Rpt Days								18,484			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$199.97	\$99.31	\$0.00	\$18.01	\$24.57	(with L&H)	\$30.76	\$14.54	\$11.42	\$1.36	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5376									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.59									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.59	\$0.00	\$18.01	\$24.57		\$30.76	\$14.54	\$11.42	\$1.36	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.18	\$64.59	\$0.00	\$18.01	\$24.57		\$30.76	\$14.54	13.35 (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	\$167.18	\$64.59	\$0.00	\$18.01	\$24.57	\$0.00	\$30.76	\$14.54	\$13.35	\$1.36	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5483									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.00									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.59	\$100.00	\$0.00	\$18.01	\$24.57	\$0.00	\$30.76	\$14.54	\$13.35	\$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)	\$1.53	\$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	\$228.72	\$108.03	\$0.00	\$18.23	\$24.98	\$0.00	\$48.23	\$14.54	\$13.35	\$1.36	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.72										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: CHERRY BLOSSOM HEALTH AND REHABILITATION Prvdr ID: 00413509A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Growth Allowance: N/A Qtrly BIMS score: 37.04% Nurse Hours per On-Site Day/Quality Incentive: 3.50			Facility Score: N/A Add-on Percent: 0.00% 2.5% 5.0%			Base Period Overall CMI: 1.6594 Quarterly Medicaid CMI: 1.3146 Qtrly Mcaid CMI w RUG Wght Options: 1.3331			1.6594	1.5751	1.3146	1.5342	1.3331	1.5613
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,462,028	\$2,271,031	\$0	\$405,453	\$520,659	\$0	\$839,759		\$425,126	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$132,276)	(\$2,174)	\$0	(\$532)	\$0	(\$491)	(\$93,083)		(\$35,996)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$86,501																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$35,996															
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,452,249	\$2,268,857	\$0	\$404,921	\$520,659	(\$491)	\$746,676	\$86,501	\$389,130	\$35,996															
8	Total Nursing Facility Days	As Filed Days = 18,633 FY21 Audited C/R Days	18,633																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,633 FY21 GL-PL Ins Rpt Days								18,633																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$238.94	\$121.77	\$0.00	\$21.73	\$27.92	(with L&H)	\$40.07	\$4.64	\$20.88	\$1.93															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6594																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.38																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.38	\$0.00	\$21.73	\$27.92		\$40.07	\$4.64	\$20.88	\$1.93															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.97	\$73.38	\$0.00	\$21.73	\$27.92		\$36.91	\$4.64	11.46 (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	\$177.97	\$73.38	\$0.00	\$21.73	\$27.92	\$0.00	\$36.91	\$4.64	\$11.46	\$1.93															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3331																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.82																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.41	\$97.82	\$0.00	\$21.73	\$27.92	\$0.00	\$36.91	\$4.64	\$11.46	\$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)	\$1.16	\$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	\$2.45	\$2.45																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.89	\$4.89																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.60	\$7.87	\$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	\$228.01	\$105.69	\$0.00	\$21.95	\$28.33	\$0.00	\$54.01	\$4.64	\$11.46	\$1.93															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.18																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LEGACY HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00415522A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.2628		1.2628	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 27.78%		Nurse Hours per On-Site Day/Quality Incentive: 3.71		27.78%	1.0%	Quarterly Medicaid CMI: 1.3933		1.3933	1.5342		
							6.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4169		1.4169	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$3,269,481	\$1,784,377	\$0	\$308,236	\$379,445	\$0	\$601,119		\$196,304	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$56,755	\$75,221	\$0	(\$358)	\$1,867	\$2,129	(\$13,672)		(\$8,432)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$52,000			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$8,535	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,386,771	\$1,859,598	\$0	\$307,878	\$381,312	\$2,129	\$587,447	\$52,000	\$187,872	\$8,535	
8	Total Nursing Facility Days	As Filed Days = 12,528 FY21 Audited C/R Days	12,528										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 12,528 FY21 GL-PL Ins Rpt Days								12,528			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$270.35	\$148.44	\$0.00	\$24.58	\$30.61	(with L&H)	\$46.89	\$4.15	\$15.00	\$0.68	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2628									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$117.54									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$117.54	\$0.00	\$24.58	\$30.61		\$46.89	\$4.15	\$15.00	\$0.68	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$233.72	\$99.82	\$0.00	\$24.58	\$30.61		\$36.91	\$4.15	36.97 (FRV)	\$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	\$233.72	\$99.82	\$0.00	\$24.58	\$30.61	\$0.00	\$36.91	\$4.15	\$36.97	\$0.68	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4169									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.43									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$275.33	\$141.43	\$0.00	\$24.58	\$30.61	\$0.00	\$36.91	\$4.15	\$36.97	\$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)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.41	\$1.41									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.49	\$8.49									
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	\$27.63	\$9.90	\$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	\$302.96	\$151.33	\$0.00	\$24.80	\$31.02	\$0.00	\$54.01	\$4.15	\$36.97	\$0.68	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$214.40										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: FOUNTAINVIEW CTR FOR ALZHEIMER Prvdr ID: 00421429A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23												
			Growth Allowance: N/A Qtrly BIMS score: 78.85% Nurse Hours per On-Site Day/Quality Incentive: 3.33				Add-on Percent: 0.00% 5.5% 3.0%				Base Period Overall CMI: 1.5801 Quarterly Medicaid CMI: 1.4127 Qtrly Mcaid CMI w RUG Wght Options: 1.4313	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,537,401	\$4,542,297	\$0	\$850,028	\$990,796	\$0	\$1,401,964		\$752,316	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$503,560)	(\$38,081)	\$0	\$0	(\$1,864)	(\$1,679)	(\$159,028)		(\$302,908)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$197,109		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$301,825
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,532,775	\$4,504,216	\$0	\$850,028	\$988,932	(\$1,679)	\$1,242,936	\$197,109	\$449,408	\$301,825
8	Total Nursing Facility Days	As Filed Days = 34,221 FY21 Audited C/R Days	34,221									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,221 FY21 GL-PL Ins Rpt Days								34,221		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$249.34	\$131.62	\$0.00	\$24.84	\$28.85	(with L&H)	\$36.32	\$5.76	\$13.13	\$8.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5801								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.30	\$0.00	\$24.84	\$28.85		\$36.32	\$5.76	\$13.13	\$8.82
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.91	\$83.30	\$0.00	\$24.84	\$28.85		\$36.32	\$5.76	14.02 <i>(FRV)</i>	\$8.82
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	\$201.91	\$83.30	\$0.00	\$24.84	\$28.85	\$0.00	\$36.32	\$5.76	\$14.02	\$8.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4313								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.84	\$119.23	\$0.00	\$24.84	\$28.85	\$0.00	\$36.32	\$5.76	\$14.02	\$8.82
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>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	\$28.77	\$10.67	\$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	\$266.61	\$129.90	\$0.00	\$25.06	\$29.26	\$0.00	\$53.79	\$5.76	\$14.02	\$8.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.13									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SANDY SPRINGS HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00426214A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.7712	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	38.32%	2.5%	Quarterly Medicaid CMI:				1.8836	1.5342
							3.27	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.9208	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$10,069,666	\$4,620,068	\$0	\$759,483	\$1,041,811	\$0	\$1,546,289		\$2,102,015	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$291,773	(\$7,404)	\$0	\$0	(\$3,219)	(\$4,619)	\$419,193		(\$112,178)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$97,412				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$111,335		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,570,186	\$4,612,664	\$0	\$759,483	\$1,038,592	(\$4,619)	\$1,965,482	\$97,412	\$1,989,837	\$111,335		
8	Total Nursing Facility Days	As Filed Days = 38,333												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,333												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$275.73	\$120.33	\$0.00	\$19.81	\$26.97	(with L&H)	\$51.27	\$2.54	\$51.91	\$2.90		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7712										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.94										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.94	\$0.00	\$19.81	\$26.97		\$51.27	\$2.54	\$51.91	\$2.90		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.58	\$67.94	\$0.00	\$19.81	\$26.97		\$36.91	\$2.54	12.51 (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	\$169.58	\$67.94	\$0.00	\$19.81	\$26.97	\$0.00	\$36.91	\$2.54	\$12.51	\$2.90		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9208										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.50										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.14	\$130.50	\$0.00	\$19.81	\$26.97	\$0.00	\$36.91	\$2.54	\$12.51	\$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)	\$1.16	\$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	\$3.26	\$3.26										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$25.44	\$7.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$257.58	\$138.21	\$0.00	\$20.03	\$27.38	\$0.00	\$54.01	\$2.54	\$12.51	\$2.90		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.36											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: TAYLOR COUNTY HEALTH AND REHABILITATION Prvdr ID: 00432924A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Growth Allowance: N/A Qtrly BIMS score: 42.37% Nurse Hours per On-Site Day/Quality Incentive: 3.14			Facility Score: N/A Add-on Percent: 0.00% 2.5% 6.0%			Base Period Overall CMI: 1.5157 Quarterly Medicaid CMI: 1.4768 Qtrly Mcaid CMI w RUG Wght Options: 1.5023			1.5157	1.5751	1.4768	1.5342	1.5023	1.5613
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,566,496	\$2,299,287	\$0	\$451,866	\$477,815	\$0	\$860,560		\$476,968	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$136,310)	(\$2,495)	\$0	(\$611)	\$0	(\$445)	(\$89,909)		(\$42,850)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$82,355																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$42,850															
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,555,391	\$2,296,792	\$0	\$451,255	\$477,815	(\$445)	\$770,651	\$82,355	\$434,118	\$42,850															
8	Total Nursing Facility Days	As Filed Days = 21,384 FY21 Audited C/R Days	21,384																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,384 FY21 GL-PL Ins Rpt Days								21,384																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.02	\$107.41	\$0.00	\$21.10	\$22.32	(with L&H)	\$36.04	\$3.85	\$20.30	\$2.00															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5157																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.87																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.87	\$0.00	\$21.10	\$22.32		\$36.04	\$3.85	\$20.30	\$2.00															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.11	\$70.87	\$0.00	\$21.10	\$22.32		\$36.04	\$3.85	10.93 (FRV)	\$2.00															
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	\$167.11	\$70.87	\$0.00	\$21.10	\$22.32	\$0.00	\$36.04	\$3.85	\$10.93	\$2.00															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5023																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.47																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.71	\$106.47	\$0.00	\$21.10	\$22.32	\$0.00	\$36.04	\$3.85	\$10.93	\$2.00															
Quarterly Per Diem Add-on Amounts																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$2.66	\$2.66																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.39	\$6.39																							
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	\$27.68	\$9.58	\$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	\$230.39	\$116.05	\$0.00	\$21.32	\$22.73	\$0.00	\$53.51	\$3.85	\$10.93	\$2.00															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.97																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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: HILL HAVEN NURSING HOME Prvdr ID: 00448456A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23												
