

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PARK PLACE NURSING FACILITY</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00002164A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3126	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			20.00%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.30	5.0%	Quarterly Medicaid:			1.5008	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmts	(\$752,491)	(\$79,287)	\$0	\$0	\$3,953	\$1,997	(\$564,734)		(\$114,420)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$533,415			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	47,089										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 47,089								47,089			
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3126</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.34									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.34	\$0.00	\$27.29	\$24.90		\$26.76	\$11.33	\$3.47	\$2.40	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.85	\$86.34	\$0.00	\$26.82	\$24.90		\$26.76	\$11.33	13.30 (FRV)	\$2.40	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.85	\$86.34	\$0.00	\$26.82	\$24.90	\$0.00	\$26.76	\$11.33	\$13.30	\$2.40	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.5008</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.58									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.09	\$129.58	\$0.00	\$26.82	\$24.90	\$0.00	\$26.76	\$11.33	\$13.30	\$2.40	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.48	\$6.48									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.19	\$8.31	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$261.28</b>	<b>\$137.89</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$25.31</b>	<b>\$0.00</b>	<b>\$44.23</b>	<b>\$11.33</b>	<b>\$13.30</b>	<b>\$2.40</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$183.14</b>										

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Provider: <b>NEWNAN HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>	
Prvdr ID: <b>00040719A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.3535		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				27.87%		1.0%		Quarterly Medicaid:			1.3241		1.3706	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.87		5.0%								
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
							a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																		
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts			(\$122,057)	(\$2,796)	\$0	(\$684)	\$0	(\$729)	(\$100,987)		(\$16,861)			
	As Filed Cost Center Costs (GL/PL)			<b>As Filed FY21 GL/PL Rpt</b>										\$108,160				
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>													\$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 Model Adjstmt to Routine Srvcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.3535</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$94.66										
12	Net Per Diems after Model Adjstmt to Routine Srvcs			RS = Ln 11, AllOthr = Ln 9				\$94.66	\$0.00	\$23.27	\$27.69		\$40.81	\$4.51	\$8.35	\$0.70		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)			per Peer Group Limits				\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$201.39	\$94.66	\$0.00	\$23.27	\$27.69		\$36.91	\$4.51	13.65 (FRV)	\$0.70		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$201.39	\$94.66	\$0.00	\$23.27	\$27.69	\$0.00	\$36.91	\$4.51	\$13.65	\$0.70		
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.3241</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$125.34										
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$232.07	\$125.34	\$0.00	\$23.27	\$27.69	\$0.00	\$36.91	\$4.51	\$13.65	\$0.70		
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)			Ln 19 Col b x CPS Add-on			\$1.25	\$1.25										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)			Ln 19 Col b x Stfng Add-on			\$6.27	\$6.27										
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			\$25.78	\$8.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$257.85</b>	<b>\$133.39</b>	<b>\$0.00</b>	<b>\$23.49</b>	<b>\$28.10</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$4.51</b>	<b>\$13.65</b>	<b>\$0.70</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$180.56</b>											

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Provider: <b>RIVERVIEW HEALTH &amp; REHAB CTR</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00040741A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.4415		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 25.60% 1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 2.56 2.0%				Quarterly Medicaid:		1.4206		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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 As Filed Days = 51,330	FY21 Audited C/R Days	51,330										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 51,330	FY21 GL-PL Ins Rpt Days								51,330			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.4415									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$101.55									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$101.55	\$0.00	\$24.79	\$22.18		\$33.24	\$9.42	\$22.81	\$1.98	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$224.10	\$101.55	\$0.00	\$24.79	\$22.18		\$33.24	\$9.42	30.94 (FRV)	\$1.98	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$224.10	\$101.55	\$0.00	\$24.79	\$22.18	\$0.00	\$33.24	\$9.42	\$30.94	\$1.98	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4206									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.26									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$266.81	\$144.26	\$0.00	\$24.79	\$22.18	\$0.00	\$33.24	\$9.42	\$30.94	\$1.98	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.44	\$1.44									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.89	\$2.89									
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	\$5.86	\$4.86	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$272.67	\$149.12	\$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	\$204.50										

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Provider: <b>THE WILLIAM BREMAN JEWISH HOME</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00040752A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				Base Period Overall:		1.4272		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				Quarterly Medicaid:		1.3391		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$137,727			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4272</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$124.60									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$124.60	\$0.00	\$57.89	\$49.29		\$51.77	\$5.31	\$35.12	\$1.42	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$235.39	\$104.63	\$0.00	\$26.82	\$33.28		\$36.91	\$5.31	27.02 (FRV)	\$1.42	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$235.39	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.31	\$27.02	\$1.42	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3391</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.11									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$270.87	\$140.11	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.31	\$27.02	\$1.42	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$7.71	\$7.71									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.20	\$4.20									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.01	\$11.91	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$299.88</b>	<b>\$152.02</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$5.31</b>	<b>\$27.02</b>	<b>\$1.42</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$212.09</b>										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>SIGNATURE HEALTHCARE OF BUCKHEAD</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00040763A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:									

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Calculation

DEMONSTRATION ONLY

Provider: <b>Magnolia Manor Methodist Nursing Center</b> Prvdr ID: <b>00040785A</b> H/B ?: No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 34.7% Nurse Hours per On-Site Day/Quality Incentive: 4.39		Facility Score: N/A Add-on Percent: 0.00% 2.5% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall PDPM: Qtrly Mcaid PDPM w RUG Wght Options:				Facility Specific: 1.6434 1.6888	State-wide: 1.5751 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>				<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs			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	\$104.63		\$26.82	\$33.28		\$36.91		\$31.24	\$1.39
<u>Allowed @ 95% of Std</u>				\$99.40		\$25.48	\$31.62		\$35.06		\$31.24	\$1.39
Growth Allowance 0.0%				\$0.00		\$0.00	\$0.00		\$0.00			
CMA Allowed Per Diem (After Growth Allowance)				\$99.40		\$25.48	\$31.62		\$35.06	\$ 3.93	\$31.24	\$1.39
Quarterly Facility Case Mix Index for Medicaid Residents				<b>1.6888</b>							(FRV Rate)	
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$167.87								
Quarterly Medicaid CMA Allowed Per Diem				\$296.85	\$167.87	\$25.48	\$31.62		\$35.06	\$ 4.19	\$31.24	\$1.39
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)				\$4.20	\$4.20							
Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%				\$6.71	\$6.71							
Nursing Home Provider Fee				\$0.00					0.00			
<b>Total Quarterly Per Diem Add-On Amounts</b>				\$10.91								
<b>Quarterly Case Mix Based Per Diem Rate</b>				<b>\$307.76</b>	<b>\$178.78</b>		<b>\$25.48</b>	<b>\$31.62</b>		<b>\$35.06</b>	<b>\$4.19</b>	<b>\$31.24</b> <b>\$1.39</b>
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>			<b>\$230.82</b>									

PDPM Shadow Rate. This is not your rate.

\* 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.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PINE VIEW NURSING AND REHAB CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00040796A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				Base Period Overall:		1.5089		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				Quarterly Medicaid:		1.4930		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>PDPM BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$307,720)	\$0	\$0	\$0	\$0	\$0	(\$271,189)		(\$36,531)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$273,620			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 19,797	FY21 Audited C/R Days	19,797										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,797	FY21 GL-PL Ins Rpt Days								19,797			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$206.00	\$103.20	\$0.00	\$21.02	\$24.68	(with L&H)	\$30.11	\$13.82	\$11.32	\$1.85	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.5089</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.40									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.40	\$0.00	\$21.02	\$24.68		\$30.11	\$13.82	\$11.32	\$1.85	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.95	\$68.40	\$0.00	\$21.02	\$24.68		\$30.11	\$13.82	9.07 (FRV)	\$1.85	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.95	\$68.40	\$0.00	\$21.02	\$24.68	\$0.00	\$30.11	\$13.82	\$9.07	\$1.85	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4930</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.12									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.67	\$102.12	\$0.00	\$21.02	\$24.68	\$0.00	\$30.11	\$13.82	\$9.07	\$1.85	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.06	\$3.06									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.71	\$4.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$225.38</b>	<b>\$106.73</b>	<b>\$0.00</b>	<b>\$21.24</b>	<b>\$25.09</b>	<b>\$0.00</b>	<b>\$47.58</b>	<b>\$13.82</b>	<b>\$9.07</b>	<b>\$1.85</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$156.21</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>TWIN VIEW HEALTH AND REHAB</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00040807A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:									

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>A.G. RHODES HOME WESLEY WOODS</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00040818A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.7389	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				47.95%	5.5%	Quarterly Medicaid:			1.4827	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				4.35	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$312,440)	(\$67,765)	\$0	\$0	\$0	(\$2,930)	(\$191,886)		(\$49,859)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$191,886				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.7389</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.65										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$97.65	\$0.00	\$33.72	\$34.50		\$63.72	\$4.55	\$10.56	\$1.18		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.47	\$97.65	\$0.00	\$26.82	\$33.28		\$36.91	\$4.55	16.08 (FRV)	\$1.18		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.47	\$97.65	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.55	\$16.08	\$1.18		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4827</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.79										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$263.61	\$144.79	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.55	\$16.08	\$1.18		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$7.96	\$7.96										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$32.83	\$15.73	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$296.44</b>	<b>\$160.52</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$4.55</b>	<b>\$16.08</b>	<b>\$1.18</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$209.51</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - AUSTELL</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00059276A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4250	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			32.50%	2.5%	Quarterly Medicaid:			1.2864	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			4.03	6.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$539,088			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4250</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.40									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$74.40	\$0.00	\$20.62	\$20.93		\$30.63	\$13.56	\$10.20	\$1.31	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.76	\$74.40	\$0.00	\$20.62	\$20.93		\$30.63	\$13.56	13.31 (FRV)	\$1.31	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.76	\$74.40	\$0.00	\$20.62	\$20.93	\$0.00	\$30.63	\$13.56	\$13.31	\$1.31	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2864</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.71									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.07	\$95.71	\$0.00	\$20.62	\$20.93	\$0.00	\$30.63	\$13.56	\$13.31	\$1.31	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.74	\$5.74									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.76	\$8.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$222.83</b>	<b>\$104.37</b>	<b>\$0.00</b>	<b>\$20.84</b>	<b>\$21.34</b>	<b>\$0.00</b>	<b>\$48.10</b>	<b>\$13.56</b>	<b>\$13.31</b>	<b>\$1.31</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$154.30</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>NORTHRIDGE HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00059331A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2672	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			22.62%	1.0%	Quarterly Medicaid:			1.2211	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			2.72	4.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$86,840			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2672</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.11									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.11	\$0.00	\$22.19	\$30.16		\$34.36	\$3.06	\$21.02	\$0.44	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.88	\$91.11	\$0.00	\$22.19	\$30.16		\$34.36	\$3.06	21.56 (FRV)	\$0.44	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$202.88	\$91.11	\$0.00	\$22.19	\$30.16	\$0.00	\$34.36	\$3.06	\$21.56	\$0.44	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2211</b>									
18	Qtrly Routine Srvcs Model 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	\$223.02	\$111.25	\$0.00	\$22.19	\$30.16	\$0.00	\$34.36	\$3.06	\$21.56	\$0.44	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	\$24.19	\$6.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$247.21</b>	<b>\$117.34</b>	<b>\$0.00</b>	<b>\$22.41</b>	<b>\$30.57</b>	<b>\$0.00</b>	<b>\$51.83</b>	<b>\$3.06</b>	<b>\$21.56</b>	<b>\$0.44</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$172.58</b>										

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Provider: <b>THE BELL MINOR HOME</b>			<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00059397A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>			Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4586	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>			Qtrly BIMS score:			33.85%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>			Nurse Hrs per On-Site Day/Q			3.14	3.0%	Quarterly Medicaid:			1.3807	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>PDPM BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$281,312)	\$0	\$0	\$0	\$0	\$0	(\$216,206)		(\$65,106)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$209,748		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4586</b>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.21								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$79.21	\$0.00	\$18.26	\$18.65		\$39.69	\$7.30	\$66.08	\$2.26
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.36	\$79.21	\$0.00	\$18.26	\$18.65		\$36.91	\$7.30	13.77 (FRV)	\$2.26
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.36	\$79.21	\$0.00	\$18.26	\$18.65	\$0.00	\$36.91	\$7.30	\$13.77	\$2.26
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3807</b>								
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.51	\$109.37	\$0.00	\$18.26	\$18.65	\$0.00	\$36.91	\$7.30	\$13.77	\$2.26
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.73	\$2.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.28	\$3.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.27	\$6.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$230.78</b>	<b>\$115.91</b>	<b>\$0.00</b>	<b>\$18.48</b>	<b>\$19.06</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$7.30</b>	<b>\$13.77</b>	<b>\$2.26</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$160.26</b>									