			<u>Add-on Data and Percentages</u>			Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4440	1.5751	
				Qtrly BIMS score	52.63%	5.5%	Quarterly Medicaid CMI:			1.4924	1.5342	
				Nurse Hours per On-Site Day/Quality Incentive:	3.52	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5191	1.5613	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,907,188	\$2,099,866	\$0	\$319,439	\$485,910	\$0	\$650,805		\$351,168	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$121,425)	\$0	\$0	\$0	\$0	\$0	(\$96,964)		(\$24,461)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$96,964		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$24,461
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,907,188	\$2,099,866	\$0	\$319,439	\$485,910	\$0	\$553,841	\$96,964	\$326,707	\$24,461
8	Total Nursing Facility Days	As Filed Days = 20,236 FY21 Audited C/R Days	20,236									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,236 FY21 GL-PL Ins Rpt Days								20,236		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$193.08	\$103.77	\$0.00	\$15.79	\$24.01	<i>(with L&H)</i>	\$27.37	\$4.79	\$16.14	\$1.21
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4440								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.86	\$0.00	\$15.79	\$24.01		\$27.37	\$4.79	\$16.14	\$1.21
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.19	\$71.86	\$0.00	\$15.79	\$24.01		\$27.37	\$4.79	11.16 <i>(FRV)</i>	\$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	\$156.19	\$71.86	\$0.00	\$15.79	\$24.01	\$0.00	\$27.37	\$4.79	\$11.16	\$1.21
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5191								
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	\$193.49	\$109.16	\$0.00	\$15.79	\$24.01	\$0.00	\$27.37	\$4.79	\$11.16	\$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	\$6.00	\$6.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.27	\$3.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.90	\$9.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.39	\$118.96	\$0.00	\$16.01	\$24.42	\$0.00	\$44.84	\$4.79	\$11.16	\$1.21
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.22									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: A.G. RHODES HOME, INC - COBB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00493292A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.8259		1.8259	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 41.18%		Nurse Hours per On-Site Day/Quality Incentive: 4.04		41.18%	2.5%	Quarterly Medicaid CMI: 1.6134		1.6134	1.5342		
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6416		1.6416	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$10,890,251	\$5,946,738	\$0	\$1,172,668	\$1,234,835	\$0	\$2,174,633		\$361,377	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$260,210)	(\$43,643)	\$0	\$0	\$0	\$0	(\$172,149)		(\$44,418)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$172,149			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$44,418	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,846,608	\$5,903,095	\$0	\$1,172,668	\$1,234,835	\$0	\$2,002,484	\$172,149	\$316,959	\$44,418	
8	Total Nursing Facility Days	FY21 Audited C/R Days	32,781										
	As Filed Days = 32,781												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								32,781			
	As Filed Days = 32,781												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$330.88	\$180.08	\$0.00	\$35.77	\$37.67	(with L&H)	\$61.09	\$5.25	\$9.67	\$1.35	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8259									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.62									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$98.62	\$0.00	\$35.77	\$37.67		\$61.09	\$5.25	\$9.67	\$1.35	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.56	\$98.62	\$0.00	\$26.82	\$33.28		\$36.91	\$5.25	15.33 (FRV)	\$1.35	
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	\$217.56	\$98.62	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.25	\$15.33	\$1.35	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6416									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$161.89									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$280.83	\$161.89	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.25	\$15.33	\$1.35	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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	\$4.05	\$4.05									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.09	\$8.09									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.77	\$12.67	\$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	\$310.60	\$174.56	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$5.25	\$15.33	\$1.35	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$220.13										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & 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 FY21 C/R - FY21 GL/PL Rpt	\$9,828,658	\$4,224,839	\$0	\$726,307	\$834,370	\$0	\$1,607,207		\$2,435,935	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$423,627)	\$0	\$0	\$0	\$0	\$0	(\$282,987)		(\$140,640)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$282,987		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$140,640
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,828,658	\$4,224,839	\$0	\$726,307	\$834,370	\$0	\$1,324,220	\$282,987	\$2,295,295	\$140,640
8	Total Nursing Facility Days	FY21 Audited C/R Days	41,130									
	As Filed Days = 41,130											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								41,130		
	As Filed Days = 41,130											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$238.98	\$102.72	\$0.00	\$17.66	\$20.29	(with L&H)	\$32.20	\$6.88	\$55.81	\$3.42
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7785								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.76								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.76	\$0.00	\$17.66	\$20.29		\$32.20	\$6.88	\$55.81	\$3.42
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.81	\$57.76	\$0.00	\$17.66	\$20.29		\$32.20	\$6.88	11.60 (FRV)	\$3.42
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	\$149.81	\$57.76	\$0.00	\$17.66	\$20.29	\$0.00	\$32.20	\$6.88	\$11.60	\$3.42
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7905								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.47	\$103.42	\$0.00	\$17.66	\$20.29	\$0.00	\$32.20	\$6.88	\$11.60	\$3.42
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	\$2.59	\$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	\$219.79	\$109.64	\$0.00	\$17.88	\$20.70	\$0.00	\$49.67	\$6.88	\$11.60	\$3.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.02									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6584	1.5751
							29.17%	1.0%					1.8531	1.5342
							2.79	3.0%					1.8878	1.5613
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	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 FY21 C/R - FY21 GL/PL Rpt	\$6,671,176	\$3,452,580	\$0	\$558,715	\$527,157	\$0	\$1,552,653		\$580,071	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$392,028)	(\$57,539)	\$0	\$0	\$5,747	\$8,309	(\$299,325)		(\$49,220)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$356,864				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$50,532		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,686,544	\$3,395,041	\$0	\$558,715	\$532,904	\$8,309	\$1,253,328	\$356,864	\$530,851	\$50,532		
8	Total Nursing Facility Days As Filed Days = 29,721	FY21 Audited C/R Days	29,721											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,721	FY21 GL-PL Ins Rpt Days								29,721				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$224.98	\$114.23	\$0.00	\$18.80	\$18.21	(with L&H)	\$42.17	\$12.01	\$17.86	\$1.70		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6584										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.88										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.88	\$0.00	\$18.80	\$18.21		\$42.17	\$12.01	\$17.86	\$1.70		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.73	\$68.88	\$0.00	\$18.80	\$18.21		\$36.91	\$12.01	13.22 (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	\$169.73	\$68.88	\$0.00	\$18.80	\$18.21	\$0.00	\$36.91	\$12.01	\$13.22	\$1.70		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8878										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.03										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.88	\$130.03	\$0.00	\$18.80	\$18.21	\$0.00	\$36.91	\$12.01	\$13.22	\$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)	\$1.16	\$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	\$1.30	\$1.30										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.90	\$3.90										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.46	\$5.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$254.34	\$135.76	\$0.00	\$19.02	\$18.62	\$0.00	\$54.01	\$12.01	\$13.22	\$1.70		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.93											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: JONESBORO 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: 00531033A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6493	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	14.43%	0.0%	Quarterly Medicaid CMI:			1.5861	1.5342
							3.37	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6159	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$7,515,848	\$4,133,944	\$0	\$604,027	\$547,589	\$0	\$1,461,089		\$769,199	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$95,359)	(\$39,860)	\$0	(\$1,500)	(\$1,008)	(\$1,345)	\$34,921		(\$86,567)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$85,959	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,506,448	\$4,094,084	\$0	\$602,527	\$546,581	(\$1,345)	\$1,496,010	\$0	\$682,632	\$85,959	
8	Total Nursing Facility Days As Filed Days = 40,676	FY21 Audited C/R Days	40,676										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,676	FY21 GL-PL Ins Rpt Days								40,676			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.53	\$100.65	\$0.00	\$14.81	\$13.40	(with L&H)	\$36.78	\$0.00	\$16.78	\$2.11	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6493									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.03									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.03	\$0.00	\$14.81	\$13.40		\$36.78	\$0.00	\$16.78	\$2.11	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.50	\$61.03	\$0.00	\$14.81	\$13.40		\$36.78	\$0.00	13.37 (FRV)	\$2.11	
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	\$141.50	\$61.03	\$0.00	\$14.81	\$13.40	\$0.00	\$36.78	\$0.00	\$13.37	\$2.11	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6159									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.62									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.09	\$98.62	\$0.00	\$14.81	\$13.40	\$0.00	\$36.78	\$0.00	\$13.37	\$2.11	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.26	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.10		\$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	\$3.94	\$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	\$22.30	\$4.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.20	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.39	\$103.09	\$0.00	\$15.03	\$13.81	\$0.00	\$53.98	\$0.00	\$13.37	\$2.11	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.22										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MAPLE RIDGE HEALTH CARE CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00534619A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7506	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	52.38%	5.5%	Quarterly Medicaid CMI:			1.7198	1.5342
							3.65	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7520	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,610,316	\$2,253,227	\$0	\$551,955	\$453,212	\$0	\$984,562		\$1,367,360	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$338,440)	\$0	\$0	\$0	(\$6,831)	(\$6,370)	(\$266,087)		(\$59,152)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$153,798			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$165,457	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,591,131	\$2,253,227	\$0	\$551,955	\$446,381	(\$6,370)	\$718,475	\$153,798	\$1,308,208	\$165,457	
8	Total Nursing Facility Days	As Filed Days = 23,750 FY21 Audited C/R Days	23,750										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,750 FY21 GL-PL Ins Rpt Days								23,750			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$235.42	\$94.87	\$0.00	\$23.24	\$18.53	(with L&H)	\$30.25	\$6.48	\$55.08	\$6.97	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7506									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.19									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$54.19	\$0.00	\$23.24	\$18.53		\$30.25	\$6.48	\$55.08	\$6.97	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.85	\$54.19	\$0.00	\$23.24	\$18.53		\$30.25	\$6.48	14.19 (FRV)	\$6.97	
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	\$153.85	\$54.19	\$0.00	\$23.24	\$18.53	\$0.00	\$30.25	\$6.48	\$14.19	\$6.97	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7520									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.94									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.60	\$94.94	\$0.00	\$23.24	\$18.53	\$0.00	\$30.25	\$6.48	\$14.19	\$6.97	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$5.22	\$5.22									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.85	\$2.85									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.70	\$8.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.30	\$103.54	\$0.00	\$23.46	\$18.94	\$0.00	\$47.72	\$6.48	\$14.19	\$6.97	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.15										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.8431		1.8431	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 67.19%		Nurse Hours per On-Site Day/Quality Incentive: 2.77		67.19%	5.5%	Quarterly Medicaid CMI: 1.8898		1.8898	1.5342		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.9269		1.9269	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$10,112,584	\$4,997,032	\$0	\$856,369	\$770,460	\$0	\$1,659,926		\$1,828,797	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$714,862)	\$3,825	\$0	\$0	\$0	\$0	(\$547,717)		(\$170,970)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$303,595			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$408,111	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,109,428	\$5,000,857	\$0	\$856,369	\$770,460	\$0	\$1,112,209	\$303,595	\$1,657,827	\$408,111	
8	Total Nursing Facility Days As Filed Days = 47,216	FY21 Audited C/R Days	47,216										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,216	FY21 GL-PL Ins Rpt Days								47,216			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$214.11	\$105.91	\$0.00	\$18.14	\$16.32	(with L&H)	\$23.56	\$6.43	\$35.11	\$8.64	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8431									
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	\$18.14	\$16.32		\$23.56	\$6.43	\$35.11	\$8.64	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.64	\$57.46	\$0.00	\$18.14	\$16.32		\$23.56	\$6.43	12.09 (FRV)	\$8.64	
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	\$142.64	\$57.46	\$0.00	\$18.14	\$16.32	\$0.00	\$23.56	\$6.43	\$12.09	\$8.64	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9269									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.72									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.90	\$110.72	\$0.00	\$18.14	\$16.32	\$0.00	\$23.56	\$6.43	\$12.09	\$8.64	
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>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.09	\$6.09									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.32	\$3.32									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.04	\$9.94	\$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	\$223.94	\$120.66	\$0.00	\$18.36	\$16.73	\$0.00	\$41.03	\$6.43	\$12.09	\$8.64	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.13										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: BAYVIEW NURSING HOME		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00624951A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5128	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	40.00%	2.5%	Quarterly Medicaid CMI:			1.4427	1.5342
							4.28	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4688	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,602,458	\$2,234,114	\$0	\$463,962	\$601,201	\$0	\$603,402		\$699,779	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$129,299)	(\$11,800)	\$0	\$0	\$0	\$0	(\$59,930)		(\$57,569)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$59,930			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,569	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,590,658	\$2,222,314	\$0	\$463,962	\$601,201	\$0	\$543,472	\$59,930	\$642,210	\$57,569	
8	Total Nursing Facility Days	As Filed Days = 17,327 FY21 Audited C/R Days	17,327										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,327 FY21 GL-PL Ins Rpt Days								17,327			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$264.95	\$128.26	\$0.00	\$26.78	\$34.70	(with L&H)	\$31.37	\$3.46	\$37.06	\$3.32	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5128									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.78									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$84.78	\$0.00	\$26.78	\$34.70		\$31.37	\$3.46	\$37.06	\$3.32	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$218.56	\$84.78	\$0.00	\$26.78	\$33.28		\$31.37	\$3.46	35.57 (FRV)	\$3.32	
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	\$218.56	\$84.78	\$0.00	\$26.78	\$33.28	\$0.00	\$31.37	\$3.46	\$35.57	\$3.32	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4688									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.52									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$258.30	\$124.52	\$0.00	\$26.78	\$33.28	\$0.00	\$31.37	\$3.46	\$35.57	\$3.32	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.93	\$0.53	\$0.00	\$0.03	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.11	\$3.11									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.23	\$6.23									
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	\$27.37	\$9.87	\$0.00	\$0.03	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$285.67	\$134.39	\$0.00	\$26.81	\$33.28	\$0.00	\$48.84	\$3.46	\$35.57	\$3.32	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$201.43										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													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	36.96%	3.42	2.0%	1.7539	1.5751		
																			1.7820	1.5342		
																			1.8160	1.5613		
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 FY21 C/R - FY21 GL/PL Rpt	\$7,504,269	\$4,123,233	\$0	\$563,258	\$550,123	\$0	\$835,256		\$1,432,399	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$248,123	\$15,797	\$0	(\$2,066)	\$3,978	\$14,422	\$334,406		(\$118,414)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$6,547												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$120,605										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,879,544	\$4,139,030	\$0	\$561,192	\$554,101	\$14,422	\$1,169,662	\$6,547	\$1,313,985	\$120,605										
8	Total Nursing Facility Days	As Filed Days = 30,161 FY21 Audited C/R Days	30,161																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,161 FY21 GL-PL Ins Rpt Days								30,161												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$261.26	\$137.23	\$0.00	\$18.61	\$18.85	(with L&H)	\$38.78	\$0.22	\$43.57	\$4.00										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7539																		
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	\$18.61	\$18.85		\$38.78	\$0.22	\$43.57	\$4.00										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.24	\$78.24	\$0.00	\$18.61	\$18.85		\$36.91	\$0.22	11.41 (FRV)	\$4.00										
	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	\$168.24	\$78.24	\$0.00	\$18.61	\$18.85	\$0.00	\$36.91	\$0.22	\$11.41	\$4.00										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8160																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.08																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.08	\$142.08	\$0.00	\$18.61	\$18.85	\$0.00	\$36.91	\$0.22	\$11.41	\$4.00										
	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	\$0.00										
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.55	\$3.55																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.84	\$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	\$24.65	\$6.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$256.73	\$149.00	\$0.00	\$18.83	\$19.26	\$0.00	\$54.01	\$0.22	\$11.41	\$4.00										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.72																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: LEE COUNTY HEALTH AND REHABILITATION Prvdr ID: 00712665A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23																		
			Growth Allowance: N/A Qtrly BIMS score: 20.45% Nurse Hours per On-Site Day/Quality Incentive: 3.43				Add-on Percent: 0.00% 1.0% 6.0%				Facility Score: N/A 20.45% 3.43		Base Period Overall CMI: 1.7721 Quarterly Medicaid CMI: 1.2068 Qtrly Mcaid CMI w RUG Wght Options: 1.2257		Facility Specific: 1.7721 1.2068 1.2257		State-wide: 1.5751 1.5342 1.5613	
CASE MIX BASED RATE CALCULATIONS																		
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>									
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
Base Period Per Diem Allowed Amounts																		
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,039,382	\$1,989,463	\$0	\$435,540	\$452,666	\$0	\$702,726		\$458,987	\$0						
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$113,472)	(\$2,054)	\$0	(\$502)	\$0	(\$473)	(\$69,204)		(\$41,239)							
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$62,985								
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$41,239						
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,030,134	\$1,987,409	\$0	\$435,038	\$452,666	(\$473)	\$633,522	\$62,985	\$417,748	\$41,239						
8	Total Nursing Facility Days	FY21 Audited C/R Days	17,605	17,605														
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								17,605								
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$228.93	\$112.89	\$0.00	\$24.71	\$25.69	(with L&H)	\$35.99	\$3.58	\$23.73	\$2.34						
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7721														
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.70														
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.70	\$0.00	\$24.71	\$25.69		\$35.99	\$3.58	\$23.73	\$2.34						
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.25	\$63.70	\$0.00	\$24.71	\$25.69		\$35.99	\$3.58	15.24 (FRV)	\$2.34						
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	\$171.25	\$63.70	\$0.00	\$24.71	\$25.69	\$0.00	\$35.99	\$3.58	\$15.24	\$2.34						
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2257														
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.08														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.63	\$78.08	\$0.00	\$24.71	\$25.69	\$0.00	\$35.99	\$3.58	\$15.24	\$2.34						
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	\$0.78	\$0.78														
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	\$24.09	\$5.99	\$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	\$209.72	\$84.07	\$0.00	\$24.93	\$26.10	\$0.00	\$53.46	\$3.58	\$15.24	\$2.34						
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.47															

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: BRYAN COUNTY HLTH & REHAB CTR														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.7256	1.5751
Prvdr ID: 00715569A														Qtrly BIMS score	58.90%	5.5%	Quarterly Medicaid CMI:	1.6554	1.5342
Case Mix Per Diem Rate Effective Date: 7/1/2023														Nurse Hours per On-Site Day/Quality Incentive:	3.75	5.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.6881	1.5613
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23																			
			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 FY21 C/R - FY21 GL/PL Rpt	\$6,152,128	\$3,410,802	\$0	\$630,785	\$719,875	\$0	\$941,421		\$449,245	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$288,114)	(\$3,363)	\$0	\$0	\$0	(\$41,306)	(\$125,274)		(\$118,171)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$171,709									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R											\$118,171						
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,153,894	\$3,407,439	\$0	\$630,785	\$719,875	(\$41,306)	\$816,147	\$171,709	\$331,074	\$118,171							
8	Total Nursing Facility Days	As Filed Days = 25,744 FY21 Audited C/R Days	25,744																
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,744 FY21 GL-PL Ins Rpt Days								25,744									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$239.04	\$132.36	\$0.00	\$24.50	\$26.36	(with L&H)	\$31.70	\$6.67	\$12.86	\$4.59							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7256															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.70															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.70	\$0.00	\$24.50	\$26.36		\$31.70	\$6.67	\$12.86	\$4.59							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.62	\$76.70	\$0.00	\$24.50	\$26.36		\$31.70	\$6.67	13.10 (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	\$183.62	\$76.70	\$0.00	\$24.50	\$26.36	\$0.00	\$31.70	\$6.67	\$13.10	\$4.59							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6881															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.48															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.40	\$129.48	\$0.00	\$24.50	\$26.36	\$0.00	\$31.70	\$6.67	\$13.10	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00								
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.12	\$7.12															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.47	\$6.47															
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	\$32.22	\$14.12	\$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	\$268.62	\$143.60	\$0.00	\$24.72	\$26.77	\$0.00	\$49.17	\$6.67	\$13.10	\$4.59							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.64																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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: THUNDERBOLT TRANSITIONAL CARE & REHAB CENTER Prvdr ID: 00727801A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 15.63% Nurse Hours per On-Site Day/Quality Incentive: 2.96			Facility Score Add-on Percent: 0.00% 0.0% 1.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.5397 Quarterly Medicaid CMI: 1.5679 Qtrly Mcaid CMI w RUG Wght Options: 1.5963			Facility Specific 1.5397 1.5679 1.5963	State-wide 1.5751 1.5342 1.5613
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,802,791	\$2,054,697	\$0	\$337,799	\$373,155	\$0	\$893,320		\$143,820	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$365,784)	\$0	\$0	\$0	\$0	\$0	(\$234,529)		(\$131,255)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$234,529				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$131,255		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,802,791	\$2,054,697	\$0	\$337,799	\$373,155	\$0	\$658,791	\$234,529	\$12,565	\$131,255		