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>AZALEA HEALTH AND REHABILITATION CENTER</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00059441A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4854	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			30.00%	2.5%	Quarterly Medicaid:			1.5911	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.61	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>PDPM BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$7,131			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmnt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4854</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.88									
12	Net Per Diems after Model Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.88	\$0.00	\$21.85	\$20.51		\$40.34	\$0.27	\$43.36	\$1.87	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.24	\$86.88	\$0.00	\$21.85	\$20.51		\$36.91	\$0.27	13.95 (FRV)	\$1.87	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.24	\$86.88	\$0.00	\$21.85	\$20.51	\$0.00	\$36.91	\$0.27	\$13.95	\$1.87	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.5911</b>									
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.23									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.60	\$138.23	\$0.00	\$21.85	\$20.51	\$0.00	\$36.91	\$0.27	\$13.95	\$1.87	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.46	\$3.46									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.15	\$4.15									
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	\$25.87	\$8.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$259.47</b>	<b>\$146.37</b>	<b>\$0.00</b>	<b>\$22.07</b>	<b>\$20.92</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$0.27</b>	<b>\$13.95</b>	<b>\$1.87</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$181.78</b>										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>NORTH DECATUR HEALTH AND REHABILITATION CENTER</b>				<u>Add-on Data and Percentage</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00059452A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.5182	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:		17.50%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q		2.52	2.0%	Quarterly Medicaid:			1.3591	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>PDPM BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$72,539)	(\$1,439)	\$0	(\$1,537)	(\$2,794)	(\$2,118)	\$323		(\$64,974)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$234,159		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5182</b>								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.92								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.92	\$0.00	\$19.06	\$18.13		\$43.42	\$11.14	\$26.76	\$3.04
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.27	\$79.92	\$0.00	\$19.06	\$18.13		\$36.91	\$11.14	12.07 (FRV)	\$3.04
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.27	\$79.92	\$0.00	\$19.06	\$18.13	\$0.00	\$36.91	\$11.14	\$12.07	\$3.04
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3591</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.96	\$108.62	\$0.00	\$19.06	\$18.13	\$0.00	\$36.91	\$11.14	\$12.07	\$3.04
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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	\$20.43	\$2.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$229.39</b>	<b>\$111.32</b>	<b>\$0.00</b>	<b>\$19.28</b>	<b>\$18.54</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$11.14</b>	<b>\$12.07</b>	<b>\$3.04</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$159.22</b>									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - AUGUSTA</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00059463A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:      N/A      0.00%				Base Period Overall:		1.4544		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:      20.27%      1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q      3.41      4.0%				Quarterly Medicaid:		1.3899		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$498,724)	(\$122,775)	\$0	\$0	\$0	\$846	(\$338,801)		(\$37,994)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$434,391			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4544</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.03									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$84.03	\$0.00	\$21.48	\$29.08		\$36.17	\$15.84	\$5.97	\$1.36	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.25	\$84.03	\$0.00	\$21.48	\$29.08		\$36.17	\$15.84	11.29 (FRV)	\$1.36	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$199.25	\$84.03	\$0.00	\$21.48	\$29.08	\$0.00	\$36.17	\$15.84	\$11.29	\$1.36	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3899</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.79									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.02	\$116.79	\$0.00	\$21.48	\$29.08	\$0.00	\$36.17	\$15.84	\$11.29	\$1.36	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.17	\$1.17									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	\$24.47	\$6.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$256.49</b>	<b>\$123.16</b>	<b>\$0.00</b>	<b>\$21.70</b>	<b>\$29.49</b>	<b>\$0.00</b>	<b>\$53.64</b>	<b>\$15.84</b>	<b>\$11.29</b>	<b>\$1.36</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$179.54</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>BOLINGREEN HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>	
Prvdr ID: <b>00059485A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.3400		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				13.73%		0.0%								
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.98		5.0%		Quarterly Medicaid:			1.2916		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes									
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$127,413								
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 25,200	FY21 Audited C/R Days	25,268															
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,200	FY21 GL-PL Ins Rpt Days								25,268								
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3400</b>														
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.84														
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$96.84	\$0.00	\$25.72	\$27.92		\$37.20	\$5.04	\$33.17	\$0.49						
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.68	\$96.84	\$0.00	\$25.72	\$27.92		\$36.91	\$5.04	12.76 (FRV)	\$0.49						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.68	\$96.84	\$0.00	\$25.72	\$27.92	\$0.00	\$36.91	\$5.04	\$12.76	\$0.49						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2916</b>														
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.08														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.92	\$125.08	\$0.00	\$25.72	\$27.92	\$0.00	\$36.91	\$5.04	\$12.76	\$0.49						
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00							
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.25	\$6.25														
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10									
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.51	\$6.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$258.43</b>	<b>\$131.86</b>	<b>\$0.00</b>	<b>\$25.94</b>	<b>\$28.33</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$5.04</b>	<b>\$12.76</b>	<b>\$0.49</b>						
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$181.00</b>															

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>BROWN HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00059562A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.4121	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				25.37%	1.0%	Quarterly Medicaid:			1.3278	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.67	6.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$146,026)	(\$3,234)	\$0	(\$799)	\$0	(\$1,083)	(\$115,441)		(\$25,469)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$104,000				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 27,991	FY21 Audited C/R Days	27,991											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,991	FY21 GL-PL Ins Rpt Days								27,991				
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4121</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.54										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.54	\$0.00	\$21.46	\$34.20		\$36.59	\$3.72	\$9.40	\$0.91		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.53	\$85.54	\$0.00	\$21.46	\$33.28		\$36.59	\$3.72	19.03 (FRV)	\$0.91		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.53	\$85.54	\$0.00	\$21.46	\$33.28	\$0.00	\$36.59	\$3.72	\$19.03	\$0.91		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3278</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.58										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.57	\$113.58	\$0.00	\$21.46	\$33.28	\$0.00	\$36.59	\$3.72	\$19.03	\$0.91		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.99	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.24		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	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	\$26.04	\$8.48	\$0.00	\$0.22	\$0.00	\$0.00	\$17.34	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$254.61</b>	<b>\$122.06</b>	<b>\$0.00</b>	<b>\$21.68</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$53.93</b>	<b>\$3.72</b>	<b>\$19.03</b>	<b>\$0.91</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$178.13</b>											

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>CARROLLTON NURSING &amp; REHAB CTR</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00059661A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:      N/A      0.00%				Base Period Overall:      1.3303      1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:      25.32%      1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q      2.73      3.0%				Quarterly Medicaid:      1.2939      1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$16,242			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 34,428	FY21 Audited C/R Days	34,428										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,428	FY21 GL-PL Ins Rpt Days								34,428			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3303</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.35									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73.35	\$0.00	\$18.76	\$19.38		\$37.42	\$0.47	\$33.71	\$1.67	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.18	\$73.35	\$0.00	\$18.76	\$19.38		\$36.91	\$0.47	8.64 (FRV)	\$1.67	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.18	\$73.35	\$0.00	\$18.76	\$19.38	\$0.00	\$36.91	\$0.47	\$8.64	\$1.67	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2939</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.91									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.74	\$94.91	\$0.00	\$18.76	\$19.38	\$0.00	\$36.91	\$0.47	\$8.64	\$1.67	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.85	\$2.85									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.06	\$4.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$202.80</b>	<b>\$99.24</b>	<b>\$0.00</b>	<b>\$18.98</b>	<b>\$19.79</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$0.47</b>	<b>\$8.64</b>	<b>\$1.67</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$139.28</b>										

PDPM Shadow Rates. This is not your rate.



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Provider: <b>CHAPLINWOOD NURSING HOME</b>				<u>Add-on Data and Percentag</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>		
Prvdr ID: <b>00059694A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.3601		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				32.43%		2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.82		5.0%		Quarterly Medicaid:			1.4104		1.3706		
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Svcs 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)			<b>As Filed FY21 GL/PL Rpt</b>										\$105,351					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>												\$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 Model Adjstmt to Routine Svcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.3601</b>											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$78.07											
12	Net Per Diems after Model Adjstmt to Routine Svcs			RS = Ln 11, AllOthr = Ln 9				\$78.07	\$0.00	\$28.01	\$23.50		\$31.78	\$4.09	\$32.22	\$1.14			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)			per Peer Group Limits				\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$177.13	\$78.07	\$0.00	\$26.82	\$23.50		\$31.78	\$4.09	11.73 (FRV)	\$1.14			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$177.13	\$78.07	\$0.00	\$26.82	\$23.50	\$0.00	\$31.78	\$4.09	\$11.73	\$1.14			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.4104</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$110.11											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$209.17	\$110.11	\$0.00	\$26.82	\$23.50	\$0.00	\$31.78	\$4.09	\$11.73	\$1.14			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)			Ln 19 Col b x CPS Add-on			\$2.75	\$2.75											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (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			\$26.67	\$8.79	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$235.84</b>	<b>\$118.90</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$23.91</b>	<b>\$0.00</b>	<b>\$49.25</b>	<b>\$4.09</b>	<b>\$11.73</b>	<b>\$1.14</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$164.06</b>												

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>HAZELHURST COURT CARE AND REHABILITATION CENTER</b> Prvdr ID: <b>00059705A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>4/1/2024</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 26.23% Nurse Hrs per On-Site Day/Q: 2.54	<u>Facility Score</u> 0.00% 1.0% 2.0%	<u>Add-on Percent</u> 0.00% 1.0% 2.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3030 Quarterly Medicaid: 1.3145	<u>PDPM Facility</u> 1.3030 1.3145	<u>PDPM Statewide</u> 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>PDPM BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b> 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$48,030		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	20,795									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,795										
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3030</b>								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.96								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$72.96	\$0.00	\$15.37	\$17.05		\$25.89	\$2.31	\$22.18	\$0.77
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.79	\$72.96	\$0.00	\$15.37	\$17.05		\$25.89	\$2.31	7.44 (FRV)	\$0.77
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.79	\$72.96	\$0.00	\$15.37	\$17.05	\$0.00	\$25.89	\$2.31	\$7.44	\$0.77
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3145</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.74	\$95.91	\$0.00	\$15.37	\$17.05	\$0.00	\$25.89	\$2.31	\$7.44	\$0.77
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$1.92	\$1.92								
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	\$21.51	\$3.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$186.25</b>	<b>\$99.32</b>	<b>\$0.00</b>	<b>\$15.59</b>	<b>\$17.46</b>	<b>\$0.00</b>	<b>\$43.36</b>	<b>\$2.31</b>	<b>\$7.44</b>	<b>\$0.77</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$126.86</b>									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>SOUTHWELL HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00059826A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.3761 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 46.15% 5.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.66 3.0%				Quarterly Medicaid: 1.3475 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.3761									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.28									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$102.28	\$0.00	\$32.01	\$19.72		\$10.60	\$0.48	\$40.05	\$0.36	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.12	\$102.28	\$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 = 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	\$190.12	\$102.28	\$0.00	\$32.01	\$19.72	\$0.00	\$10.60	\$0.48	\$24.67	\$0.36	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3475									
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.82									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.66	\$137.82	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$7.58	\$7.58									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.13	\$4.13									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.34	\$12.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$256.00	\$150.06	\$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	\$179.18										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>CORDELE HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00059892A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.6110	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				18.52%	0.0%	Quarterly Medicaid:			1.3350	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.47	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$126,965)	\$212,715	\$0	(\$141,973)	(\$2,295)	(\$41,405)	(\$148,227)		(\$5,780)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$48,092				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	FY21 Audited C/R Days	18,679											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,671	FY21 GL-PL Ins Rpt Days								18,679				
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.6110</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$120.81										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$120.81	\$0.00	\$24.15	\$26.27		\$55.80	\$2.57	\$30.88	\$0.43		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.63	\$104.63	\$0.00	\$24.15	\$26.27		\$36.91	\$2.57	9.67 (FRV)	\$0.43		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.63	\$104.63	\$0.00	\$24.15	\$26.27	\$0.00	\$36.91	\$2.57	\$9.67	\$0.43		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3350</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.68										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.69	\$139.68	\$0.00	\$24.15	\$26.27	\$0.00	\$36.91	\$2.57	\$9.67	\$0.43		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$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	\$21.92	\$4.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$261.61</b>	<b>\$143.87</b>	<b>\$0.00</b>	<b>\$24.37</b>	<b>\$26.68</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$2.57</b>	<b>\$9.67</b>	<b>\$0.43</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$183.38</b>											

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>DUBLINAIR HEALTH &amp; REHAB</b>				<u>Add-on Data and Percentag</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>		
Prvdr ID: <b>00059947A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.3913		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				31.76%		2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.18		3.0%		Quarterly Medicaid:			1.3743		1.3706		
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)			<b>As Filed FY21 GL/PL Rpt</b>										\$0					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>												\$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 Model Adjstmt to Routine Srvcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.3913</b>											
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$75.87											
12	Net Per Diems after Model Adjstmt to Routine Srvcs			RS = Ln 11, AllOthr = Ln 9				\$75.87	\$0.00	\$21.58	\$20.28		\$40.29	\$0.00	\$21.46	\$1.84			
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)			per Peer Group Limits				\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$165.88	\$75.87	\$0.00	\$21.58	\$20.28		\$36.91	\$0.00	9.40 (FRV)	\$1.84			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$165.88	\$75.87	\$0.00	\$21.58	\$20.28	\$0.00	\$36.91	\$0.00	\$9.40	\$1.84			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.3743</b>											
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$104.27											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$194.28	\$104.27	\$0.00	\$21.58	\$20.28	\$0.00	\$36.91	\$0.00	\$9.40	\$1.84			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)			Ln 19 Col b x CPS Add-on			\$2.61	\$2.61											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)			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			\$24.00	\$6.27	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$218.28</b>	<b>\$110.54</b>	<b>\$0.00</b>	<b>\$21.80</b>	<b>\$20.69</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$0.00</b>	<b>\$9.40</b>	<b>\$1.84</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$150.89</b>												

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>RIVER TOWNE CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00082684A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>HEARDMONT HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00082981A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.5202	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				29.55%	1.0%	Quarterly Medicaid:			1.2350	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				2.94	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$53,131)	(\$15,507)	\$0	\$0	\$0	\$0	(\$19,802)		(\$17,822)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$0				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5202</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.58										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.58	\$0.00	\$18.26	\$22.97		\$35.03	\$0.00	\$14.70	\$1.17		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.02	\$59.58	\$0.00	\$18.26	\$22.97		\$35.03	\$0.00	9.01 (FRV)	\$1.17		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.02	\$59.58	\$0.00	\$18.26	\$22.97	\$0.00	\$35.03	\$0.00	\$9.01	\$1.17		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2350</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.58										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.02	\$73.58	\$0.00	\$18.26	\$22.97	\$0.00	\$35.03	\$0.00	\$9.01	\$1.17		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.74	\$0.74										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.21	\$2.21										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.58	\$3.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$181.60</b>	<b>\$77.06</b>	<b>\$0.00</b>	<b>\$18.48</b>	<b>\$23.38</b>	<b>\$0.00</b>	<b>\$52.50</b>	<b>\$0.00</b>	<b>\$9.01</b>	<b>\$1.17</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$123.38</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>AUTUMN LANE HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>		
Prvdr ID: <b>00082992A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.2741		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				26.47%		1.0%		Quarterly Medicaid:			1.3298		1.3706		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.82		5.0%									
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)			<b>As Filed FY21 GL/PL Rpt</b>										\$88,400					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>													\$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 As Filed Days = 25,994			FY21 Audited C/R Days			25,994												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,994			FY21 GL-PL Ins Rpt Days										25,994					
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.2741</b>											
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$87.54											
12	Net Per Diems after Model Adjstmt to Routine Srvcs			RS = Ln 11, AllOthr = Ln 9				\$87.54	\$0.00	\$19.56	\$24.87		\$39.55	\$3.40	\$56.30	\$9.19			
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)			per Peer Group Limits				\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$216.54	\$87.54	\$0.00	\$19.56	\$24.87		\$36.91	\$3.40	35.07 (FRV)	\$9.19			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$216.54	\$87.54	\$0.00	\$19.56	\$24.87	\$0.00	\$36.91	\$3.40	\$35.07	\$9.19			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.3298</b>											
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$116.41											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$245.41	\$116.41	\$0.00	\$19.56	\$24.87	\$0.00	\$36.91	\$3.40	\$35.07	\$9.19			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)			Ln 19 Col b x CPS Add-on			\$1.16	\$1.16											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)			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			\$25.24	\$7.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$270.65</b>	<b>\$123.92</b>	<b>\$0.00</b>	<b>\$19.78</b>	<b>\$25.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$3.40</b>	<b>\$35.07</b>	<b>\$9.19</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$190.16</b>												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>SIGNATURE HEALTHCARE AT TOWER ROAD</b>				<u>Add-on Data and Percentage</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00083003A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.4525 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 22.06% 1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 2.45 1.0%				Quarterly Medicaid: 1.5723 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.4525									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.12									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$100.12	\$0.00	\$19.38	\$18.28		\$57.22	\$3.52	\$64.36	\$2.15	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.02	\$100.12	\$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 = 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	\$191.02	\$100.12	\$0.00	\$19.38	\$18.28	\$0.00	\$36.91	\$3.52	\$10.66	\$2.15	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5723									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$157.42									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.31	\$157.42	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.57	\$1.57									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.57	\$1.57									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.40	\$3.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$269.71	\$161.09	\$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	\$189.46										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>GREEN ACRES HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>		
Prvdr ID: <b>00083014A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.4249		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				27.40%		1.0%		Quarterly Medicaid:			1.3145		1.3706		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.74		5.0%									
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b>PDPM BASED RATE CALCULATIONS</b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)			<b>As Filed FY21 GL/PL Rpt</b>										\$101,920					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>													\$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 Model Adjstmt to Routine Srvcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.4249</b>											
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$75.41											
12	Net Per Diems after Model Adjstmt to Routine Srvcs			RS = Ln 11, AllOthr = Ln 9				\$75.41	\$0.00	\$20.01	\$24.82		\$54.57	\$4.08	\$31.09	\$1.25			
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)			per Peer Group Limits				\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$173.83	\$75.41	\$0.00	\$20.01	\$24.82		\$36.91	\$4.08	11.35 (FRV)	\$1.25			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$173.83	\$75.41	\$0.00	\$20.01	\$24.82	\$0.00	\$36.91	\$4.08	\$11.35	\$1.25			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.3145</b>											
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$99.13											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$197.54	\$99.13	\$0.00	\$20.01	\$24.82	\$0.00	\$36.91	\$4.08	\$11.35	\$1.25			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)			Ln 19 Col b x CPS Add-on			\$0.99	\$0.99											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)			Ln 19 Col b x Stfng Add-on			\$4.96	\$4.96											
23	Nursing Home Provider Fee			(Fixed Amount)			\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts			Sum of Lns 20 thru 23			\$24.21	\$6.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$221.75</b>	<b>\$105.61</b>	<b>\$0.00</b>	<b>\$20.23</b>	<b>\$25.23</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$4.08</b>	<b>\$11.35</b>	<b>\$1.25</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$153.49</b>												