8	Total Nursing Facility Days	FY21 Audited C/R Days		19,400										
	As Filed Days = 19,400													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								19,400				
	As Filed Days = 19,400													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$196.02	\$105.91	\$0.00	\$17.41	\$19.23	(with L&H)	\$33.96	\$12.09	\$0.65	\$6.77		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5397										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.79										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.79	\$0.00	\$17.41	\$19.23		\$33.96	\$12.09	\$0.65	\$6.77		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.47	\$68.79	\$0.00	\$17.41	\$19.23		\$33.96	\$12.09	18.22	\$6.77		
											(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	\$176.47	\$68.79	\$0.00	\$17.41	\$19.23	\$0.00	\$33.96	\$12.09	\$18.22	\$6.77		
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		\$109.81										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.49	\$109.81	\$0.00	\$17.41	\$19.23	\$0.00	\$33.96	\$12.09	\$18.22	\$6.77		
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>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	\$1.10	\$1.10										
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	\$19.73	\$1.63	\$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	\$237.22	\$111.44	\$0.00	\$17.63	\$19.64	\$0.00	\$51.43	\$12.09	\$18.22	\$6.77		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.09											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$16,445,333	\$7,821,957	\$0	\$1,043,933	\$1,677,071	\$0	\$1,966,082		\$3,936,290	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$291,056)	(\$790,043)	\$0	(\$1,038)	(\$5,169)	\$2,455	\$662,784		(\$160,045)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$56,086		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$139,866
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$16,350,229	\$7,031,914	\$0	\$1,042,895	\$1,671,902	\$2,455	\$2,628,866	\$56,086	\$3,776,245	\$139,866
8	Total Nursing Facility Days	As Filed Days = 46,482 FY21 Audited C/R Days	46,851									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 46,482 FY21 GL-PL Ins Rpt Days								46,851		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$348.99	\$150.09	\$0.00	\$22.26	\$35.74	(with L&H)	\$56.11	\$1.20	\$80.60	\$2.99
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8691								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.30	\$0.00	\$22.26	\$35.74		\$56.11	\$1.20	\$80.60	\$2.99
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.26	\$80.30	\$0.00	\$22.26	\$33.28		\$36.91	\$1.20	15.32 (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	\$192.26	\$80.30	\$0.00	\$22.26	\$33.28	\$0.00	\$36.91	\$1.20	\$15.32	\$2.99
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6898								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.65	\$135.69	\$0.00	\$22.26	\$33.28	\$0.00	\$36.91	\$1.20	\$15.32	\$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)	\$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	\$4.07	\$4.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$269.57	\$140.29	\$0.00	\$22.48	\$33.28	\$0.00	\$54.01	\$1.20	\$15.32	\$2.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.35									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THE D. SCOTT HUDGENS CENTER FOR SKILLED NURSING		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 000815493B		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4506	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	55.56%	5.5%	Quarterly Medicaid CMI:			1.5313	1.5342
							6.94	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5589	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$3,088,976	\$1,690,227	\$0	\$323,325	\$373,452	\$0	\$528,956		\$173,016	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$27,774)	\$0	\$0	\$0	\$0	\$0	(\$8,924)		(\$18,850)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$8,924			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$18,850	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,088,976	\$1,690,227	\$0	\$323,325	\$373,452	\$0	\$520,032	\$8,924	\$154,166	\$18,850	
8	Total Nursing Facility Days As Filed Days = 11,163	FY21 Audited C/R Days	11,163										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,163	FY21 GL-PL Ins Rpt Days								11,163			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$276.71	\$151.41	\$0.00	\$28.96	\$33.45	(with L&H)	\$46.59	\$0.80	\$13.81	\$1.69	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4506									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$104.38									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$104.38	\$0.00	\$28.96	\$33.45		\$46.59	\$0.80	\$13.81	\$1.69	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$221.78	\$99.82	\$0.00	\$26.82	\$33.28		\$36.91	\$0.80	22.46 (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	\$221.78	\$99.82	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$0.80	\$22.46	\$1.69	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5589									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$155.61									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$277.57	\$155.61	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$0.80	\$22.46	\$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)	\$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	\$8.56	\$8.56									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.67	\$4.67									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.33	\$13.23	\$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	\$307.90	\$168.84	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$0.80	\$22.46	\$1.69	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$218.10										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5544	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	25.64%	1.0%	Quarterly Medicaid CMI:			1.4563	1.5342
							3.23	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4793	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$6,979,977	\$3,760,193	\$0	\$699,038	\$684,212	\$0	\$1,319,267		\$517,267	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$303,606)	(\$1,888)	\$0	(\$2,980)	\$0	\$4,868	(\$162,550)		(\$141,056)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$128,113			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$175,493	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,979,977	\$3,758,305	\$0	\$696,058	\$684,212	\$4,868	\$1,156,717	\$128,113	\$376,211	\$175,493	
8	Total Nursing Facility Days	As Filed Days = 24,222 FY21 Audited C/R Days	24,222										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,222 FY21 GL-PL Ins Rpt Days								24,222			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$288.17	\$155.16	\$0.00	\$28.74	\$28.45	(with L&H)	\$47.75	\$5.29	\$15.53	\$7.25	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5544									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.82									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$99.82	\$0.00	\$28.74	\$28.45		\$47.75	\$5.29	\$15.53	\$7.25	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$221.08	\$99.82	\$0.00	\$26.82	\$28.45		\$36.91	\$5.29	16.54 (FRV)	\$7.25	
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	\$221.08	\$99.82	\$0.00	\$26.82	\$28.45	\$0.00	\$36.91	\$5.29	\$16.54	\$7.25	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4793									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147.66									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$268.92	\$147.66	\$0.00	\$26.82	\$28.45	\$0.00	\$36.91	\$5.29	\$16.54	\$7.25	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$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	\$1.48	\$1.48									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.43	\$4.43									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.42	\$5.91	\$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	\$292.34	\$153.57	\$0.00	\$26.82	\$28.86	\$0.00	\$54.01	\$5.29	\$16.54	\$7.25	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$206.43										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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:	1.3698	1.5751
Provider: SENIOR CARE CENTER - BRUNSWICK Prvdr ID: 000830827B Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													N/A	0.00%	23.71%	1.0%	3.86	3.0%	1.3654	1.3458	1.5342	1.5613
CASE MIX BASED RATE CALCULATIONS																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$21,181,304	\$15,162,985	\$0	\$1,492,861	\$904,860	\$392,576	\$2,356,901		\$871,121	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$754,888)	(\$2,376,895)	\$0	\$0	\$9,061	(\$30,886)	\$963,748		\$680,084											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$339,582												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$33,546										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$20,799,544	\$12,786,090	\$0	\$1,492,861	\$913,921	\$361,690	\$3,320,649	\$339,582	\$1,551,205	\$33,546										
8	Total Nursing Facility Days	As Filed Days = 56,845 FY21 Audited C/R Days	56,845																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 56,845 FY21 GL-PL Ins Rpt Days								56,845												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$365.90	\$224.93	\$0.00	\$26.26	\$22.44	(with L&H)	\$58.42	\$5.97	\$27.29	\$0.59										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3698																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$164.21																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$164.21	\$0.00	\$26.26	\$22.44		\$58.42	\$5.97	\$27.29	\$0.59										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.02	\$99.82	\$0.00	\$26.26	\$22.44		\$36.91	\$5.97	15.03 <i>(FRV)</i>	\$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	\$207.02	\$99.82	\$0.00	\$26.26	\$22.44	\$0.00	\$36.91	\$5.97	\$15.03	\$0.59										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3654																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.29																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.49	\$136.29	\$0.00	\$26.26	\$22.44	\$0.00	\$36.91	\$5.97	\$15.03	\$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)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00											
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.36	\$1.36																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.09	\$4.09																		
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	\$6.08	\$5.45	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00										
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$249.57	\$141.74	\$0.00	\$26.48	\$22.85	\$0.00	\$36.91	\$5.97	\$15.03	\$0.59										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.18																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: ROSELANE HEALTH AND REHABILITATION CENTER Prvdr ID: 00831751A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													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%		21.13%	1.0%	3.36	3.0%	1.7751	1.5751
																					1.7303	1.5342
																					1.7604	1.5613
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 FY21 C/R - FY21 GL/PL Rpt	\$10,562,379	\$5,912,098	\$0	\$698,697	\$780,643	\$0	\$1,287,877		\$1,883,064	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$373,408	(\$6,300)	\$0	(\$444)	\$1,191	\$4,599	\$473,315		(\$98,953)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$64,495												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$99,310										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,099,592	\$5,905,798	\$0	\$698,253	\$781,834	\$4,599	\$1,761,192	\$64,495	\$1,784,111	\$99,310										
8	Total Nursing Facility Days	As Filed Days = 42,284 FY21 Audited C/R Days	42,284																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 42,284 FY21 GL-PL Ins Rpt Days								42,284												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$262.50	\$139.67	\$0.00	\$16.51	\$18.60	(with L&H)	\$41.65	\$1.53	\$42.19	\$2.35										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7751																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.68																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.68	\$0.00	\$16.51	\$18.60		\$41.65	\$1.53	\$42.19	\$2.35										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.18	\$78.68	\$0.00	\$16.51	\$18.60		\$36.91	\$1.53	13.60 (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	\$168.18	\$78.68	\$0.00	\$16.51	\$18.60	\$0.00	\$36.91	\$1.53	\$13.60	\$2.35										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7604																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.51																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.01	\$138.51	\$0.00	\$16.51	\$18.60	\$0.00	\$36.91	\$1.53	\$13.60	\$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	\$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>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.16	\$4.16																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.81	\$6.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$251.82	\$144.59	\$0.00	\$16.73	\$19.01	\$0.00	\$54.01	\$1.53	\$13.60	\$2.35										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.04																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.5238	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	24.00%	1.0%	Quarterly Medicaid CMI:				1.2436	1.5342
							7.11	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.2623	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$7,497,519	\$4,092,632	\$0	\$726,889	\$664,643	\$0	\$1,615,150		\$398,205	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$70,839)	\$861	\$0	\$1,828	\$0	\$0	(\$73,528)		\$0			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$50,977				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10,282		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,487,939	\$4,093,493	\$0	\$728,717	\$664,643	\$0	\$1,541,622	\$50,977	\$398,205	\$10,282		
8	Total Nursing Facility Days	As Filed Days = 24,681 FY21 Audited C/R Days	24,681											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,681 FY21 GL-PL Ins Rpt Days								24,681				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$303.40	\$165.86	\$0.00	\$29.53	\$26.93	(with L&H)	\$62.46	\$2.07	\$16.13	\$0.42		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5238										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$108.84										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$108.84	\$0.00	\$29.53	\$26.93		\$62.46	\$2.07	\$16.13	\$0.42		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$213.39	\$99.82	\$0.00	\$26.82	\$26.93		\$36.91	\$2.07	20.42 (FRV)	\$0.42		
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	\$213.39	\$99.82	\$0.00	\$26.82	\$26.93	\$0.00	\$36.91	\$2.07	\$20.42	\$0.42		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2623										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.00										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.57	\$126.00	\$0.00	\$26.82	\$26.93	\$0.00	\$36.91	\$2.07	\$20.42	\$0.42		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$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	\$1.26	\$1.26										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$22.55	\$5.04	\$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	\$262.12	\$131.04	\$0.00	\$26.82	\$27.34	\$0.00	\$54.01	\$2.07	\$20.42	\$0.42		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.77											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: ROCKDALE HEALTHCARE CENTER														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.7546	1.5751
Prvdr ID: 00838252A														Qtrly BIMS score	21.21%	1.0%	Quarterly Medicaid CMI:	1.5518	1.5342
Case Mix Per Diem Rate Effective Date: 7/1/2023														Nurse Hours per On-Site Day/Quality Incentive:	3.96	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.5789	1.5613
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23																			
			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 FY21 C/R - FY21 GL/PL Rpt	\$8,941,743	\$4,284,176	\$0	\$616,682	\$668,354	\$0	\$1,356,811		\$2,015,720	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$320,015)	\$0	\$0	\$0	\$0	\$0	(\$196,225)		(\$123,790)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$196,225									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$123,790							
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,941,743	\$4,284,176	\$0	\$616,682	\$668,354	\$0	\$1,160,586	\$196,225	\$1,891,930	\$123,790							
8	Total Nursing Facility Days	FY21 Audited C/R Days	32,552																
	As Filed Days = 32,552																		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								32,552									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$274.68	\$131.61	\$0.00	\$18.94	\$20.53	(with L&H)	\$35.65	\$6.03	\$58.12	\$3.80							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7546															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.01															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.01	\$0.00	\$18.94	\$20.53		\$35.65	\$6.03	\$58.12	\$3.80							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.42	\$75.01	\$0.00	\$18.94	\$20.53		\$35.65	\$6.03	13.46 (FRV)	\$3.80							
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	\$173.42	\$75.01	\$0.00	\$18.94	\$20.53	\$0.00	\$35.65	\$6.03	\$13.46	\$3.80							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5789															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.43															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.84	\$118.43	\$0.00	\$18.94	\$20.53	\$0.00	\$35.65	\$6.03	\$13.46	\$3.80							
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	\$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	\$3.55	\$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	\$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	\$240.20	\$123.69	\$0.00	\$19.16	\$20.94	\$0.00	\$53.12	\$6.03	\$13.46	\$3.80							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.33																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: COASTAL MANOR Pvdr ID: 00856028A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6178	1.5751
							51.25%	5.5%					1.3926	1.5342
							4.15	3.0%					1.4154	1.5613
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</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 Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,258,449	\$3,562,996	\$0	\$973,526	\$377,843	\$602,868	\$1,257,502		\$483,714	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$168,797)	(\$104,612)	\$0	\$104,612	\$0	\$0	(\$141,837)		(\$26,960)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$136,765				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,960		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,253,377	\$3,458,384	\$0	\$1,078,138	\$377,843	\$602,868	\$1,115,665	\$136,765	\$456,754	\$26,960		
8	Total Nursing Facility Days	As Filed Days = 35,920 FY21 Audited C/R Days	35,920											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,920 FY21 GL-PL Ins Rpt Days								35,920				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$201.93	\$96.28	\$0.00	\$30.01	\$27.30	(with L&H)	\$31.06	\$3.81	\$12.72	\$0.75		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6178										
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.51										
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.51	\$0.00	\$30.01	\$27.30		\$31.06	\$3.81	\$12.72	\$0.75		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.75	\$59.51	\$0.00	\$30.01	\$27.30		\$31.06	\$3.81	15.31 (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	\$167.75	\$59.51	\$0.00	\$30.01	\$27.30	\$0.00	\$31.06	\$3.81	\$15.31	\$0.75		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4154										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.23										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.47	\$84.23	\$0.00	\$30.01	\$27.30	\$0.00	\$31.06	\$3.81	\$15.31	\$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>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.63	\$4.63										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.53	\$2.53										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.79	\$7.69	\$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	\$218.26	\$91.92	\$0.00	\$30.23	\$27.71	\$0.00	\$48.53	\$3.81	\$15.31	\$0.75		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.87											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: LAUREL PARK AT HENRY MED CTR Prvdr ID: 00908553A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Growth Allowance: N/A Qtrly BIMS score: 15.38% Nurse Hours per On-Site Day/Quality Incentive: 3.55			Facility Score: N/A Add-on Percent: 0.00% Add-on Percent: 0.0% Add-on Percent: 6.0%			Base Period Overall CMI: 1.6749 Quarterly Medicaid CMI: 1.5795 Qtrly Mcaid CMI w RUG Wght Options: 1.6063			1.6749	1.5751	1.5795	1.5342	1.6063	1.5613
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,734,441	\$3,708,467	\$0	\$581,270	\$870,005	\$0	\$1,379,411		\$195,288	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$413,258)	(\$60,346)	\$0	\$0	(\$3,012)	(\$3,292)	(\$324,432)		(\$22,176)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$383,193																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$15,537															
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,719,913	\$3,648,121	\$0	\$581,270	\$866,993	(\$3,292)	\$1,054,979	\$383,193	\$173,112	\$15,537															
8	Total Nursing Facility Days	FY21 Audited C/R Days	25,472																								
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								25,472																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$263.82	\$143.22	\$0.00	\$22.82	\$33.91	(with L&H)	\$41.42	\$15.04	\$6.80	\$0.61															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6749																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.51																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.51	\$0.00	\$22.82	\$33.91		\$41.42	\$15.04	\$6.80	\$0.61															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$214.29	\$85.51	\$0.00	\$22.82	\$33.28		\$36.91	\$15.04	20.12 (FRV)	\$0.61															
Quarterly Per Diem Rate Prior to Add-ons																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$214.29	\$85.51	\$0.00	\$22.82	\$33.28	\$0.00	\$36.91	\$15.04	\$20.12	\$0.61															
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		\$137.35																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$266.13	\$137.35	\$0.00	\$22.82	\$33.28	\$0.00	\$36.91	\$15.04	\$20.12	\$0.61															
Quarterly Per Diem Add-on Amounts																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$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>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.24	\$8.24																							
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	\$26.09	\$8.77	\$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	\$292.22	\$146.12	\$0.00	\$23.04	\$33.28	\$0.00	\$54.01	\$15.04	\$20.12	\$0.61															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$206.34																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ATRIUM HEALTH NAVICENT BALDWIN		<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: 00947658A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		0.00%	0.00%	Base Period Overall CMI: 2.6290		2.6290	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive: 8.00		Qtrly BIMS score: 0.00%		0.0%	0.0%	Quarterly Medicaid CMI: 2.5775		2.5775	1.5342		
				Nurse Hours per On-Site Day/Quality Incentive: 8.00		0.0%	0.0%	Qtrly Mcaid CMI w RUG Wght Options: 2.6290		2.6290	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,037,336	\$1,286,397	\$0	\$123,153	\$59,393	\$102,503	\$351,187		\$114,703	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$74,146)	\$0	\$0	\$0	(\$462)	(\$798)	(\$72,886)		\$0		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$71,985			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,035,175	\$1,286,397	\$0	\$123,153	\$58,931	\$101,705	\$278,301	\$71,985	\$114,703	\$0	
8	Total Nursing Facility Days	As Filed Days = 3,032	3,032										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 3,032								3,032			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$671.23	\$424.27	\$0.00	\$40.62	\$52.98	(with L&H)	\$91.79	\$23.74	\$37.83	\$0.00	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		2.6290									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$161.38									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$161.38	\$0.00	\$40.62	\$52.98		\$91.79	\$23.74	\$37.83	\$0.00	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$250.48	\$99.82	\$0.00	\$37.13	\$33.28		\$36.91	\$23.74	19.60 (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	\$250.48	\$99.82	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$23.74	\$19.60	\$0.00	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		2.6290									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$262.43									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$413.09	\$262.43	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$23.74	\$19.60	\$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)	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x Strng 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	\$430.19	\$262.43	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$23.74	\$19.60	\$0.00	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$309.82										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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:	1.5007	1.5751		
Provider: ZEBULON PARK HEALTH AND REHABILITATION Prvdr ID: 003125041B Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													N/A	0.00%	28.57%	1.0%	4.03	5.0%	1.5007	1.5751	1.3867	1.5342	1.4098	1.5613
CASE MIX BASED RATE CALCULATIONS																								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,913,811	\$2,417,537	\$0	\$402,661	\$517,397	\$0	\$949,714		\$626,502	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$132,459)	\$31,504	\$0	(\$572)	\$1,295	\$345	(\$145,416)		(\$19,615)													
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$69,498														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,755												
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,870,605	\$2,449,041	\$0	\$402,089	\$518,692	\$345	\$804,298	\$69,498	\$606,887	\$19,755												
8	Total Nursing Facility Days	As Filed Days = 20,032 FY21 Audited C/R Days	20,022																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,032 FY21 GL-PL Ins Rpt Days								20,022														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$243.26	\$122.32	\$0.00	\$20.08	\$25.92	(with L&H)	\$40.17	\$3.47	\$30.31	\$0.99												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5007																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.51																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.51	\$0.00	\$20.08	\$25.92		\$40.17	\$3.47	\$30.31	\$0.99												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.24	\$81.51	\$0.00	\$20.08	\$25.92		\$36.91	\$3.47	34.36 <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	\$203.24	\$81.51	\$0.00	\$20.08	\$25.92	\$0.00	\$36.91	\$3.47	\$34.36	\$0.99												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4098																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.91																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.64	\$114.91	\$0.00	\$20.08	\$25.92	\$0.00	\$36.91	\$3.47	\$34.36	\$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>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.75	\$5.75																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.16	\$7.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00												