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>ABERCORN REHABILITATION CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00083025A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>LYNN HAVEN HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00083036A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.3570 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 51.92% 5.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.47 5.0%				Quarterly Medicaid: 1.1981 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.3570									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.62									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.62	\$0.00	\$22.65	\$38.28		\$39.36	\$3.90	\$34.03	\$1.59	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.51	\$90.62	\$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 = 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	\$202.51	\$90.62	\$0.00	\$22.65	\$33.28	\$0.00	\$36.91	\$3.90	\$13.56	\$1.59	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.1981									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.57									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.46	\$108.57	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$5.97	\$5.97									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.43	\$5.43									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.25	\$11.93	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$249.71	\$120.50	\$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	\$174.46										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>MAGNOLIA MANOR OF COLUMBUS NURSING CENTER - EAST</b>				<u>Add-on Data and Percentage</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00083047A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.6458	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:		41.03%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q		3.05	3.0%	Quarterly Medicaid:			1.6873	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>PDPM BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$290,503		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.6458</b>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.50								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69.50	\$0.00	\$27.73	\$24.15		\$40.14	\$8.01	\$16.06	\$0.85
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.07	\$69.50	\$0.00	\$26.82	\$24.15		\$36.91	\$8.01	10.83 (FRV)	\$0.85
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.07	\$69.50	\$0.00	\$26.82	\$24.15	\$0.00	\$36.91	\$8.01	\$10.83	\$0.85
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.6873</b>								
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.83	\$117.27	\$0.00	\$26.82	\$24.15	\$0.00	\$36.91	\$8.01	\$10.83	\$0.85
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.93	\$2.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$24.49	\$6.98	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$249.32</b>	<b>\$124.25</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$24.56</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$8.01</b>	<b>\$10.83</b>	<b>\$0.85</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$174.17</b>									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>THE CENTER FOR ADVANCED REHAB AT PARKSIDE</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00083102A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.9339	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			26.32%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			4.33	5.0%	Quarterly Medicaid:			1.4239	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$77,384			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.9339</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.12									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.12	\$0.00	\$22.15	\$19.46		\$40.00	\$1.80	\$31.39	\$3.89	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.51	\$62.12	\$0.00	\$22.15	\$19.46		\$36.91	\$1.80	22.18 (FRV)	\$3.89	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.51	\$62.12	\$0.00	\$22.15	\$19.46	\$0.00	\$36.91	\$1.80	\$22.18	\$3.89	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4239</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.45									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.84	\$88.45	\$0.00	\$22.15	\$19.46	\$0.00	\$36.91	\$1.80	\$22.18	\$3.89	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.88	\$0.88									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.42	\$4.42									
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	\$23.56	\$5.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$218.40</b>	<b>\$94.28</b>	<b>\$0.00</b>	<b>\$22.37</b>	<b>\$19.87</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$1.80</b>	<b>\$22.18</b>	<b>\$3.89</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$150.98</b>										

PDPM Shadow Rates. This is not your rate.



# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>MAGNOLIA MANOR OF COLUMBUS NURSING CENTER - WEST</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00083124A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.6639	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			42.55%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.88	4.0%	Quarterly Medicaid:			1.5660	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$239,764			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	FY21 Audited C/R Days	36,741										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								36,741			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.6639</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.75									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.75	\$0.00	\$23.77	\$21.55		\$32.48	\$6.53	\$12.60	\$1.03	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.77	\$65.75	\$0.00	\$23.77	\$21.55		\$32.48	\$6.53	11.66 (FRV)	\$1.03	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.77	\$65.75	\$0.00	\$23.77	\$21.55	\$0.00	\$32.48	\$6.53	\$11.66	\$1.03	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.5660</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.96									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.98	\$102.96	\$0.00	\$23.77	\$21.55	\$0.00	\$32.48	\$6.53	\$11.66	\$1.03	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.57	\$2.57									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.12	\$4.12									
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	\$25.32	\$7.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$225.30</b>	<b>\$110.18</b>	<b>\$0.00</b>	<b>\$23.99</b>	<b>\$21.96</b>	<b>\$0.00</b>	<b>\$49.95</b>	<b>\$6.53</b>	<b>\$11.66</b>	<b>\$1.03</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$156.15</b>										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>NHC HEALTHCARE ROSSVILLE</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00083146A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2464	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			30.67%	2.5%	Quarterly Medicaid:			1.3247	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.24	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$161,600			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2464</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.06									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$107.06	\$0.00	\$21.19	\$18.15		\$33.77	\$5.06	\$8.05	\$1.79	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.30	\$104.63	\$0.00	\$21.19	\$18.15		\$33.77	\$5.06	10.71 (FRV)	\$1.79	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.30	\$104.63	\$0.00	\$21.19	\$18.15	\$0.00	\$33.77	\$5.06	\$10.71	\$1.79	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3247</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.60									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.27	\$138.60	\$0.00	\$21.19	\$18.15	\$0.00	\$33.77	\$5.06	\$10.71	\$1.79	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.47	\$3.47									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$25.73	\$7.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$255.00</b>	<b>\$146.23</b>	<b>\$0.00</b>	<b>\$21.41</b>	<b>\$18.56</b>	<b>\$0.00</b>	<b>\$51.24</b>	<b>\$5.06</b>	<b>\$10.71</b>	<b>\$1.79</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$178.43</b>										

PDPM Shadow Rates. This is not your rate.

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Provider: <b>SIGNATURE HEALTHCARE OF SAVANNAH</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00083157A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.4390	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				21.59%	1.0%	Quarterly Medicaid:			1.3519	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				2.59	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$257,708)	(\$241,625)	\$0	(\$1,268)	\$1,596	\$1,642	\$50,444		(\$68,497)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$146,322				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 37,322	FY21 Audited C/R Days	37,322											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,322	FY21 GL-PL Ins Rpt Days								37,322				
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4390</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.03										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$79.03	\$0.00	\$16.80	\$16.19		\$53.37	\$3.92	\$3.24	\$1.85		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.83	\$79.03	\$0.00	\$16.80	\$16.19		\$36.91	\$3.92	11.13 (FRV)	\$1.85		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.83	\$79.03	\$0.00	\$16.80	\$16.19	\$0.00	\$36.91	\$3.92	\$11.13	\$1.85		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3519</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.84										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.64	\$106.84	\$0.00	\$16.80	\$16.19	\$0.00	\$36.91	\$3.92	\$11.13	\$1.85		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.34	\$5.34										
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	\$24.67	\$6.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$218.31</b>	<b>\$113.78</b>	<b>\$0.00</b>	<b>\$17.02</b>	<b>\$16.60</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$3.92</b>	<b>\$11.13</b>	<b>\$1.85</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$150.91</b>											

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Provider: <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00083223A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:      N/A      0.00%				Base Period Overall:      1.6463      1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:      36.36%      2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q      5.10      3.0%				Quarterly Medicaid:      1.5024      1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$204,834)	\$5,084	\$0	\$0	(\$1,171)	(\$6,099)	(\$173,644)		(\$29,004)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$207,740			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 39,808	FY21 Audited C/R Days	39,808										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,808	FY21 GL-PL Ins Rpt Days								39,808			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.6463</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$106.60									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$106.60	\$0.00	\$25.86	\$34.33		\$29.58	\$5.22	\$4.76	\$0.73	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$222.12	\$104.63	\$0.00	\$25.86	\$33.28		\$29.58	\$5.22	22.82 (FRV)	\$0.73	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$222.12	\$104.63	\$0.00	\$25.86	\$33.28	\$0.00	\$29.58	\$5.22	\$22.82	\$0.73	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.5024</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$157.20									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$274.68	\$157.20	\$0.00	\$25.86	\$33.28	\$0.00	\$29.58	\$5.22	\$22.82	\$0.73	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.93	\$3.93									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.72	\$4.72									
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	\$26.34	\$8.65	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$301.02</b>	<b>\$165.85</b>	<b>\$0.00</b>	<b>\$26.08</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$47.05</b>	<b>\$5.22</b>	<b>\$22.82</b>	<b>\$0.73</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$212.94</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>TUCKER WELLNESS AND REHABILITATION CENTER</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00083267A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3060	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			21.59%	1.0%	Quarterly Medicaid:			1.4274	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			2.37	4.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$296,004)	(\$45,039)	\$0	\$0	(\$2,002)	(\$6,514)	\$100,825		(\$343,274)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$138,001			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3060</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.42									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$83.42	\$0.00	\$18.59	\$21.23		\$43.08	\$4.07	\$7.77	\$4.52	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.02	\$83.42	\$0.00	\$18.59	\$21.23		\$36.91	\$4.07	11.28 (FRV)	\$4.52	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.02	\$83.42	\$0.00	\$18.59	\$21.23	\$0.00	\$36.91	\$4.07	\$11.28	\$4.52	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4274</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.07									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.67	\$119.07	\$0.00	\$18.59	\$21.23	\$0.00	\$36.91	\$4.07	\$11.28	\$4.52	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.76	\$4.76									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.21	\$6.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$239.88</b>	<b>\$125.55</b>	<b>\$0.00</b>	<b>\$18.81</b>	<b>\$21.64</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$4.07</b>	<b>\$11.28</b>	<b>\$4.52</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$167.09</b>										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
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Provider: <b>MADISON HEALTH AND REHAB</b>			<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00083278A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>			Growth Allowance:			N/A	0.00%	Base Period Overall:			1.7047	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>			Qtrly BIMS score:			59.65%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>			Nurse Hrs per On-Site Day/Q			3.51	5.0%	Quarterly Medicaid:			1.5086	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>PDPM BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmts	(\$170,700)	(\$112,741)	\$0	\$4,210	\$40,350	(\$3,905)	(\$56,839)		(\$41,775)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$103,824		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.7047</b>								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.29								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.29	\$0.00	\$22.52	\$33.30		\$28.14	\$4.98	\$0.47	\$1.76
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.78	\$58.29	\$0.00	\$22.52	\$33.28		\$28.14	\$4.98	11.81 (FRV)	\$1.76
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.78	\$58.29	\$0.00	\$22.52	\$33.28	\$0.00	\$28.14	\$4.98	\$11.81	\$1.76
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.5086</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.43	\$87.94	\$0.00	\$22.52	\$33.28	\$0.00	\$28.14	\$4.98	\$11.81	\$1.76
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.84	\$4.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.40	\$4.40								
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	\$27.46	\$9.77	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$217.89</b>	<b>\$97.71</b>	<b>\$0.00</b>	<b>\$22.74</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$45.61</b>	<b>\$4.98</b>	<b>\$11.81</b>	<b>\$1.76</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$150.59</b>									

PDPM Shadow Rates. This is not your rate.



# PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: <b>RIVERDALE CENTER FOR NURSING AND HEALING</b>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: <b>00083289A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.5658	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			33.67%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			2.83		3.0%		Quarterly Medicaid:			1.3376	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>															
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>															
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$372,485)	\$0	\$0	\$0	\$6,286	\$7,437	(\$212,615)		(\$173,593)				
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$212,615					
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5658</b>											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.15											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.15	\$0.00	\$20.44	\$20.94		\$29.84	\$4.50	\$23.34	\$3.73			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.25	\$59.15	\$0.00	\$20.44	\$20.94		\$29.84	\$4.50	10.65 (FRV)	\$3.73			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>															
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.25	\$59.15	\$0.00	\$20.44	\$20.94	\$0.00	\$29.84	\$4.50	\$10.65	\$3.73			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3376</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.12											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.22	\$79.12	\$0.00	\$20.44	\$20.94	\$0.00	\$29.84	\$4.50	\$10.65	\$3.73			
<b>Quarterly Per Diem Add-on Amounts</b>															
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see 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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.98	\$1.98											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.37	\$2.37											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.98	\$4.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$192.20</b>	<b>\$84.00</b>	<b>\$0.00</b>	<b>\$20.66</b>	<b>\$21.35</b>	<b>\$0.00</b>	<b>\$47.31</b>	<b>\$4.50</b>	<b>\$10.65</b>	<b>\$3.73</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$131.33</b>												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>ROSE CITY HEALTH AND REHABILITATION CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00083311A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.5158	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				24.39%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				2.95	3.0%	Quarterly Medicaid:			1.3464	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$43,107				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5158</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.87										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$82.87	\$0.00	\$23.85	\$20.75		\$44.34	\$2.22	\$24.97	\$1.15		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.74	\$82.87	\$0.00	\$23.85	\$20.75		\$36.91	\$2.22	11.99 (FRV)	\$1.15		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.74	\$82.87	\$0.00	\$23.85	\$20.75	\$0.00	\$36.91	\$2.22	\$11.99	\$1.15		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3464</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.58										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.45	\$111.58	\$0.00	\$23.85	\$20.75	\$0.00	\$36.91	\$2.22	\$11.99	\$1.15		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.35	\$3.35										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.73	\$5.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$231.18</b>	<b>\$116.58</b>	<b>\$0.00</b>	<b>\$24.07</b>	<b>\$21.16</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$2.22</b>	<b>\$11.99</b>	<b>\$1.15</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$160.56</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>THE A.G. RHODES HOME, INC.</b>				<u>Add-on Data and Percentage</u>				<u>Facility Model (PDPM) Data</u>				<u>PDPM</u>	<u>PDPM</u>				
Prvdr ID: <b>00140005A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:		1.6663	1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				60.00%		5.5%							
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				5.03		5.0%		Quarterly Medicaid:				1.6175	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance					
			a	b	c	d	e	f	g	g	h	i					
<b>PDPM BASED RATE CALCULATIONS</b>																	
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes								
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%								
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%								
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37								
<b>Base Period Per Diem Allowed Amounts</b>																	
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$189,616)	(\$2,061)	\$0	\$0	\$3,658	\$4,566	(\$153,193)		(\$42,586)						
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$171,553							
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.6663</b>													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.38													
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$98.38	\$0.00	\$29.94	\$36.63		\$55.08	\$4.29	\$7.25	\$0.57					
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$219.46	\$98.38	\$0.00	\$26.82	\$33.28		\$36.91	\$4.29	19.21 (FRV)	\$0.57					
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$219.46	\$98.38	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.29	\$19.21	\$0.57					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.6175</b>													
18	Qtrtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$159.13													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$280.21	\$159.13	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.29	\$19.21	\$0.57					
<b>Quarterly Per Diem Add-on Amounts</b>																	
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00						
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$8.75	\$8.75													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.96	\$7.96													
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	\$34.34	\$17.24	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00					
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$314.55</b>	<b>\$176.37</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$4.29</b>	<b>\$19.21</b>	<b>\$0.57</b>					
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$223.09</b>														

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>ALTAMAHA HEALTHCARE CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>		
Prvdr ID: <b>00140027A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.2691		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				36.96%		2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				2.88		2.0%		Quarterly Medicaid:			1.4960		1.3706		
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)			<b>As Filed FY21 GL/PL Rpt</b>										\$41,450					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>												\$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 Model Adjstmt to Routine Srvcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.2691</b>											
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$71.26											
12	Net Per Diems after Model Adjstmt to Routine Srvcs			RS = Ln 11, AllOthr = Ln 9				\$71.26	\$0.00	\$16.93	\$17.05		\$37.31	\$2.04	\$9.41	\$1.23			
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)			per Peer Group Limits				\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$154.16	\$71.26	\$0.00	\$16.93	\$17.05		\$36.91	\$2.04	8.74 (FRV)	\$1.23			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$154.16	\$71.26	\$0.00	\$16.93	\$17.05	\$0.00	\$36.91	\$2.04	\$8.74	\$1.23			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.4960</b>											
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$106.60											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$189.50	\$106.60	\$0.00	\$16.93	\$17.05	\$0.00	\$36.91	\$2.04	\$8.74	\$1.23			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)			Ln 19 Col b x CPS Add-on			\$2.67	\$2.67											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)			Ln 19 Col b x Stfng Add-on			\$2.13	\$2.13											
23	Nursing Home Provider Fee			(Fixed Amount)			\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts			Sum of Lns 20 thru 23			\$23.06	\$5.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$212.56</b>	<b>\$111.93</b>	<b>\$0.00</b>	<b>\$17.15</b>	<b>\$17.46</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$2.04</b>	<b>\$8.74</b>	<b>\$1.23</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$146.60</b>												

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
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Provider: <b>PRUITTHEALTH - GREENVILLE</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00140038A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.2017	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				23.53%	1.0%	Quarterly Medicaid:			1.3163	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				2.62	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Svcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$491,617				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 25,205	FY21 Audited C/R Days	25,205											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,205	FY21 GL-PL Ins Rpt Days								25,205				
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2017</b>										
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.43										
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.43	\$0.00	\$16.84	\$21.37		\$28.99	\$19.50	\$10.81	\$1.46		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.64	\$70.43	\$0.00	\$16.84	\$21.37		\$28.99	\$19.50	11.05 (FRV)	\$1.46		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.64	\$70.43	\$0.00	\$16.84	\$21.37	\$0.00	\$28.99	\$19.50	\$11.05	\$1.46		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3163</b>										
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.71										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.92	\$92.71	\$0.00	\$16.84	\$21.37	\$0.00	\$28.99	\$19.50	\$11.05	\$1.46		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.64	\$4.64										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.20	\$6.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$216.12</b>	<b>\$98.81</b>	<b>\$0.00</b>	<b>\$17.06</b>	<b>\$21.78</b>	<b>\$0.00</b>	<b>\$46.46</b>	<b>\$19.50</b>	<b>\$11.05</b>	<b>\$1.46</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$149.27</b>											

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH -CREEKSIDE</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00140049A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.5012	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				#N/A	#N/A	Quarterly Medicaid:			#N/A	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				no data	0.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$137,593				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 28,327	FY21 Audited C/R Days	28,327											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,327	FY21 GL-PL Ins Rpt Days								28,327				
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5012</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.37										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.37	\$0.00	\$16.53	\$24.32		\$18.94	\$4.86	\$16.11	\$0.54		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.32	\$80.37	\$0.00	\$16.53	\$24.32		\$18.94	\$4.86	14.76 (FRV)	\$0.54		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.32	\$80.37	\$0.00	\$16.53	\$24.32	\$0.00	\$18.94	\$4.86	\$14.76	\$0.54		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3706</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.16										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.10	\$110.16	\$0.00	\$16.53	\$24.32	\$0.00	\$18.94	\$4.86	\$14.76	\$0.54		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = #N/A (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$18.63	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$208.73</b>	<b>\$110.69</b>	<b>\$0.00</b>	<b>\$16.75</b>	<b>\$24.73</b>	<b>\$0.00</b>	<b>\$36.41</b>	<b>\$4.86</b>	<b>\$14.76</b>	<b>\$0.54</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$143.72</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>BRENTWOOD HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00140071A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.4337 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 35.29% 2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 4.12 5.0%				Quarterly Medicaid: 1.3657 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>PDPM BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$108,355			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4337</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.33									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73.33	\$0.00	\$19.94	\$18.32		\$35.30	\$5.04	\$24.84	\$1.24	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.95	\$73.33	\$0.00	\$19.94	\$18.32		\$35.30	\$5.04	11.78 (FRV)	\$1.24	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.95	\$73.33	\$0.00	\$19.94	\$18.32	\$0.00	\$35.30	\$5.04	\$11.78	\$1.24	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3657</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.15									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.77	\$100.15	\$0.00	\$19.94	\$18.32	\$0.00	\$35.30	\$5.04	\$11.78	\$1.24	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.01	\$5.01									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.14	\$8.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$217.91</b>	<b>\$108.19</b>	<b>\$0.00</b>	<b>\$20.16</b>	<b>\$18.73</b>	<b>\$0.00</b>	<b>\$52.77</b>	<b>\$5.04</b>	<b>\$11.78</b>	<b>\$1.24</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$150.61</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>WESTMINSTER COMMONS</b>				<u>Add-on Data and Percentage</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00140082A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.2659	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:		34.25%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q		3.08	3.0%	Quarterly Medicaid:			1.1752	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>PDPM BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$178,652		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 25,120	FY21 Audited C/R Days	25,120									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,120	FY21 GL-PL Ins Rpt Days								25,120		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2659</b>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.47								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$97.47	\$0.00	\$15.09	\$22.45		\$31.55	\$7.11	\$27.04	\$3.02
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.13	\$97.47	\$0.00	\$15.09	\$22.45		\$31.55	\$7.11	8.44 (FRV)	\$3.02
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.13	\$97.47	\$0.00	\$15.09	\$22.45	\$0.00	\$31.55	\$7.11	\$8.44	\$3.02
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.1752</b>								
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.21	\$114.55	\$0.00	\$15.09	\$22.45	\$0.00	\$31.55	\$7.11	\$8.44	\$3.02
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.86	\$2.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$227.14</b>	<b>\$121.38</b>	<b>\$0.00</b>	<b>\$15.31</b>	<b>\$22.86</b>	<b>\$0.00</b>	<b>\$49.02</b>	<b>\$7.11</b>	<b>\$8.44</b>	<b>\$3.02</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$157.53</b>									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>APPLING NURSING AND REHABILITATION PAVILION</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00140093A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.1287	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				35.00%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				4.81	4.0%	Quarterly Medicaid:			1.2182	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$298,606				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.1287</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.03										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$98.03	\$0.00	\$28.14	\$29.96		\$48.25	\$8.72	\$18.26	\$0.80		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$230.49	\$98.03	\$0.00	\$28.14	\$29.96		\$36.91	\$8.72	27.93 (FRV)	\$0.80		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$230.49	\$98.03	\$0.00	\$28.14	\$29.96	\$0.00	\$36.91	\$8.72	\$27.93	\$0.80		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2182</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.42										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$251.88	\$119.42	\$0.00	\$28.14	\$29.96	\$0.00	\$36.91	\$8.72	\$27.93	\$0.80		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.99	\$2.99										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.78	\$4.78										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.03	\$8.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$277.91</b>	<b>\$127.72</b>	<b>\$0.00</b>	<b>\$28.36</b>	<b>\$30.37</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$8.72</b>	<b>\$27.93</b>	<b>\$0.80</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$195.61</b>											

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
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Provider: <b>PRUITTHEALTH - ASHBURN</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00140104A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.4628		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 40.32% 2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.29 5.0%				Quarterly Medicaid:		1.3387		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$329,382			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4628</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.62									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.62	\$0.00	\$17.15	\$23.27		\$32.13	\$15.79	\$4.96	\$1.36	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.92	\$71.62	\$0.00	\$17.15	\$23.27		\$32.13	\$15.79	10.60 (FRV)	\$1.36	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.92	\$71.62	\$0.00	\$17.15	\$23.27	\$0.00	\$32.13	\$15.79	\$10.60	\$1.36	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3387</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.88									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.18	\$95.88	\$0.00	\$17.15	\$23.27	\$0.00	\$32.13	\$15.79	\$10.60	\$1.36	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.40	\$2.40									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.79	\$4.79									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.82	\$7.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$222.00	\$103.60	\$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	\$153.68										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>PRUITTHEALTH - BROOKHAVEN</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00140115A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.5001	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				26.88%	1.0%	Quarterly Medicaid:			1.4733	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.00	4.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>PDPM BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$825,359)	(\$176,215)	\$0	\$0	(\$2,405)	(\$827)	(\$532,176)		(\$113,736)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$682,989				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5001</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.10										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$81.10	\$0.00	\$16.74	\$25.98		\$37.08	\$14.97	\$14.48	\$2.48		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.42	\$81.10	\$0.00	\$16.74	\$25.98		\$36.91	\$14.97	11.24 (FRV)	\$2.48		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.42	\$81.10	\$0.00	\$16.74	\$25.98	\$0.00	\$36.91	\$14.97	\$11.24	\$2.48		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4733</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.48										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.80	\$119.48	\$0.00	\$16.74	\$25.98	\$0.00	\$36.91	\$14.97	\$11.24	\$2.48		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.78	\$4.78										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.23	\$6.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$252.03</b>	<b>\$125.98</b>	<b>\$0.00</b>	<b>\$16.96</b>	<b>\$26.39</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$14.97</b>	<b>\$11.24</b>	<b>\$2.48</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$176.20</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>THE OAKS - ATHENS SKILLED NURSING</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00140126A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.4814		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 30.77% 2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.90 4.0%				Quarterly Medicaid:		1.3185		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.4814									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.60									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$102.60	\$0.00	\$24.07	\$39.66		\$42.78	\$16.44	\$39.70	\$9.05	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$250.40	\$102.60	\$0.00	\$24.07	\$33.28		\$36.91	\$16.44	28.05 (FRV)	\$9.05	
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	\$250.40	\$102.60	\$0.00	\$24.07	\$33.28	\$0.00	\$36.91	\$16.44	\$28.05	\$9.05	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3185									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.28									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$283.08	\$135.28	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.38	\$3.38									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.41	\$5.41									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.64	\$9.32	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$309.72	\$144.60	\$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	\$219.47										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>EAST LAKE ARBOR</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>		
Prvdr ID: <b>00140137A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.5165		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				25.00%		1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.41		3.0%		Quarterly Medicaid:			1.3873		1.3706		
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmts			(\$318,870)	\$0	\$0	\$0	\$0	\$0	(\$239,559)		(\$79,311)				
	As Filed Cost Center Costs (GL/PL)			<b>As Filed FY21 GL/PL Rpt</b>										\$239,559					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>													\$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 Model Adjstmt to Routine Svcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.5165</b>											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$76.58											
12	Net Per Diems after Model Adjstmt to Routine Svcs			RS = Ln 11, AllOthr = Ln 9				\$76.58	\$0.00	\$19.01	\$17.51		\$39.70	\$8.33	\$8.25	\$2.76			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)			per Peer Group Limits				\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$171.50	\$76.58	\$0.00	\$19.01	\$17.51		\$36.91	\$8.33	10.40 (FRV)	\$2.76			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$171.50	\$76.58	\$0.00	\$19.01	\$17.51	\$0.00	\$36.91	\$8.33	\$10.40	\$2.76			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.3873</b>											
18	Qtrtrly Routine Svcs Model 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			\$201.16	\$106.24	\$0.00	\$19.01	\$17.51	\$0.00	\$36.91	\$8.33	\$10.40	\$2.76			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)			Ln 19 Col b x CPS Add-on			\$1.06	\$1.06											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)			Ln 19 Col b x Stfng Add-on			\$3.19	\$3.19											
23	Nursing Home Provider Fee			(Fixed Amount)			\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts			Sum of Lns 20 thru 23			\$22.51	\$4.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$223.67</b>	<b>\$111.02</b>	<b>\$0.00</b>	<b>\$19.23</b>	<b>\$17.92</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$8.33</b>	<b>\$10.40</b>	<b>\$2.76</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$154.93</b>												