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$261.80	\$122.34	\$0.00	\$20.30	\$26.33	\$0.00	\$54.01	\$3.47	\$34.36	\$0.99												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.53																					

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ANSLEY 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: 003136416A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.5010	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	10.34%	0.0%	Quarterly Medicaid CMI:				1.3709	1.5342
							3.71	5.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3963	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,562,922	\$2,410,376	\$0	\$408,929	\$490,994	\$0	\$876,702		\$375,921	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$16,376)	(\$3,234)	\$0	(\$469)	(\$569)	(\$712)	\$8,622		(\$20,014)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$68,640				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,946		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,635,132	\$2,407,142	\$0	\$408,460	\$490,425	(\$712)	\$885,324	\$68,640	\$355,907	\$19,946		
8	Total Nursing Facility Days	As Filed Days = 16,432 FY21 Audited C/R Days	16,432											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,432 FY21 GL-PL Ins Rpt Days								16,432				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$282.08	\$146.49	\$0.00	\$24.86	\$29.80	(with L&H)	\$53.88	\$4.18	\$21.66	\$1.21		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5010										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.59										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$97.59	\$0.00	\$24.86	\$29.80		\$53.88	\$4.18	\$21.66	\$1.21		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$230.79	\$97.59	\$0.00	\$24.86	\$29.80		\$36.91	\$4.18	36.24 (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	\$230.79	\$97.59	\$0.00	\$24.86	\$29.80	\$0.00	\$36.91	\$4.18	\$36.24	\$1.21		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3963										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.26										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$269.46	\$136.26	\$0.00	\$24.86	\$29.80	\$0.00	\$36.91	\$4.18	\$36.24	\$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)	\$1.16	\$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	\$6.81	\$6.81										
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	\$25.07	\$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	\$294.53	\$143.60	\$0.00	\$25.08	\$30.21	\$0.00	\$54.01	\$4.18	\$36.24	\$1.21		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$208.07											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.6339		1.6339	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 14.81%		Nurse Hours per On-Site Day/Quality Incentive: 3.57		3.57	0.0%	Quarterly Medicaid CMI: 1.2157		1.2157	1.5342		
							4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2328		1.2328	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$3,059,907	\$1,518,535	\$0	\$316,817	\$364,718	\$0	\$688,117		\$171,720	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$13,454)	(\$1,355)	\$0	(\$331)	\$0	(\$548)	(\$1,462)		(\$9,758)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$43,680			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$9,758	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,099,891	\$1,517,180	\$0	\$316,486	\$364,718	(\$548)	\$686,655	\$43,680	\$161,962	\$9,758	
8	Total Nursing Facility Days	As Filed Days = 11,618 FY21 Audited C/R Days	11,618										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 11,618 FY21 GL-PL Ins Rpt Days								11,618			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$266.82	\$130.59	\$0.00	\$27.24	\$31.35	(with L&H)	\$59.10	\$3.76	\$13.94	\$0.84	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6339									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.93									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$79.93	\$0.00	\$27.24	\$31.35		\$59.10	\$3.76	\$13.94	\$0.84	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.75	\$79.93	\$0.00	\$26.82	\$31.35		\$36.91	\$3.76	32.14 (FRV)	\$0.84	
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	\$211.75	\$79.93	\$0.00	\$26.82	\$31.35	\$0.00	\$36.91	\$3.76	\$32.14	\$0.84	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2328									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.54									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.36	\$98.54	\$0.00	\$26.82	\$31.35	\$0.00	\$36.91	\$3.76	\$32.14	\$0.84	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$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>4.0%</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	\$21.98	\$4.47	\$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	\$252.34	\$103.01	\$0.00	\$26.82	\$31.76	\$0.00	\$54.01	\$3.76	\$32.14	\$0.84	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.43										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5177		1.5177	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 9.76%		Qtrly BIMS score: 9.76%		9.76%	0.0%	Quarterly Medicaid CMI: 1.6037		1.6037	1.5342		
		Nurse Hours per On-Site Day/Quality Incentive: 3.17		Nurse Hours per On-Site Day/Quality Incentive: 3.17		3.17	6.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6330		1.6330	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,239,114	\$2,121,993	\$0	\$426,613	\$471,042	\$0	\$767,552		\$451,914	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$67,017)	(\$4,246)	\$0	(\$498)	\$1,848	\$3,863	(\$42,387)		(\$25,597)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$62,400			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,836	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,260,333	\$2,117,747	\$0	\$426,115	\$472,890	\$3,863	\$725,165	\$62,400	\$426,317	\$25,836	
8	Total Nursing Facility Days	As Filed Days = 17,426 FY21 Audited C/R Days		17,426									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,426 FY21 GL-PL Ins Rpt Days								17,426			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$244.47	\$121.53	\$0.00	\$24.45	\$27.36	(with L&H)	\$41.61	\$3.58	\$24.46	\$1.48	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5177									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.07									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.07	\$0.00	\$24.45	\$27.36		\$41.61	\$3.58	\$24.46	\$1.48	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.94	\$80.07	\$0.00	\$24.45	\$27.36		\$36.91	\$3.58	35.09 (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	\$208.94	\$80.07	\$0.00	\$24.45	\$27.36	\$0.00	\$36.91	\$3.58	\$35.09	\$1.48	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6330									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.75									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$259.62	\$130.75	\$0.00	\$24.45	\$27.36	\$0.00	\$36.91	\$3.58	\$35.09	\$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>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.85	\$7.85									
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	\$26.11	\$8.38	\$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	\$285.73	\$139.13	\$0.00	\$24.67	\$27.77	\$0.00	\$54.01	\$3.58	\$35.09	\$1.48	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$201.47										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HARRINGTON 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: 003165726A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5536		1.5536	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 35.48%		Nurse Hours per On-Site Day/Quality Incentive: 3.82		3.82	2.5%	Quarterly Medicaid CMI: 1.2882		1.2882	1.5342		
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3070		1.3070	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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				
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 FY21 C/R - FY21 GL/PL Rpt	\$4,221,201	\$2,019,184	\$0	\$435,009	\$447,960	\$0	\$879,967		\$439,081	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$21,165)	(\$5,140)	\$0	(\$446)	\$1,522	\$5,462	\$2,689		(\$25,252)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$60,320			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,517	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,285,873	\$2,014,044	\$0	\$434,563	\$449,482	\$5,462	\$882,656	\$60,320	\$413,829	\$25,517	
8	Total Nursing Facility Days	As Filed Days = 15,611 FY21 Audited C/R Days	15,611										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,611 FY21 GL-PL Ins Rpt Days								15,611			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$274.53	\$129.01	\$0.00	\$27.84	\$29.14	(with L&H)	\$56.54	\$3.86	\$26.51	\$1.63	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5536									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.04									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.04	\$0.00	\$27.84	\$29.14		\$56.54	\$3.86	\$26.51	\$1.63	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$218.07	\$83.04	\$0.00	\$26.82	\$29.14		\$36.91	\$3.86	36.67 (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	\$218.07	\$83.04	\$0.00	\$26.82	\$29.14	\$0.00	\$36.91	\$3.86	\$36.67	\$1.63	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3070									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.53									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.56	\$108.53	\$0.00	\$26.82	\$29.14	\$0.00	\$36.91	\$3.86	\$36.67	\$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)	\$0.94	\$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	\$2.71	\$2.71									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.43	\$5.43									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.18	\$8.67	\$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	\$269.74	\$117.20	\$0.00	\$26.82	\$29.55	\$0.00	\$54.01	\$3.86	\$36.67	\$1.63	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.48										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: BUDD TERRACE AT WESLEY WOODS		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 003167547A		Case Mix Per Diem Rate Effective Date: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3746	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	21.05%	1.0%	Quarterly Medicaid CMI:			1.1592	1.5342
							2.22	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1768	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$18,930,899	\$11,760,875	\$0	\$2,065,932	\$2,533,353	\$0	\$1,971,555		\$599,184	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$810,108)	(\$214,269)	\$0	\$0	\$0	\$15,876	(\$611,715)		\$0		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$17,853			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$18,138,644	\$11,546,606	\$0	\$2,065,932	\$2,533,353	\$15,876	\$1,359,840	\$17,853	\$599,184	\$0	
8	Total Nursing Facility Days As Filed Days = 52,947	FY21 Audited C/R Days	52,947										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,947	FY21 GL-PL Ins Rpt Days								52,947			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$342.59	\$218.08	\$0.00	\$39.02	\$48.15	(with L&H)	\$25.68	\$0.34	\$11.32	\$0.00	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3746									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$158.65									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$158.65	\$0.00	\$39.02	\$48.15		\$25.68	\$0.34	\$11.32	\$0.00	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.06	\$99.82	\$0.00	\$26.82	\$33.28		\$25.68	\$0.34	15.12 (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	\$201.06	\$99.82	\$0.00	\$26.82	\$33.28	\$0.00	\$25.68	\$0.34	\$15.12	\$0.00	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1768									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.47									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.71	\$117.47	\$0.00	\$26.82	\$33.28	\$0.00	\$25.68	\$0.34	\$15.12	\$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)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.17	\$1.17									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.35	\$2.35									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.99	\$3.52	\$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	\$239.70	\$120.99	\$0.00	\$26.82	\$33.28	\$0.00	\$43.15	\$0.34	\$15.12	\$0.00	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.95										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MEADOWS 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: 003167911A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.7065		1.7065	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 24.56%		Nurse Hours per On-Site Day/Quality Incentive: 3.92		3.92	1.0%	Quarterly Medicaid CMI: 1.7375		1.7375	1.5342		
							6.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7722		1.7722	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,266,271	\$2,916,855	\$0	\$445,967	\$520,042	\$0	\$932,144		\$451,263	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$42,738)	\$2,242	\$0	(\$590)	\$1,069	\$378	(\$21,623)		(\$24,214)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$78,000			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$24,318	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,325,851	\$2,919,097	\$0	\$445,377	\$521,111	\$378	\$910,521	\$78,000	\$427,049	\$24,318	