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>AUTUMN BREEZE HEALTH AND REHAB</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00140159A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.5004	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				22.50%	1.0%	Quarterly Medicaid:			1.4070	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.27	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$208,102)	(\$10,124)	\$0	\$0	\$0	\$0	(\$146,710)		(\$51,268)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$156,834				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5004</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.48										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.48	\$0.00	\$16.22	\$20.56		\$28.54	\$5.34	\$31.33	\$1.75		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.93	\$58.48	\$0.00	\$16.22	\$20.56		\$28.54	\$5.34	10.04 (FRV)	\$1.75		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.93	\$58.48	\$0.00	\$16.22	\$20.56	\$0.00	\$28.54	\$5.34	\$10.04	\$1.75		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4070</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.28										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.73	\$82.28	\$0.00	\$16.22	\$20.56	\$0.00	\$28.54	\$5.34	\$10.04	\$1.75		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.47	\$2.47										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.92	\$3.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$186.65</b>	<b>\$86.10</b>	<b>\$0.00</b>	<b>\$16.44</b>	<b>\$20.97</b>	<b>\$0.00</b>	<b>\$46.01</b>	<b>\$5.34</b>	<b>\$10.04</b>	<b>\$1.75</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$127.16</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>THE OAKS - CARROLLTON SKILLED NURSING</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00140181A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3886	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			52.63%	5.5%	Quarterly Medicaid:			1.4506	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.56	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>PDPM BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$181,684			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	11,841										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 11,841								11,841			
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3886</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.09									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$97.09	\$0.00	\$21.06	\$31.60		\$48.40	\$15.34	\$37.05	\$4.78	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.01	\$97.09	\$0.00	\$21.06	\$31.60		\$36.91	\$15.34	22.23 (FRV)	\$4.78	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$229.01	\$97.09	\$0.00	\$21.06	\$31.60	\$0.00	\$36.91	\$15.34	\$22.23	\$4.78	
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		<b>1.4506</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.84									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$272.76	\$140.84	\$0.00	\$21.06	\$31.60	\$0.00	\$36.91	\$15.34	\$22.23	\$4.78	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.75	\$7.75									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Svcs)	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	\$33.05	\$15.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$305.81</b>	<b>\$156.16</b>	<b>\$0.00</b>	<b>\$21.28</b>	<b>\$32.01</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$15.34</b>	<b>\$22.23</b>	<b>\$4.78</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$216.53</b>										

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Provider: <b>BAPTIST VILLAGE, INC.</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>	
Prvdr ID: <b>00140203A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.4205		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				29.53%		1.0%								
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				4.35		3.0%		Quarterly Medicaid:			1.3850		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes									
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$242,947)	\$0	\$0	\$0	\$0	\$0	(\$171,668)		(\$71,279)							
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$171,668								
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 62,767	FY21 Audited C/R Days	62,767															
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 62,767	FY21 GL-PL Ins Rpt Days								62,767								
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4205</b>														
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.17														
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$107.17	\$0.00	\$37.42	\$33.16		\$60.40	\$2.74	\$10.25	\$1.14						
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$223.78	\$104.63	\$0.00	\$26.82	\$33.16		\$36.91	\$2.74	18.38 (FRV)	\$1.14						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$223.78	\$104.63	\$0.00	\$26.82	\$33.16	\$0.00	\$36.91	\$2.74	\$18.38	\$1.14						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3850</b>														
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.91														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$264.06	\$144.91	\$0.00	\$26.82	\$33.16	\$0.00	\$36.91	\$2.74	\$18.38	\$1.14						
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.09	\$0.00	\$0.00	\$0.00	\$0.09	\$0.00	\$0.00		\$0.00							
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.45	\$1.45														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.35	\$4.35														
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	\$5.89	\$5.80	\$0.00	\$0.00	\$0.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$269.95</b>	<b>\$150.71</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$33.25</b>	<b>\$0.00</b>	<b>\$36.91</b>	<b>\$2.74</b>	<b>\$18.38</b>	<b>\$1.14</b>						
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$202.46</b>															

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>THE OAKS - BETHANY SKILLED NURSING</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00140258A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.3901	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				38.14%	2.5%	Quarterly Medicaid:			1.4015	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.26	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$911,286)	(\$154,401)	\$0	\$0	(\$605)	\$789	(\$646,966)		(\$110,103)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$722,838				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3901</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.02										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$84.02	\$0.00	\$20.03	\$30.10		\$29.50	\$18.90	\$7.66	\$1.40		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.78	\$84.02	\$0.00	\$20.03	\$30.10		\$29.50	\$18.90	13.83 (FRV)	\$1.40		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.78	\$84.02	\$0.00	\$20.03	\$30.10	\$0.00	\$29.50	\$18.90	\$13.83	\$1.40		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4015</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.75										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.51	\$117.75	\$0.00	\$20.03	\$30.10	\$0.00	\$29.50	\$18.90	\$13.83	\$1.40		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.94	\$2.94										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$27.46	\$9.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$258.97</b>	<b>\$127.11</b>	<b>\$0.00</b>	<b>\$20.25</b>	<b>\$30.51</b>	<b>\$0.00</b>	<b>\$46.97</b>	<b>\$18.90</b>	<b>\$13.83</b>	<b>\$1.40</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$181.40</b>											

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - BETHANY</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00140269A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.3529 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 41.25% 2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 2.67 5.0%				Quarterly Medicaid: 1.3475 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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 Adjstmts	(\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.3529									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.84									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$89.84	\$0.00	\$18.80	\$23.20		\$33.66	\$17.76	\$7.61	\$1.37	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.61	\$89.84	\$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 = 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	\$198.61	\$89.84	\$0.00	\$18.80	\$23.20	\$0.00	\$33.66	\$17.76	\$13.98	\$1.37	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3475									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.06									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.83	\$121.06	\$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 = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.03	\$3.03									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$27.71	\$9.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$257.54	\$130.67	\$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	\$180.33										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>CUMMING HEALTH &amp; REHAB</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00140302A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.5863 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 39.13% 2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 4.09 3.0%				Quarterly Medicaid: 1.4365 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$203,188			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5863</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$110.34									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$110.34	\$0.00	\$32.37	\$37.29		\$46.75	\$10.17	\$5.23	\$3.17	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$226.61	\$104.63	\$0.00	\$26.82	\$33.28		\$36.91	\$10.17	11.63 (FRV)	\$3.17	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$226.61	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$10.17	\$11.63	\$3.17	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4365</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$150.30									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$272.28	\$150.30	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$10.17	\$11.63	\$3.17	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.76	\$3.76									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.51	\$4.51									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.37	\$8.27	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$297.65</b>	<b>\$158.57</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$10.17</b>	<b>\$11.63</b>	<b>\$3.17</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$210.41</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>RIVERSIDE HEALTH CARE CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00140324A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.4013	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				36.36%	2.5%	Quarterly Medicaid:			1.4882	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.33	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmts	(\$462,482)	\$0	\$0	\$0	\$0	\$0	(\$314,221)		(\$148,261)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$314,221				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4013</b>										
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$93.56										
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$93.56	\$0.00	\$17.46	\$24.37		\$34.52	\$7.94	\$54.38	\$3.75		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.54	\$93.56	\$0.00	\$17.46	\$24.37		\$34.52	\$7.94	9.94 (FRV)	\$3.75		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.54	\$93.56	\$0.00	\$17.46	\$24.37	\$0.00	\$34.52	\$7.94	\$9.94	\$3.75		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4882</b>										
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.24										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.22	\$139.24	\$0.00	\$17.46	\$24.37	\$0.00	\$34.52	\$7.94	\$9.94	\$3.75		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.48	\$3.48										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.18	\$4.18										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.29	\$8.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$263.51</b>	<b>\$147.43</b>	<b>\$0.00</b>	<b>\$17.68</b>	<b>\$24.78</b>	<b>\$0.00</b>	<b>\$51.99</b>	<b>\$7.94</b>	<b>\$9.94</b>	<b>\$3.75</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$184.81</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>RIVERSIDE HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00140346A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.2894	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				37.70%	2.5%	Quarterly Medicaid:			1.2254	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.40	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>PDPM BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$75,920				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	FY21 Audited C/R Days	20,238											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,238	FY21 GL-PL Ins Rpt Days								20,238				
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2894</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.31										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.31	\$0.00	\$24.72	\$26.31		\$38.97	\$3.75	\$6.43	\$0.50		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.35	\$87.31	\$0.00	\$24.72	\$26.31		\$36.91	\$3.75	11.85 (FRV)	\$0.50		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.35	\$87.31	\$0.00	\$24.72	\$26.31	\$0.00	\$36.91	\$3.75	\$11.85	\$0.50		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2254</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.99										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.03	\$106.99	\$0.00	\$24.72	\$26.31	\$0.00	\$36.91	\$3.75	\$11.85	\$0.50		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.67	\$2.67										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$26.28	\$8.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$237.31</b>	<b>\$115.54</b>	<b>\$0.00</b>	<b>\$24.94</b>	<b>\$26.72</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$3.75</b>	<b>\$11.85</b>	<b>\$0.50</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$165.16</b>											

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>BONTERRA TRANSITIONAL CARE &amp; REHABILITATION</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00140357A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.3402	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				31.07%	2.5%	Quarterly Medicaid:			1.4363	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				2.99	2.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$281,122)	(\$105,636)	\$0	\$0	\$0	\$0	(\$117,027)		(\$58,459)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$222,663				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	FY21 Audited C/R Days	36,165											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								36,165				
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3402</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.08										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75.08	\$0.00	\$17.02	\$17.73		\$34.18	\$6.16	\$31.96	\$1.62		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.37	\$75.08	\$0.00	\$17.02	\$17.73		\$34.18	\$6.16	10.58 (FRV)	\$1.62		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.37	\$75.08	\$0.00	\$17.02	\$17.73	\$0.00	\$34.18	\$6.16	\$10.58	\$1.62		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4363</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.84										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.12	\$107.84	\$0.00	\$17.02	\$17.73	\$0.00	\$34.18	\$6.16	\$10.58	\$1.62		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.16	\$2.16										
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	\$23.49	\$5.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$218.61</b>	<b>\$113.23</b>	<b>\$0.00</b>	<b>\$17.24</b>	<b>\$18.14</b>	<b>\$0.00</b>	<b>\$51.65</b>	<b>\$6.16</b>	<b>\$10.58</b>	<b>\$1.62</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$151.13</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>ANDERSON MILL HEALTH AND REHABILITATION CENTER</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00140379A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5127	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			24.51%	1.0%	Quarterly Medicaid:			1.3839	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.42	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>PDPM BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	\$323,482	(\$18,519)	\$0	(\$700)	(\$3,404)	(\$1,208)	\$649,310		(\$301,997)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$100,000			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5127</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.65									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$84.65	\$0.00	\$18.49	\$18.71		\$44.48	\$2.49	\$37.21	\$1.80	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.63	\$84.65	\$0.00	\$18.49	\$18.71		\$36.91	\$2.49	9.58 (FRV)	\$1.80	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.63	\$84.65	\$0.00	\$18.49	\$18.71	\$0.00	\$36.91	\$2.49	\$9.58	\$1.80	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3839</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.15									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.13	\$117.15	\$0.00	\$18.49	\$18.71	\$0.00	\$36.91	\$2.49	\$9.58	\$1.80	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.17	\$1.17									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.51	\$3.51									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.94	\$5.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$228.07</b>	<b>\$122.36</b>	<b>\$0.00</b>	<b>\$18.71</b>	<b>\$19.12</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$2.49</b>	<b>\$9.58</b>	<b>\$1.80</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$158.23</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - VIRGINIA PARK</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>	
Prvdr ID: <b>00140401A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.5654		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				46.46%		5.5%								
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.52		5.0%		Quarterly Medicaid:			1.5028		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes									
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$491,836)	(\$120,819)	\$0	\$0	\$31,984	\$52,032	(\$387,726)		(\$67,307)							
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$471,989								
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 36,290	FY21 Audited C/R Days	36,290															
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,290	FY21 GL-PL Ins Rpt Days								36,290								
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5654</b>														
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.56														
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.56	\$0.00	\$15.57	\$24.77		\$34.12	\$13.01	\$11.51	\$2.13						
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.40	\$76.56	\$0.00	\$15.57	\$24.77		\$34.12	\$13.01	15.24 (FRV)	\$2.13						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.40	\$76.56	\$0.00	\$15.57	\$24.77	\$0.00	\$34.12	\$13.01	\$15.24	\$2.13						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.5028</b>														
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.05														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.89	\$115.05	\$0.00	\$15.57	\$24.77	\$0.00	\$34.12	\$13.01	\$15.24	\$2.13						
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00							
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.33	\$6.33														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$30.71	\$12.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$250.60</b>	<b>\$127.66</b>	<b>\$0.00</b>	<b>\$15.79</b>	<b>\$25.18</b>	<b>\$0.00</b>	<b>\$51.59</b>	<b>\$13.01</b>	<b>\$15.24</b>	<b>\$2.13</b>						
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$175.13</b>															

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>BRIGHTMOOR NURSING CENTER, LLC</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00140412A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.3011	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				34.78%	2.5%	Quarterly Medicaid:			1.6445	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.17	4.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$251,170				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	FY21 Audited C/R Days	34,111											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,111	FY21 GL-PL Ins Rpt Days								34,111				
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3011</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$103.09										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$103.09	\$0.00	\$31.92	\$46.01		\$35.14	\$7.36	\$24.64	\$4.10		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.08	\$103.09	\$0.00	\$26.82	\$33.28		\$35.14	\$7.36	19.29 (FRV)	\$4.10		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$229.08	\$103.09	\$0.00	\$26.82	\$33.28	\$0.00	\$35.14	\$7.36	\$19.29	\$4.10		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.6445</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$169.53										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$295.52	\$169.53	\$0.00	\$26.82	\$33.28	\$0.00	\$35.14	\$7.36	\$19.29	\$4.10		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$4.24	\$4.24										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.78	\$6.78										
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	\$29.02	\$11.55	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$324.54</b>	<b>\$181.08</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$52.61</b>	<b>\$7.36</b>	<b>\$19.29</b>	<b>\$4.10</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$230.58</b>											

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>BROWN'S HEALTH &amp; REHAB CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>		
Prvdr ID: <b>00140434A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.2363		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				12.96%		0.0%		Quarterly Medicaid:			1.3277		1.3706		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				2.78		2.0%									
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b>PDPM BASED RATE CALCULATIONS</b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)			As Filed FY21 C/R - FY21 GL/PL Rpt			\$3,494,237	\$1,803,057	\$0	\$338,910	\$366,945	\$0	\$618,853		\$366,472	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs			FY21 C/R Audit Adjstmnts			(\$77,258)	\$2,600	\$0	\$0	(\$902)	(\$943)	(\$56,934)		(\$21,079)				
	As Filed Cost Center Costs (GL/PL)			<b>As Filed FY21 GL/PL Rpt</b>										\$42,416					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>												\$20,973			
7	Cost Center Costs After Audit Adjustments			FY21 Audited C/R			\$3,480,368	\$1,805,657	\$0	\$338,910	\$366,043	(\$943)	\$561,919	\$42,416	\$345,393	\$20,973			
8	Total Nursing Facility Days As Filed Days = 19,705			FY21 Audited C/R Days			19,705												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,705			FY21 GL-PL Ins Rpt Days										19,705					
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs			Ln 7 / Ln 8 Col a			\$176.62	\$91.63	\$0.00	\$17.20	\$18.53	(with L&H)	\$28.52	\$2.15	\$17.53	\$1.06			
10	Base Period Facility Model for All Residents			from 2 qtrs of FY21				<b>1.2363</b>											
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$74.12											
12	Net Per Diems after Model Adjstmt to Routine Srvcs			RS = Ln 11, AllOthr = Ln 9				\$74.12	\$0.00	\$17.20	\$18.53		\$28.52	\$2.15	\$17.53	\$1.06			
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)			per Peer Group Limits				\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$154.72	\$74.12	\$0.00	\$17.20	\$18.53		\$28.52	\$2.15	13.14 (FRV)	\$1.06			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$154.72	\$74.12	\$0.00	\$17.20	\$18.53	\$0.00	\$28.52	\$2.15	\$13.14	\$1.06			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.3277</b>											
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$98.41											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$179.01	\$98.41	\$0.00	\$17.20	\$18.53	\$0.00	\$28.52	\$2.15	\$13.14	\$1.06			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)			Ln 19 Col b x CPS Add-on			\$0.00	\$0.00											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)			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			\$20.60	\$2.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$199.61</b>	<b>\$100.91</b>	<b>\$0.00</b>	<b>\$17.42</b>	<b>\$18.94</b>	<b>\$0.00</b>	<b>\$45.99</b>	<b>\$2.15</b>	<b>\$13.14</b>	<b>\$1.06</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$136.88</b>												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - LANIER</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00140456A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.3601		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 45.61% 5.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 2.97 5.0%				Quarterly Medicaid:		1.4940		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,788,419	\$2,976,534	\$0	\$398,248	\$694,812	\$0	\$1,378,163		\$340,662	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$561,835)	(\$23,090)	\$0	\$0	(\$2,638)	(\$2,378)	(\$498,265)		(\$35,464)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$508,343			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$35,124	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,770,051	\$2,953,444	\$0	\$398,248	\$692,174	(\$2,378)	\$879,898	\$508,343	\$305,198	\$35,124	
8	Total Nursing Facility Days As Filed Days = 21,629	FY21 Audited C/R Days	21,629										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,629	FY21 GL-PL Ins Rpt Days								21,629			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$266.76	\$136.55	\$0.00	\$18.41	\$31.89	(with L&H)	\$40.68	\$23.50	\$14.11	\$1.62	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3601									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.40									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$100.40	\$0.00	\$18.41	\$31.89		\$40.68	\$23.50	\$14.11	\$1.62	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$221.55	\$100.40	\$0.00	\$18.41	\$31.89		\$36.91	\$23.50	8.82 (FRV)	\$1.62	
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	\$221.55	\$100.40	\$0.00	\$18.41	\$31.89	\$0.00	\$36.91	\$23.50	\$8.82	\$1.62	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4940									
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$150.00									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$271.15	\$150.00	\$0.00	\$18.41	\$31.89	\$0.00	\$36.91	\$23.50	\$8.82	\$1.62	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$8.25	\$8.25									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.50	\$7.50									
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	\$34.01	\$16.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$305.16	\$166.28	\$0.00	\$18.63	\$32.30	\$0.00	\$54.01	\$23.50	\$8.82	\$1.62	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$216.05										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>CHURCH HOME REHABILITATION AND HEALTHCARE</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00140467A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.6184	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				19.44%	0.0%	Quarterly Medicaid:			1.4069	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				4.64	4.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$45,224)	(\$55,742)	\$0	\$0	\$0	\$0	\$24,926		(\$14,408)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$30,816				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.6184</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.17										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.17	\$0.00	\$30.78	\$18.59		\$38.11	\$1.44	\$16.66	\$0.67		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.01	\$68.17	\$0.00	\$26.82	\$18.59		\$36.91	\$1.44	30.41 (FRV)	\$0.67		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.01	\$68.17	\$0.00	\$26.82	\$18.59	\$0.00	\$36.91	\$1.44	\$30.41	\$0.67		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4069</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.91										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.74	\$95.91	\$0.00	\$26.82	\$18.59	\$0.00	\$36.91	\$1.44	\$30.41	\$0.67		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.84	\$3.84										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.88	\$4.37	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$232.62</b>	<b>\$100.28</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$19.00</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$1.44</b>	<b>\$30.41</b>	<b>\$0.67</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$161.64</b>											

PDPM Shadow Rates. This is not your rate.

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Provider: <b>CALHOUN NURSING HOME</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00140478A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.9103	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				48.28%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				4.07	3.0%	Quarterly Medicaid:			1.6455	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$120,321				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	FY21 Audited C/R Days	19,676											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,676	FY21 GL-PL Ins Rpt Days								19,676				
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.9103</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.38										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$83.38	\$0.00	\$23.28	\$24.07		\$23.10	\$6.12	\$9.93	\$1.06		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.96	\$83.38	\$0.00	\$23.28	\$24.07		\$23.10	\$6.12	16.95 (FRV)	\$1.06		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.96	\$83.38	\$0.00	\$23.28	\$24.07	\$0.00	\$23.10	\$6.12	\$16.95	\$1.06		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.6455</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.20										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.78	\$137.20	\$0.00	\$23.28	\$24.07	\$0.00	\$23.10	\$6.12	\$16.95	\$1.06		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$7.55	\$7.55										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.12	\$4.12										
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	\$30.30	\$12.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$262.08</b>	<b>\$149.40</b>	<b>\$0.00</b>	<b>\$23.50</b>	<b>\$24.48</b>	<b>\$0.00</b>	<b>\$40.57</b>	<b>\$6.12</b>	<b>\$16.95</b>	<b>\$1.06</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$183.74</b>											

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
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Provider: <b>CANTON CENTER FOR NURSING AND HEALING LLC</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00140511A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.6347	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				25.58%	1.0%	Quarterly Medicaid:			1.2428	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.09	2.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$114,720				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.6347</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.17										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$72.17	\$0.00	\$24.13	\$34.25		\$39.43	\$4.27	\$3.75	\$1.92		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.15	\$72.17	\$0.00	\$24.13	\$33.28		\$36.91	\$4.27	12.47 (FRV)	\$1.92		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.15	\$72.17	\$0.00	\$24.13	\$33.28	\$0.00	\$36.91	\$4.27	\$12.47	\$1.92		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2428</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.69										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.67	\$89.69	\$0.00	\$24.13	\$33.28	\$0.00	\$36.91	\$4.27	\$12.47	\$1.92		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.79	\$1.79										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.54	\$3.22	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$223.21</b>	<b>\$92.91</b>	<b>\$0.00</b>	<b>\$24.35</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$4.27</b>	<b>\$12.47</b>	<b>\$1.92</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$154.58</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>UNIVERSITY NURSING &amp; REHAB CTR</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00140533A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.3312	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				29.69%	1.0%	Quarterly Medicaid:			1.2879	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.03	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>PDPM BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$69,277)	(\$79,539)	\$0	(\$14,665)	\$0	\$16,726	\$63,332		(\$55,131)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$12,462				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3312</b>										
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.66										
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.66	\$0.00	\$17.58	\$20.88		\$43.94	\$0.40	\$24.65	\$1.79		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.23	\$87.66	\$0.00	\$17.58	\$20.88		\$36.91	\$0.40	8.01 (FRV)	\$1.79		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.23	\$87.66	\$0.00	\$17.58	\$20.88	\$0.00	\$36.91	\$0.40	\$8.01	\$1.79		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2879</b>										
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.90										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.47	\$112.90	\$0.00	\$17.58	\$20.88	\$0.00	\$36.91	\$0.40	\$8.01	\$1.79		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.13	\$1.13										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.39	\$3.39										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.78	\$5.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$221.25</b>	<b>\$117.95</b>	<b>\$0.00</b>	<b>\$17.80</b>	<b>\$21.29</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$0.40</b>	<b>\$8.01</b>	<b>\$1.79</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$153.11</b>											

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Calculation

DEMONSTRATION ONLY

Provider: <b>Cottages at Rockmart</b> Prvdr ID: <b>00140544A</b> H/B ?: No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 19.4% Nurse Hours per On-Site Day/Quality Incentive: 8.19		Facility Score Add-on Percent 0.00% 0.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall PDPM: Qtrly Mcaid PDPM w RUG Wght Options:				Facility Specific 1.3786 1.2256	State-wide 1.5751 1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g		h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
<b>Cost Center Peer Groups per Selected Options</b>				<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>				
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities				
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%				
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%				
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Per Diem Costs and Add-ons</b>													
GL-PL- Insurance Costs			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	\$104.63		\$26.82	\$33.28		\$36.91		\$42.38	\$3.67	
<u>Allowed @ 95% of Std</u>				\$99.40		\$25.48	\$31.62		\$35.06		\$42.38	\$3.67	
Growth Allowance 0.0%				\$0.00		\$0.00	\$0.00		\$0.00				
CMA Allowed Per Diem (After Growth Allowance)				\$99.40		\$25.48	\$31.62		\$35.06	\$ 7.56	\$42.38	\$3.67	
Quarterly Facility Case Mix Index for Medicaid Residents				<b>1.2256</b>							(FRV Rate)		
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$121.82									
Quarterly Medicaid CMA Allowed Per Diem				\$264.22		\$25.48	\$31.62		\$35.06	\$ 4.19	\$42.38	\$3.67	
<b>Quarterly Per Diem Add-On Amounts</b>													
BIMS Add-on Per Diem = 0.0% (to Routine Svcs)				\$0.00	\$0.00								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%				\$3.65	\$3.65								
Nursing Home Provider Fee				\$17.10					17.10				
<b>Total Quarterly Per Diem Add-On Amounts</b>				\$20.75									
<b>Quarterly Case Mix Based Per Diem Rate</b>				<b>\$284.98</b>	<b>\$125.48</b>		<b>\$25.48</b>	<b>\$31.62</b>		<b>\$52.16</b>	<b>\$4.19</b>	<b>\$42.38</b>	<b>\$3.67</b>
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>			<b>\$200.91</b>										

PDPM Shadow Rate. This is not your rate.

\* 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.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>CALHOUN HEALTH CARE CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>	
Prvdr ID: <b>00140577A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.6204		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				37.50%		2.5%		Quarterly Medicaid:			1.7448		1.3706	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.37		3.0%								
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes									
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$158,470								
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.6204</b>														
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.63														
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52.63	\$0.00	\$22.50	\$18.15		\$32.48	\$6.03	\$20.89	\$2.92						
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.03	\$52.63	\$0.00	\$22.50	\$18.15		\$32.48	\$6.03	9.32 (FRV)	\$2.92						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.03	\$52.63	\$0.00	\$22.50	\$18.15	\$0.00	\$32.48	\$6.03	\$9.32	\$2.92						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.7448</b>														
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.83														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.23	\$91.83	\$0.00	\$22.50	\$18.15	\$0.00	\$32.48	\$6.03	\$9.32	\$2.92						
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00							
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.30	\$2.30														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.75	\$2.75														
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10									
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.68	\$5.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$206.91</b>	<b>\$97.41</b>	<b>\$0.00</b>	<b>\$22.72</b>	<b>\$18.56</b>	<b>\$0.00</b>	<b>\$49.95</b>	<b>\$6.03</b>	<b>\$9.32</b>	<b>\$2.92</b>						
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$142.36</b>															