8	Total Nursing Facility Days As Filed Days = 20,663	FY21 Audited C/R Days	20,663										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,663	FY21 GL-PL Ins Rpt Days								20,663			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$257.75	\$141.27	\$0.00	\$21.55	\$25.24	(with L&H)	\$44.07	\$3.77	\$20.67	\$1.18	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7065									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.78									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$82.78	\$0.00	\$21.55	\$25.24		\$44.07	\$3.77	\$20.67	\$1.18	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.91	\$82.78	\$0.00	\$21.55	\$25.24		\$36.91	\$3.77	30.48 (FRV)	\$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	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.91	\$82.78	\$0.00	\$21.55	\$25.24	\$0.00	\$36.91	\$3.77	\$30.48	\$1.18	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7722									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.70									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$265.83	\$146.70	\$0.00	\$21.55	\$25.24	\$0.00	\$36.91	\$3.77	\$30.48	\$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)	\$1.16	\$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	\$1.47	\$1.47									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.80	\$8.80									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.53	\$10.80	\$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	\$294.36	\$157.50	\$0.00	\$21.77	\$25.65	\$0.00	\$54.01	\$3.77	\$30.48	\$1.18	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$207.95										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.5874	1.5751
							20.45%	1.0%					1.4250	1.5342
							3.26	5.0%					1.4483	1.5613
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$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 FY21 C/R - FY21 GL/PL Rpt	\$3,260,534	\$1,674,602	\$0	\$369,716	\$398,881	\$0	\$594,069		\$223,266	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$84,088)	(\$756)	\$0	\$0	\$0	\$0	(\$61,517)		(\$21,815)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$61,517				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$21,815		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,259,778	\$1,673,846	\$0	\$369,716	\$398,881	\$0	\$532,552	\$61,517	\$201,451	\$21,815		
8	Total Nursing Facility Days	FY21 Audited C/R Days	13,852											
	As Filed Days = 13,852													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								13,852				
	As Filed Days = 13,852													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$235.33	\$120.84	\$0.00	\$26.69	\$28.80	(with L&H)	\$38.45	\$4.44	\$14.54	\$1.57		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5874										
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.12	\$0.00	\$26.69	\$28.80		\$38.45	\$4.44	\$14.54	\$1.57		
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.12	\$0.00	\$26.69	\$28.80		\$38.45	\$4.44	\$14.54	\$1.57		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.78	\$76.12	\$0.00	\$26.69	\$28.80		\$36.91	\$4.44	9.25 (FRV)	\$1.57		
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	\$183.78	\$76.12	\$0.00	\$26.69	\$28.80	\$0.00	\$36.91	\$4.44	\$9.25	\$1.57		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4483										
18	Qtrly Routine Svcs 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	\$217.90	\$110.24	\$0.00	\$26.69	\$28.80	\$0.00	\$36.91	\$4.44	\$9.25	\$1.57		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.04	\$0.53	\$0.00	\$0.10	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.51	\$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	\$24.75	\$7.14	\$0.00	\$0.10	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$242.65	\$117.38	\$0.00	\$26.79	\$29.21	\$0.00	\$54.01	\$4.44	\$9.25	\$1.57		
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 FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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: ADVANCED HEALTH AND REHAB OF TWIGGS COUNTY Prvdr ID: 003185378A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 38.20% Nurse Hours per On-Site Day/Quality Incentive: 3.28			Facility Score Add-on Percent: 0.00% 2.5% 3.0%		Case Mix Index (CMI) Data Base Period Overall CMI: 1.7177 Quarterly Medicaid CMI: 1.6307 Qtrly Mcaid CMI w RUG Wght Options: 1.6608			Facility Specific 1.7177 1.6307 1.6608	State-wide 1.5751 1.5342 1.5613
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,771,836	\$4,890,870	\$0	\$678,306	\$783,883	\$0	\$1,492,951		\$925,826	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$185,004)	\$0	\$0	\$0	(\$4,683)	(\$10,085)	(\$124,021)		(\$46,215)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$118,601			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$45,704	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,751,137	\$4,890,870	\$0	\$678,306	\$779,200	(\$10,085)	\$1,368,930	\$118,601	\$879,611	\$45,704	
8	Total Nursing Facility Days	As Filed Days = 34,987 FY21 Audited C/R Days	34,987										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,987 FY21 GL-PL Ins Rpt Days								34,987			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$250.13	\$139.79	\$0.00	\$19.39	\$21.98	(with L&H)	\$39.13	\$3.39	\$25.14	\$1.31	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7177									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.38									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.38	\$0.00	\$19.39	\$21.98		\$39.13	\$3.39	\$25.14	\$1.31	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.79	\$81.38	\$0.00	\$19.39	\$21.98		\$36.91	\$3.39	15.43 (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	\$179.79	\$81.38	\$0.00	\$19.39	\$21.98	\$0.00	\$36.91	\$3.39	\$15.43	\$1.31	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6608									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.16									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.57	\$135.16	\$0.00	\$19.39	\$21.98	\$0.00	\$36.91	\$3.39	\$15.43	\$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)	\$1.16	\$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	\$3.38	\$3.38									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.05	\$4.05									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.69	\$7.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$259.26	\$143.12	\$0.00	\$19.61	\$22.39	\$0.00	\$54.01	\$3.39	\$15.43	\$1.31	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.62										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: ARCHWAY TRANSITIONAL CARE CENTER Prvdr ID: 003185502A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													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	74.03%	3.93	5.0%	1.3961	1.5751		
																			1.2632	1.5342		
																			1.2812	1.5613		
			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 FY21 C/R - FY21 GL/PL Rpt	\$7,045,704	\$3,679,479	\$0	\$511,928	\$782,778	\$0	\$1,171,455		\$900,064	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$235,779)	(\$3,340)	\$0	(\$817)	\$0	(\$818)	(\$165,872)		(\$64,932)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$105,351												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$68,550										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,983,826	\$3,676,139	\$0	\$511,111	\$782,778	(\$818)	\$1,005,583	\$105,351	\$835,132	\$68,550										
8	Total Nursing Facility Days As Filed Days = 28,626	FY21 Audited C/R Days	28,882																			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,626	FY21 GL-PL Ins Rpt Days								28,882												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$241.81	\$127.28	\$0.00	\$17.70	\$27.07	(with L&H)	\$34.82	\$3.65	\$28.92	\$2.37										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3961																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.17																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$91.17	\$0.00	\$17.70	\$27.07		\$34.82	\$3.65	\$28.92	\$2.37										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.16	\$91.17	\$0.00	\$17.70	\$27.07		\$34.82	\$3.65	24.38 (FRV)	\$2.37										
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	\$201.16	\$91.17	\$0.00	\$17.70	\$27.07	\$0.00	\$34.82	\$3.65	\$24.38	\$2.37										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2812																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.81																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.80	\$116.81	\$0.00	\$17.70	\$27.07	\$0.00	\$34.82	\$3.65	\$24.38	\$2.37										
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>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.42	\$6.42																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.84	\$5.84																		
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	\$30.89	\$12.79	\$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	\$257.69	\$129.60	\$0.00	\$17.92	\$27.48	\$0.00	\$52.29	\$3.65	\$24.38	\$2.37										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.44																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.6700		1.6700	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 30.77%		Nurse Hours per On-Site Day/Quality Incentive: 2.75		30.77%	2.5%	Quarterly Medicaid CMI: 1.7344		1.7344	1.5342		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7680		1.7680	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,069,574	\$2,487,516	\$0	\$356,358	\$626,313	\$0	\$858,590		\$740,797	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$192,922)	(\$34,054)	\$0	\$0	\$0	\$0	(\$52,192)		(\$106,676)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$89,356			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$106,676	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,072,684	\$2,453,462	\$0	\$356,358	\$626,313	\$0	\$806,398	\$89,356	\$634,121	\$106,676	
8	Total Nursing Facility Days	FY21 Audited C/R Days	23,106										
	As Filed Days = 23,106												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								23,106			
	As Filed Days = 23,106												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$219.54	\$106.18	\$0.00	\$15.42	\$27.11	(with L&H)	\$34.90	\$3.87	\$27.44	\$4.62	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6700									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.58									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.58	\$0.00	\$15.42	\$27.11		\$34.90	\$3.87	\$27.44	\$4.62	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.21	\$63.58	\$0.00	\$15.42	\$27.11		\$34.90	\$3.87	16.71 (FRV)	\$4.62	
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	\$166.21	\$63.58	\$0.00	\$15.42	\$27.11	\$0.00	\$34.90	\$3.87	\$16.71	\$4.62	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7680									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.41									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.04	\$112.41	\$0.00	\$15.42	\$27.11	\$0.00	\$34.90	\$3.87	\$16.71	\$4.62	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.81	\$2.81									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>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	\$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	\$239.85	\$119.12	\$0.00	\$15.64	\$27.52	\$0.00	\$52.37	\$3.87	\$16.71	\$4.62	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.06										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	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: BOSTICK NURSING CENTER Prvdr ID: 003192286A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23													Growth Allowance: N/A Qtrly BIMS score: 20.30% Nurse Hours per On-Site Day/Quality Incentive: 2.37			Facility Score: N/A Add-on Percent: 0.00% Add-on Percent: 1.0% Add-on Percent: 1.0%			Base Period Overall CMI: 1.2526 Quarterly Medicaid CMI: 1.4482 Qtrly Mcaid CMI w RUG Wght Options: 1.4766			1.2526	1.5751	1.4482	1.5342	1.4766	1.5613
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$15,058,174	\$7,874,530	\$0	\$1,937,716	\$1,994,662	\$0	\$1,463,435		\$1,787,831	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$503,468)	(\$67,584)	\$0	\$499	\$2,080	\$3,854	(\$149,423)		(\$292,894)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$82,202																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$288,409															
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$14,925,317	\$7,806,946	\$0	\$1,938,215	\$1,996,742	\$3,854	\$1,314,012	\$82,202	\$1,494,937	\$288,409															
8	Total Nursing Facility Days	As Filed Days = 77,249 FY21 Audited C/R Days	77,249																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 77,249 FY21 GL-PL Ins Rpt Days								77,249																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$193.20	\$101.06	\$0.00	\$25.09	\$25.90	(with L&H)	\$17.01	\$1.06	\$19.35	\$3.73															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2526																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.68																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.68	\$0.00	\$25.09	\$25.90		\$17.01	\$1.06	\$19.35	\$3.73															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.38	\$80.68	\$0.00	\$25.09	\$25.90		\$17.01	\$1.06	19.91 (FRV)	\$3.73															
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	\$173.38	\$80.68	\$0.00	\$25.09	\$25.90	\$0.00	\$17.01	\$1.06	\$19.91	\$3.73															
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		\$119.13																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.83	\$119.13	\$0.00	\$25.09	\$25.90	\$0.00	\$17.01	\$1.06	\$19.91	\$3.73															