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>CAMELLIA HEALTH &amp; REHABILITATION</b>				<u>Add-on Data and Percentage</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00140588A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.4342	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:		36.00%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q		3.83	5.0%	Quarterly Medicaid:			1.2681	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>PDPM BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$110,454		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4342</b>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.67								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$81.67	\$0.00	\$26.82	\$26.94		\$32.35	\$6.76	\$11.59	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.83	\$81.67	\$0.00	\$26.82	\$26.94		\$32.35	\$6.76	9.93 (FRV)	\$1.36
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.83	\$81.67	\$0.00	\$26.82	\$26.94	\$0.00	\$32.35	\$6.76	\$9.93	\$1.36
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2681</b>								
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.73	\$103.57	\$0.00	\$26.82	\$26.94	\$0.00	\$32.35	\$6.76	\$9.93	\$1.36
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.59	\$2.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.18	\$5.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.18	\$8.30	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$233.91</b>	<b>\$111.87</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$27.35</b>	<b>\$0.00</b>	<b>\$49.82</b>	<b>\$6.76</b>	<b>\$9.93</b>	<b>\$1.36</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$162.61</b>									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>FORT GAINES HEALTH AND REHAB</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00140599A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.4005		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 30.00% 2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.41 4.0%				Quarterly Medicaid:		1.6236		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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 Adjstmts	(\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.4005									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.08									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.08	\$0.00	\$21.48	\$24.75		\$80.39	\$1.30	\$18.52	\$3.14	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.52	\$65.08	\$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 = 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	\$176.52	\$65.08	\$0.00	\$21.48	\$24.75	\$0.00	\$36.91	\$1.30	\$23.86	\$3.14	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6236									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.66									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.11	\$105.66	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.23	\$4.23									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.13	\$7.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$242.24	\$113.06	\$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	\$168.86										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>HARBORVIEW HEALTH SYSTEMS THOMASTON</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00140621A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3408	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			21.92%	1.0%	Quarterly Medicaid:			1.3877	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			2.58	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$281,495)	(\$110,140)	\$0	\$0	\$0	\$1,380	(\$66,131)		(\$106,604)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$134,984			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 37,338	FY21 Audited C/R Days	37,338										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,338	FY21 GL-PL Ins Rpt Days								37,338			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3408</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.64									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.64	\$0.00	\$15.09	\$15.09		\$29.48	\$3.62	\$26.02	\$2.86	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.98	\$64.64	\$0.00	\$15.09	\$15.09		\$29.48	\$3.62	9.20 (FRV)	\$2.86	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.98	\$64.64	\$0.00	\$15.09	\$15.09	\$0.00	\$29.48	\$3.62	\$9.20	\$2.86	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3877</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.70									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.04	\$89.70	\$0.00	\$15.09	\$15.09	\$0.00	\$29.48	\$3.62	\$9.20	\$2.86	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.69	\$2.69									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.22	\$4.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$187.26</b>	<b>\$93.82</b>	<b>\$0.00</b>	<b>\$15.31</b>	<b>\$15.50</b>	<b>\$0.00</b>	<b>\$46.95</b>	<b>\$3.62</b>	<b>\$9.20</b>	<b>\$2.86</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$127.62</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>BRIAN CENTER HEALTH &amp; REHABILITATION CANTON</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00140643A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.4804		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 21.31% 1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.24 2.0%				Quarterly Medicaid:		1.2175		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.4804									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.38									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$95.38	\$0.00	\$15.86	\$19.25		\$43.53	\$3.57	\$26.96	\$2.03	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.10	\$95.38	\$0.00	\$15.86	\$19.25		\$36.91	\$3.57	14.10 (FRV)	\$2.03	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.10	\$95.38	\$0.00	\$15.86	\$19.25	\$0.00	\$36.91	\$3.57	\$14.10	\$2.03	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2175									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.13									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.85	\$116.13	\$0.00	\$15.86	\$19.25	\$0.00	\$36.91	\$3.57	\$14.10	\$2.03	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.32	\$2.32									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.74	\$4.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$229.59	\$120.14	\$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	\$159.37										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>HEALTHCARE AT COLLEGE PARK, LLC</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00140654A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.3209 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 23.88% 1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.27 3.0%				Quarterly Medicaid: 1.1883 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$0			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3209</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.11									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.11	\$0.00	\$16.87	\$18.61		\$26.72	\$0.00	\$24.24	\$2.95	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.89	\$56.11	\$0.00	\$16.87	\$18.61		\$26.72	\$0.00	8.63 (FRV)	\$2.95	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.89	\$56.11	\$0.00	\$16.87	\$18.61	\$0.00	\$26.72	\$0.00	\$8.63	\$2.95	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.1883</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$66.68									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$140.46	\$66.68	\$0.00	\$16.87	\$18.61	\$0.00	\$26.72	\$0.00	\$8.63	\$2.95	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.67	\$0.67									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.00	\$2.00									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.30	\$3.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$161.76</b>	<b>\$69.88</b>	<b>\$0.00</b>	<b>\$17.09</b>	<b>\$19.02</b>	<b>\$0.00</b>	<b>\$44.19</b>	<b>\$0.00</b>	<b>\$8.63</b>	<b>\$2.95</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$108.50</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>LIFE CARE CENTER</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>		
Prvdr ID: <b>00140665A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.1891		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				37.18%		2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.61		4.0%		Quarterly Medicaid:			1.2203		1.3706		
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Svcs 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)			<b>As Filed FY21 GL/PL Rpt</b>										\$94,222					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>													\$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 As Filed Days = 35,590			FY21 Audited C/R Days			35,590												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,590			FY21 GL-PL Ins Rpt Days										35,590					
9	Net Per Diems prior to Model Adjstmt to Routine Svcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.1891</b>											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$85.40											
12	Net Per Diems after Model Adjstmt to Routine Svcs			RS = Ln 11, AllOthr = Ln 9				\$85.40	\$0.00	\$13.72	\$20.75		\$21.13	\$2.65	\$16.34	\$2.15			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)			per Peer Group Limits				\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$160.73	\$85.40	\$0.00	\$13.72	\$20.75		\$21.13	\$2.65	14.93 (FRV)	\$2.15			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$160.73	\$85.40	\$0.00	\$13.72	\$20.75	\$0.00	\$21.13	\$2.65	\$14.93	\$2.15			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.2203</b>											
18	Qtrtrly Routine Svcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$104.21											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$179.54	\$104.21	\$0.00	\$13.72	\$20.75	\$0.00	\$21.13	\$2.65	\$14.93	\$2.15			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)			Ln 19 Col b x CPS Add-on			\$2.61	\$2.61											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)			Ln 19 Col b x Stfng Add-on			\$4.17	\$4.17											
23	Nursing Home Provider Fee			(Fixed Amount)			\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts			Sum of Lns 20 thru 23			\$25.41	\$7.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$204.95</b>	<b>\$111.52</b>	<b>\$0.00</b>	<b>\$13.94</b>	<b>\$21.16</b>	<b>\$0.00</b>	<b>\$38.60</b>	<b>\$2.65</b>	<b>\$14.93</b>	<b>\$2.15</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$140.89</b>												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - EASTSIDE</b>				<u>Add-on Data and Percentag</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>		
Prvdr ID: <b>00140687A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.2748		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				32.35%		2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				2.93		5.0%		Quarterly Medicaid:			1.4668		1.3706		
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts			(\$444,317)	(\$87,082)	\$0	\$0	\$0	\$782	(\$307,046)		(\$50,971)				
	As Filed Cost Center Costs (GL/PL)			<b>As Filed FY21 GL/PL Rpt</b>										\$390,257					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>												\$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 As Filed Days = 28,228			FY21 Audited C/R Days			28,228												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,228			FY21 GL-PL Ins Rpt Days										28,228					
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.2748</b>											
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$95.16											
12	Net Per Diems after Model Adjstmt to Routine Srvcs			RS = Ln 11, AllOthr = Ln 9				\$95.16	\$0.00	\$17.66	\$23.29		\$29.36	\$13.83	\$6.47	\$1.81			
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)			per Peer Group Limits				\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$193.68	\$95.16	\$0.00	\$17.66	\$23.29		\$29.36	\$13.83	12.57 (FRV)	\$1.81			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$193.68	\$95.16	\$0.00	\$17.66	\$23.29	\$0.00	\$29.36	\$13.83	\$12.57	\$1.81			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.4668</b>											
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$139.58											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$238.10	\$139.58	\$0.00	\$17.66	\$23.29	\$0.00	\$29.36	\$13.83	\$12.57	\$1.81			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)			Ln 19 Col b x CPS Add-on			\$3.49	\$3.49											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)			Ln 19 Col b x Stfng Add-on			\$6.98	\$6.98											
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			\$29.10	\$11.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$267.20</b>	<b>\$150.58</b>	<b>\$0.00</b>	<b>\$17.88</b>	<b>\$23.70</b>	<b>\$0.00</b>	<b>\$46.83</b>	<b>\$13.83</b>	<b>\$12.57</b>	<b>\$1.81</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$187.58</b>												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>ROME HEALTH AND REHABILITATION CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00140753A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.3889		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 20.00% 1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.22 2.0%				Quarterly Medicaid:		1.3669		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$4,219			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3889</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.76									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$98.76	\$0.00	\$19.81	\$19.65		\$51.97	\$0.16	\$67.75	\$0.82	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.95	\$98.76	\$0.00	\$19.81	\$19.65		\$36.91	\$0.16	13.84 (FRV)	\$0.82	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.95	\$98.76	\$0.00	\$19.81	\$19.65	\$0.00	\$36.91	\$0.16	\$13.84	\$0.82	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3669</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.00									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.19	\$135.00	\$0.00	\$19.81	\$19.65	\$0.00	\$36.91	\$0.16	\$13.84	\$0.82	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.35	\$1.35									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.70	\$2.70									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.31	\$4.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$248.50</b>	<b>\$139.58</b>	<b>\$0.00</b>	<b>\$20.03</b>	<b>\$20.06</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$0.16</b>	<b>\$13.84</b>	<b>\$0.82</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$173.55</b>										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - CRESTWOOD, LLC</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00140764A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3156	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			48.28%	5.5%	Quarterly Medicaid:			1.2800	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.61	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$381,577)	(\$6,344)	\$0	\$0	\$0	\$1,152	(\$343,519)		(\$32,866)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$343,220			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 21,669	FY21 Audited C/R Days	21,669										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,669	FY21 GL-PL Ins Rpt Days								21,669			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3156</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.69									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.69	\$0.00	\$17.89	\$28.32		\$29.67	\$15.84	\$12.15	\$1.38	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.95	\$85.69	\$0.00	\$17.89	\$28.32		\$29.67	\$15.84	10.16 (FRV)	\$1.38	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.95	\$85.69	\$0.00	\$17.89	\$28.32	\$0.00	\$29.67	\$15.84	\$10.16	\$1.38	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2800</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.68									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.94	\$109.68	\$0.00	\$17.89	\$28.32	\$0.00	\$29.67	\$15.84	\$10.16	\$1.38	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.03	\$6.03									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.48	\$5.48									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.14	\$12.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$243.08</b>	<b>\$121.72</b>	<b>\$0.00</b>	<b>\$18.11</b>	<b>\$28.73</b>	<b>\$0.00</b>	<b>\$47.14</b>	<b>\$15.84</b>	<b>\$10.16</b>	<b>\$1.38</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$169.49</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>GATEWAY HEALTH AND REHAB</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>	
Prvdr ID: <b>00140786A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.3911		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				25.00%		1.0%								
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.69		3.0%		Quarterly Medicaid:			1.1876		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes									
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$98,306)	(\$215)	\$0	\$0	\$0	\$0	(\$89,285)		(\$8,806)							
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$93,373								
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3911</b>														
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$104.88														
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$104.88	\$0.00	\$22.32	\$27.51		\$32.69	\$6.14	\$15.96	\$0.75						
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.79	\$104.63	\$0.00	\$22.32	\$27.51		\$32.69	\$6.14	7.75 (FRV)	\$0.75						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.79	\$104.63	\$0.00	\$22.32	\$27.51	\$0.00	\$32.69	\$6.14	\$7.75	\$0.75						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.1876</b>														
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.26														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.42	\$124.26	\$0.00	\$22.32	\$27.51	\$0.00	\$32.69	\$6.14	\$7.75	\$0.75						
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00							
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.24	\$1.24														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$23.07	\$4.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$244.49</b>	<b>\$129.23</b>	<b>\$0.00</b>	<b>\$22.54</b>	<b>\$27.92</b>	<b>\$0.00</b>	<b>\$50.16</b>	<b>\$6.14</b>	<b>\$7.75</b>	<b>\$0.75</b>						
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$170.54</b>															

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>DAWSON HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00140808A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.3011		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 21.57% 1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.37 4.0%				Quarterly Medicaid:		1.2811		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$77,797			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3011</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.83									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.83	\$0.00	\$25.35	\$26.29		\$33.36	\$4.41	\$19.88	\$1.39	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.97	\$87.83	\$0.00	\$25.35	\$26.29		\$33.36	\$4.41	10.34 (FRV)	\$1.39	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.97	\$87.83	\$0.00	\$25.35	\$26.29	\$0.00	\$33.36	\$4.41	\$10.34	\$1.39	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2811</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.52									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.66	\$112.52	\$0.00	\$25.35	\$26.29	\$0.00	\$33.36	\$4.41	\$10.34	\$1.39	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.13	\$1.13									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.50	\$4.50									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.26	\$6.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$237.92</b>	<b>\$118.68</b>	<b>\$0.00</b>	<b>\$25.57</b>	<b>\$26.70</b>	<b>\$0.00</b>	<b>\$50.83</b>	<b>\$4.41</b>	<b>\$10.34</b>	<b>\$1.39</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$165.62</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>CARROLLTON MANOR, INCORPORATED</b>				<u>Add-on Data and Percentag</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00140852A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.3559	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:		28.05%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q		3.31	3.0%	Quarterly Medicaid:			1.4267	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>PDPM BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$247,056)	(\$13,646)	\$0	\$0	\$0	\$0	(\$172,290)		(\$61,120)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$180,187		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3559</b>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.91								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.91	\$0.00	\$23.30	\$20.40		\$19.81	\$6.06	\$6.04	\$2.06
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.70	\$76.91	\$0.00	\$23.30	\$20.40		\$19.81	\$6.06	12.16 (FRV)	\$2.06
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.70	\$76.91	\$0.00	\$23.30	\$20.40	\$0.00	\$19.81	\$6.06	\$12.16	\$2.06
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4267</b>								
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.52	\$109.73	\$0.00	\$23.30	\$20.40	\$0.00	\$19.81	\$6.06	\$12.16	\$2.06
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.29	\$3.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.02	\$4.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$216.54</b>	<b>\$114.65</b>	<b>\$0.00</b>	<b>\$23.52</b>	<b>\$20.81</b>	<b>\$0.00</b>	<b>\$37.28</b>	<b>\$6.06</b>	<b>\$12.16</b>	<b>\$2.06</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$149.58</b>									

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
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Provider: <b>EARLY MEMORIAL NURSING FACILITY</b>				<u>Add-on Data and Percentag</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00140874A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.2253	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:		32.10%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q		2.42	2.0%	Quarterly Medicaid:			1.2923	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>PDPM BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$42,106)	\$0	\$0	\$0	\$7,272	\$529	(\$49,907)		\$0	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$46,907		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2253</b>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.43								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$88.43	\$0.00	\$30.58	\$4.93		\$17.71	\$1.48	\$7.79	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.73	\$88.43	\$0.00	\$30.58	\$4.93		\$17.71	\$1.48	10.60 (FRV)	\$0.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.73	\$88.43	\$0.00	\$30.58	\$4.93	\$0.00	\$17.71	\$1.48	\$10.60	\$0.00
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2923</b>								
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.58	\$114.28	\$0.00	\$30.58	\$4.93	\$0.00	\$17.71	\$1.48	\$10.60	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.86	\$2.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.29	\$2.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.37	\$5.68	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$202.95	\$119.96	\$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	\$139.39									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>EASTVIEW NURSING CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00140885A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.4283	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				34.00%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.48	3.0%	Quarterly Medicaid:			1.3047	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
	<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$95,629				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4283</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.83										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.83	\$0.00	\$24.67	\$30.20		\$27.72	\$5.05	\$1.98	\$2.67		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.11	\$60.83	\$0.00	\$24.67	\$30.20		\$27.72	\$5.05	8.97 (FRV)	\$2.67		
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.11	\$60.83	\$0.00	\$24.67	\$30.20	\$0.00	\$27.72	\$5.05	\$8.97	\$2.67		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3047</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.36										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.65	\$79.36	\$0.00	\$24.67	\$30.20	\$0.00	\$27.72	\$5.05	\$8.97	\$2.67		
	<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.98	\$1.98										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.38	\$2.38										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.99	\$4.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$201.64</b>	<b>\$84.25</b>	<b>\$0.00</b>	<b>\$24.89</b>	<b>\$30.61</b>	<b>\$0.00</b>	<b>\$45.19</b>	<b>\$5.05</b>	<b>\$8.97</b>	<b>\$2.67</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.41</b>											

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Provider: <b>EFFINGHAM CARE &amp; REHABILITATION CENTER</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>		
Prvdr ID: <b>00140907A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.2956		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				38.89%		2.5%		Quarterly Medicaid:			1.3829		1.3706		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.60		7.0%									
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Svcs 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)			<b>As Filed FY21 GL/PL Rpt</b>										\$44					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>												\$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 Model Adjstmt to Routine Svcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.2956</b>											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$111.29											
12	Net Per Diems after Model Adjstmt to Routine Svcs			RS = Ln 11, AllOthr = Ln 9				\$111.29	\$0.00	\$32.83	\$32.24		\$124.68	\$0.00	\$17.59	\$0.95			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)			per Peer Group Limits				\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$219.44	\$104.63	\$0.00	\$32.83	\$32.24		\$36.91	\$0.00	11.88 (FRV)	\$0.95			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$219.44	\$104.63	\$0.00	\$32.83	\$32.24	\$0.00	\$36.91	\$0.00	\$11.88	\$0.95			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.3829</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$144.69											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$259.50	\$144.69	\$0.00	\$32.83	\$32.24	\$0.00	\$36.91	\$0.00	\$11.88	\$0.95			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)			Ln 19 Col b x CPS Add-on			\$3.62	\$3.62											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 7.0% (to Routine Svcs)			Ln 19 Col b x Stfng Add-on			\$10.13	\$10.13											
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			\$31.48	\$13.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$290.98</b>	<b>\$158.44</b>	<b>\$0.00</b>	<b>\$33.05</b>	<b>\$32.65</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$0.00</b>	<b>\$11.88</b>	<b>\$0.95</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$205.41</b>												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>SOUTHERN PINES</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00140918A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:									