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	\$1.19	\$1.19																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.19	\$1.19																							
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	\$21.01	\$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	\$232.84	\$122.04	\$0.00	\$25.31	\$26.31	\$0.00	\$34.48	\$1.06	\$19.91	\$3.73															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.81																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6377	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	36.36%	2.5%	Quarterly Medicaid CMI:			1.3584	1.5342
							3.13	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3817	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$4,329,737	\$2,480,656	\$0	\$415,788	\$415,605	\$0	\$533,025		\$484,663	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$179,937)	\$0	\$0	\$0	(\$693)	(\$851)	(\$142,922)		(\$35,471)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$140,604			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$35,343	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,325,747	\$2,480,656	\$0	\$415,788	\$414,912	(\$851)	\$390,103	\$140,604	\$449,192	\$35,343	
8	Total Nursing Facility Days	As Filed Days = 21,855 FY21 Audited C/R Days	21,855										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,855 FY21 GL-PL Ins Rpt Days								21,855			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$197.93	\$113.51	\$0.00	\$19.02	\$18.95	(with L&H)	\$17.85	\$6.43	\$20.55	\$1.62	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6377									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.31									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.31	\$0.00	\$19.02	\$18.95		\$17.85	\$6.43	\$20.55	\$1.62	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.64	\$69.31	\$0.00	\$19.02	\$18.95		\$17.85	\$6.43	10.46 (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	\$143.64	\$69.31	\$0.00	\$19.02	\$18.95	\$0.00	\$17.85	\$6.43	\$10.46	\$1.62	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3817									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.77									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.10	\$95.77	\$0.00	\$19.02	\$18.95	\$0.00	\$17.85	\$6.43	\$10.46	\$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)	\$1.53	\$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	\$2.87	\$2.87									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.89	\$5.79	\$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	\$193.99	\$101.56	\$0.00	\$19.24	\$19.36	\$0.00	\$35.32	\$6.43	\$10.46	\$1.62	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.67										

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: MeSun Health and Rehabilitation Center	<u>Add-on Data and Percentages</u>	Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>	Facility Specific	State-wide
Pvdr ID: 003245344A	Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	Use Stwd	1.5751
H/B ? : No	BIMS:	45.5%	5.5%	Quarterly Medicaid CMI:	1.1517	1.5195
Case Mix Per Diem Rate Effective Date: 07/01/23	Nurse Hours per On-Site Day/Quality Incentive:	3.18	0.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.1612	1.5463
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23						

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 Svcs)	FY 2020 Peer Group Limit		\$99.82		\$26.82	\$33.28		\$36.91		\$30.29	\$0.00
	<u>Allowed @ 90% of Std</u>		\$207.44	\$89.84		\$24.14	\$29.95		\$33.22		\$30.29	\$0.00
	Growth Allowance 0.00%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$207.44	\$89.84		\$24.14	\$29.95		\$33.22	\$	30.29	\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			1.1612							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$104.32								
	Quarterly Medicaid CMA Allowed Per Diem		\$226.11	\$104.32		\$24.14	\$29.95		\$33.22	4.19	\$30.29	\$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 5.5% o Routine Svcs)		\$5.74	\$5.74								
	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		\$22.84									
	Quarterly Case Mix Based Per Diem Rate		\$248.95	\$110.06		\$24.14	\$29.95		\$50.32	\$4.19	\$30.29	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$173.89										

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: PruittHealth - Rome Prvdr ID: 299031876A H/B ?: No	Case Mix Per Diem Rate Effective Date: 07/01/23 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23	Add-on Data and Percentages Growth Allowance: N/A BIMS: 34.9% Nurse Hours per On-Site Day/Quality Incentive: 3.93	Facility Score: N/A Add-on Percent: 0.00% 2.5% 5.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.6203 Quarterly Medicaid CMI: 1.6311 Qtrly Mcaid CMI w RUG Wght Options: 1.6611	Facility Specific: 1.6203 1.6311 1.6611	State-wide: 1.5751 1.5195 1.5463
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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	
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	FY2021 GL-PL Ins. Rpt								\$ 203,634		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2021 GL-PL Ins. Rpt								32,699		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2021 Peer Group Limit		\$99.82		\$26.82	\$33.28		\$36.91		\$28.49	\$1.31
	Allowed @ 95% of Std		\$216.79	\$94.83		\$25.48	\$31.62		\$35.06		\$28.49	\$1.31
	Growth Allowance 0.0%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$223.02	\$94.83		\$25.48	\$31.62		\$35.06	\$ 6.23	\$28.49	\$1.31
	Quarterly Facility Case Mix Index for Medicaid Residents			1.6611							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$157.52								
	Quarterly Medicaid CMA Allowed Per Diem		\$283.67	\$157.52		\$25.48	\$31.62		\$35.06	\$ 4.19	\$28.49	\$1.31
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)		\$3.94	\$3.94								
	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%		\$7.88	\$7.88								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$28.91									
	Quarterly Case Mix Based Per Diem Rate		\$312.59	\$169.34		\$25.48	\$31.62		\$52.16	\$4.19	\$28.49	\$1.31
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$221.61									

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

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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: RELIABLE HEALTH & REHAB AT LAKEWOOD Prvdr ID: 321026473A Case Mix Per Diem Rate Effective Date: 7/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 03/31/23														
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 27.54% Nurse Hours per On-Site Day/Quality Incentive: 2.30			Facility Score Add-on Percent: 0.00% 1.0% 2.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.6888 Quarterly Medicaid CMI: 1.8458 Qtrly Mcaid CMI w RUG Wght Options: 1.8809			Facility Specific 1.6888 1.8458 1.8809	State-wide 1.5751 1.5342 1.5613
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,366,288	\$3,716,569	\$0	\$554,782	\$964,923	\$0	\$1,406,552		\$723,462	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$221,552)	\$58	\$0	\$0	\$1,789	\$1,441	(\$131,378)		(\$93,462)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$155,807				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$93,775		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,394,318	\$3,716,627	\$0	\$554,782	\$966,712	\$1,441	\$1,275,174	\$155,807	\$630,000	\$93,775		
8	Total Nursing Facility Days	As Filed Days = 27,111 FY21 Audited C/R Days		27,111										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,111 FY21 GL-PL Ins Rpt Days								27,111				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$272.75	\$137.09	\$0.00	\$20.46	\$35.71	(with L&H)	\$47.04	\$5.75	\$23.24	\$3.46		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6888										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.18										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.18	\$0.00	\$20.46	\$35.71		\$47.04	\$5.75	\$23.24	\$3.46		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.92	\$81.18	\$0.00	\$20.46	\$33.28		\$36.91	\$5.75	11.88 (FRV)	\$3.46		
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	\$192.92	\$81.18	\$0.00	\$20.46	\$33.28	\$0.00	\$36.91	\$5.75	\$11.88	\$3.46		
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		\$152.69										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$264.43	\$152.69	\$0.00	\$20.46	\$33.28	\$0.00	\$36.91	\$5.75	\$11.88	\$3.46		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$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	\$1.53	\$1.53										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$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	\$22.43	\$5.11	\$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	\$286.86	\$157.80	\$0.00	\$20.68	\$33.28	\$0.00	\$54.01	\$5.75	\$11.88	\$3.46		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$202.32											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

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: 7/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.5406	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	29.41%	1.0%	Quarterly Medicaid CMI:				1.6199	1.5342
							3.39	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6512	1.5613
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$2,873,552	\$1,430,138	\$0	\$262,218	\$307,981	\$0	\$488,256		\$384,959	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$70,601)	\$0	\$0	\$0	\$0	\$0	(\$45,565)		(\$25,036)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$36,081				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,036		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,864,068	\$1,430,138	\$0	\$262,218	\$307,981	\$0	\$442,691	\$36,081	\$359,923	\$25,036		
8	Total Nursing Facility Days	FY21 Audited C/R Days	15,681											
	As Filed Days = 15,681													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								15,681				
	As Filed Days = 15,681													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$182.64	\$91.20	\$0.00	\$16.72	\$19.64	(with L&H)	\$28.23	\$2.30	\$22.95	\$1.60		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5406										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.20										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.20	\$0.00	\$16.72	\$19.64		\$28.23	\$2.30	\$22.95	\$1.60		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.40	\$59.20	\$0.00	\$16.72	\$19.64		\$28.23	\$2.30	12.71 (FRV)	\$1.60		
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	\$140.40	\$59.20	\$0.00	\$16.72	\$19.64	\$0.00	\$28.23	\$2.30	\$12.71	\$1.60		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6512										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.75										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.95	\$97.75	\$0.00	\$16.72	\$19.64	\$0.00	\$28.23	\$2.30	\$12.71	\$1.60		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.93	\$2.93										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.54	\$4.44	\$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	\$201.49	\$102.19	\$0.00	\$16.94	\$20.05	\$0.00	\$45.70	\$2.30	\$12.71	\$1.60		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.29											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: EVERGREEN 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: 835154999A		Case Mix Per Diem Rate Effective Date: 7/1/2023		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.7485		1.7485	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Qtrly BIMS score: 45.45%		Nurse Hours per On-Site Day/Quality Incentive: 3.37		45.45%	5.5%	Quarterly Medicaid CMI: 1.7563		1.7563	1.5342		
							4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7886		1.7886	1.5613		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 FY21 C/R - FY21 GL/PL Rpt	\$5,250,545	\$2,775,059	\$0	\$516,725	\$602,764	\$0	\$1,081,301		\$274,696	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$189,176)	\$1,860	\$0	\$0	\$0	\$0	(\$168,580)		(\$22,456)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$164,520			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,456	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,248,345	\$2,776,919	\$0	\$516,725	\$602,764	\$0	\$912,721	\$164,520	\$252,240	\$22,456	
8	Total Nursing Facility Days	As Filed Days = 30,107 FY21 Audited C/R Days	30,107										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,107 FY21 GL-PL Ins Rpt Days								30,107			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$174.32	\$92.23	\$0.00	\$17.16	\$20.02	(with L&H)	\$30.32	\$5.46	\$8.38	\$0.75	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7485									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.75									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$52.75	\$0.00	\$17.16	\$20.02		\$30.32	\$5.46	\$8.38	\$0.75	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.14	\$52.75	\$0.00	\$17.16	\$20.02		\$30.32	\$5.46	7.68 (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	\$134.14	\$52.75	\$0.00	\$17.16	\$20.02	\$0.00	\$30.32	\$5.46	\$7.68	\$0.75	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7886									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.35									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.74	\$94.35	\$0.00	\$17.16	\$20.02	\$0.00	\$30.32	\$5.46	\$7.68	\$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>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.19	\$5.19									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.77	\$3.77									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$203.33	\$103.84	\$0.00	\$17.38	\$20.43	\$0.00	\$47.79	\$5.46	\$7.68	\$0.75	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.67										