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>EMANUEL COUNTY NURSING HOME</b>				<u>Add-on Data and Percentag</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>	
Prvdr ID: <b>00140929A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.4172		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				14.71%		0.0%								
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.82		3.0%		Quarterly Medicaid:			1.3376		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes									
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$6,902)	\$0	\$0	\$0	\$0	\$0	(\$6,902)		\$0							
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$6,902								
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4172</b>														
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.28														
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$107.28	\$0.00	\$43.32	\$39.28		\$60.56	\$0.51	\$6.49	\$0.00						
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.15	\$104.63	\$0.00	\$37.13	\$33.28		\$36.91	\$0.51	16.69 (FRV)	\$0.00						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$229.15	\$104.63	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$0.51	\$16.69	\$0.00						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3376</b>														
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.95														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$264.48	\$139.95	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$0.51	\$16.69	\$0.00						
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00							
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.20	\$4.20														
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10									
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.30	\$4.20	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$285.78</b>	<b>\$144.15</b>	<b>\$0.00</b>	<b>\$37.13</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$0.51</b>	<b>\$16.69</b>	<b>\$0.00</b>						
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$201.51</b>															

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - BLUE RIDGE</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00140973A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.3733	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				12.28%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.65	5.0%	Quarterly Medicaid:			1.3546	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$438,859				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	As Filed Days = 22,881 FY21 Audited C/R Days	22,881											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,881 FY21 GL-PL Ins Rpt Days								22,881				
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3733</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.58										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$96.58	\$0.00	\$17.95	\$36.25		\$34.16	\$19.18	\$8.39	\$1.42		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.29	\$96.58	\$0.00	\$17.95	\$33.28		\$34.16	\$19.18	9.72 (FRV)	\$1.42		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.29	\$96.58	\$0.00	\$17.95	\$33.28	\$0.00	\$34.16	\$19.18	\$9.72	\$1.42		
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		<b>1.3546</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.83										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.54	\$130.83	\$0.00	\$17.95	\$33.28	\$0.00	\$34.16	\$19.18	\$9.72	\$1.42		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.54	\$6.54										
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	\$24.76	\$7.07	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$271.30</b>	<b>\$137.90</b>	<b>\$0.00</b>	<b>\$18.17</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$51.63</b>	<b>\$19.18</b>	<b>\$9.72</b>	<b>\$1.42</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$190.65</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>FIFTH AVENUE HEALTH CARE</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00140984A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.2949	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				29.82%	1.0%	Quarterly Medicaid:			1.5160	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.03	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$155,807				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 24,771	FY21 Audited C/R Days	24,771											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,771	FY21 GL-PL Ins Rpt Days								24,771				
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2949</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.54										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$100.54	\$0.00	\$23.11	\$30.48		\$32.80	\$6.29	\$21.80	\$0.64		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.40	\$100.54	\$0.00	\$23.11	\$30.48		\$32.80	\$6.29	11.54 (FRV)	\$0.64		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.40	\$100.54	\$0.00	\$23.11	\$30.48	\$0.00	\$32.80	\$6.29	\$11.54	\$0.64		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.5160</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$152.42										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$257.28	\$152.42	\$0.00	\$23.11	\$30.48	\$0.00	\$32.80	\$6.29	\$11.54	\$0.64		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.52	\$1.52										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.57	\$4.57										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.72	\$6.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$282.00</b>	<b>\$159.04</b>	<b>\$0.00</b>	<b>\$23.33</b>	<b>\$30.89</b>	<b>\$0.00</b>	<b>\$50.27</b>	<b>\$6.29</b>	<b>\$11.54</b>	<b>\$0.64</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$198.68</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - FITZGERALD</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00140995A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4242	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			20.69%	1.0%	Quarterly Medicaid:			1.3510	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			2.62	4.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$337,481			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4242</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.39									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.39	\$0.00	\$16.67	\$28.06		\$35.41	\$14.89	\$8.16	\$1.11	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.77	\$76.39	\$0.00	\$16.67	\$28.06		\$35.41	\$14.89	12.24 (FRV)	\$1.11	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.77	\$76.39	\$0.00	\$16.67	\$28.06	\$0.00	\$35.41	\$14.89	\$12.24	\$1.11	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3510</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.20									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.58	\$103.20	\$0.00	\$16.67	\$28.06	\$0.00	\$35.41	\$14.89	\$12.24	\$1.11	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.13	\$4.13									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.79	\$5.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$235.37</b>	<b>\$108.89</b>	<b>\$0.00</b>	<b>\$16.89</b>	<b>\$28.47</b>	<b>\$0.00</b>	<b>\$52.88</b>	<b>\$14.89</b>	<b>\$12.24</b>	<b>\$1.11</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$163.70</b>										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
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Provider: <b>FOLKSTON PARK CARE AND REHABILITATION CENTER</b>				<u>Add-on Data and Percentage</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00141006A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.2675 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 33.33% 2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 2.64 2.0%				Quarterly Medicaid: 1.3445 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
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	\$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 Adjstmts	(\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2675									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.73									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$83.73	\$0.00	\$15.06	\$15.11		\$23.86	\$2.04	\$13.02	\$0.94	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.91	\$83.73	\$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 = 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	\$149.91	\$83.73	\$0.00	\$15.06	\$15.11	\$0.00	\$23.86	\$2.04	\$9.17	\$0.94	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3445									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.57									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.76	\$112.57	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.81	\$2.81									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.25	\$2.25									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.69	\$5.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$202.45	\$118.16	\$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	\$139.01										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>PRUITTHEALTH - FORSYTH</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00141017A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.3869		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 17.78% 0.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 2.99 5.0%				Quarterly Medicaid:		1.4353		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$309,354			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	FY21 Audited C/R Days	17,576										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,576	FY21 GL-PL Ins Rpt Days								17,576			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3869</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.44									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.44	\$0.00	\$18.98	\$28.86		\$33.11	\$17.60	\$9.33	\$1.09	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.31	\$90.44	\$0.00	\$18.98	\$28.86		\$33.11	\$17.60	9.23 (FRV)	\$1.09	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$199.31	\$90.44	\$0.00	\$18.98	\$28.86	\$0.00	\$33.11	\$17.60	\$9.23	\$1.09	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4353</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.81									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.68	\$129.81	\$0.00	\$18.98	\$28.86	\$0.00	\$33.11	\$17.60	\$9.23	\$1.09	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.49	\$6.49									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.12	\$7.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$263.80</b>	<b>\$136.83</b>	<b>\$0.00</b>	<b>\$19.20</b>	<b>\$29.27</b>	<b>\$0.00</b>	<b>\$50.58</b>	<b>\$17.60</b>	<b>\$9.23</b>	<b>\$1.09</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$185.03</b>										

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Provider: <b>FORT VALLEY HEALTH AND REHAB</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00141028A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:      N/A      0.00%				Base Period Overall:      1.5163      1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:      32.56%      2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q      3.74      2.0%				Quarterly Medicaid:      1.4350      1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$99,711)	(\$11,070)	\$0	\$0	\$0	\$0	(\$43,878)		(\$44,763)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$36,153			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5163</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.12									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.12	\$0.00	\$17.90	\$19.39		\$56.03	\$1.95	\$33.01	\$2.41	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.55	\$60.12	\$0.00	\$17.90	\$19.39		\$36.91	\$1.95	9.87 (FRV)	\$2.41	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.55	\$60.12	\$0.00	\$17.90	\$19.39	\$0.00	\$36.91	\$1.95	\$9.87	\$2.41	
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		<b>1.4350</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.27									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.70	\$86.27	\$0.00	\$17.90	\$19.39	\$0.00	\$36.91	\$1.95	\$9.87	\$2.41	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.16	\$2.16									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.73	\$1.73									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.15	\$4.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$196.85</b>	<b>\$90.69</b>	<b>\$0.00</b>	<b>\$18.12</b>	<b>\$19.80</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$1.95</b>	<b>\$9.87</b>	<b>\$2.41</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$134.81</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - FRANKLIN</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00141039A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.2461 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 18.87% 0.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.96 5.0%				Quarterly Medicaid: 1.3209 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$336,460			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 22,332	FY21 Audited C/R Days	22,332										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,332	FY21 GL-PL Ins Rpt Days								22,332			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2461</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.47									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.47	\$0.00	\$17.28	\$20.75		\$29.15	\$15.07	\$11.24	\$0.77	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.62	\$87.47	\$0.00	\$17.28	\$20.75		\$29.15	\$15.07	11.13 (FRV)	\$0.77	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.62	\$87.47	\$0.00	\$17.28	\$20.75	\$0.00	\$29.15	\$15.07	\$11.13	\$0.77	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3209</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.54									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.69	\$115.54	\$0.00	\$17.28	\$20.75	\$0.00	\$29.15	\$15.07	\$11.13	\$0.77	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$24.41	\$6.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$234.10</b>	<b>\$121.85</b>	<b>\$0.00</b>	<b>\$17.50</b>	<b>\$21.16</b>	<b>\$0.00</b>	<b>\$46.62</b>	<b>\$15.07</b>	<b>\$11.13</b>	<b>\$0.77</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$162.75</b>										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>NEW HORIZONS LANIER PARK</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00141072A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				Base Period Overall:		1.9212		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				Quarterly Medicaid:		1.5253		1.3706	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q									
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$158,521)	\$2,283	\$0	\$0	(\$2,283)	\$0	(\$132,778)		(\$25,743)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$79,984			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.9212</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.91									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.91	\$0.00	\$44.69	\$51.22		\$54.23	\$2.21	\$40.87	\$0.71	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.37	\$80.91	\$0.00	\$37.13	\$33.28		\$36.91	\$2.21	21.22 (FRV)	\$0.71	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.37	\$80.91	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.21	\$21.22	\$0.71	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.5253</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.41									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$254.87	\$123.41	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.21	\$21.22	\$0.71	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.70	\$3.70									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.56	\$5.46	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$277.43</b>	<b>\$128.87</b>	<b>\$0.00</b>	<b>\$37.13</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$2.21</b>	<b>\$21.22</b>	<b>\$0.71</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$195.25</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>DOUGLASVILLE NURSING AND REHABILITATION CENTER</b>				<u>Add-on Data and Percentage</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00141083A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.5641		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 44.63% 2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.49 3.0%				Quarterly Medicaid:		1.5531		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>PDPM BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$162,391			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5641</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.32									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.32	\$0.00	\$17.26	\$18.18		\$27.05	\$2.29	\$8.87	\$1.84	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.64	\$85.32	\$0.00	\$17.26	\$18.18		\$27.05	\$2.29	13.70 (FRV)	\$1.84	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.64	\$85.32	\$0.00	\$17.26	\$18.18	\$0.00	\$27.05	\$2.29	\$13.70	\$1.84	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.5531</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.51									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.83	\$132.51	\$0.00	\$17.26	\$18.18	\$0.00	\$27.05	\$2.29	\$13.70	\$1.84	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.31	\$3.31									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.98	\$3.98									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.92	\$7.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$238.75</b>	<b>\$140.33</b>	<b>\$0.00</b>	<b>\$17.48</b>	<b>\$18.59</b>	<b>\$0.00</b>	<b>\$44.52</b>	<b>\$2.29</b>	<b>\$13.70</b>	<b>\$1.84</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$166.24</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>GIBSON HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>	
Prvdr ID: <b>00141116A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.4855		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				28.85%		1.0%								
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				2.99		5.0%		Quarterly Medicaid:			1.2687		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<b>PDPM BASED RATE CALCULATIONS</b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes									
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$109,399								
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4855</b>														
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.27														
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.27	\$0.00	\$20.96	\$21.66		\$32.13	\$4.84	\$17.35	\$1.59						
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.43	\$77.27	\$0.00	\$20.96	\$21.66		\$32.13	\$4.84	10.98 (FRV)	\$1.59						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.43	\$77.27	\$0.00	\$20.96	\$21.66	\$0.00	\$32.13	\$4.84	\$10.98	\$1.59						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2687</b>														
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.03														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.19	\$98.03	\$0.00	\$20.96	\$21.66	\$0.00	\$32.13	\$4.84	\$10.98	\$1.59						
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00							
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$24.51	\$6.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$214.70</b>	<b>\$104.44</b>	<b>\$0.00</b>	<b>\$21.18</b>	<b>\$22.07</b>	<b>\$0.00</b>	<b>\$49.60</b>	<b>\$4.84</b>	<b>\$10.98</b>	<b>\$1.59</b>						
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$148.20</b>															

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>PARKSIDE CENTER FOR NURSING AND REHAB AT ELLIJAY</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00141127A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.8631	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			17.86%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.11	4.0%	Quarterly Medicaid:			1.4098	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$79,166			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.8631</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.82									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.82	\$0.00	\$17.71	\$21.69		\$47.44	\$2.47	\$2.12	\$2.90	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.42	\$56.82	\$0.00	\$17.71	\$21.69		\$36.91	\$2.47	19.92 (FRV)	\$2.90	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.42	\$56.82	\$0.00	\$17.71	\$21.69	\$0.00	\$36.91	\$2.47	\$19.92	\$2.90	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4098</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.10									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.70	\$80.10	\$0.00	\$17.71	\$21.69	\$0.00	\$36.91	\$2.47	\$19.92	\$2.90	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	\$21.46	\$3.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$203.16</b>	<b>\$83.83</b>	<b>\$0.00</b>	<b>\$17.93</b>	<b>\$22.10</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$2.47</b>	<b>\$19.92</b>	<b>\$2.90</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$139.55</b>										

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Provider: <b>COMFORT CREEK NURSING AND REHABILITATION CENTER</b>				<u>Add-on Data and Percentag</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00141138A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.2145	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:		30.56%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q		2.61	3.0%	Quarterly Medicaid:			1.2368	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>PDPM BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$116,246)	\$0	\$0	\$0	(\$1,541)	(\$1,056)	(\$91,097)		(\$22,552)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$73,086		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2145</b>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.02								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$74.02	\$0.00	\$13.62	\$15.79		\$21.50	\$2.45	\$24.28	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.68	\$74.02	\$0.00	\$13.62	\$15.79		\$21.50	\$2.45	9.55 (FRV)	\$0.75
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.68	\$74.02	\$0.00	\$13.62	\$15.79	\$0.00	\$21.50	\$2.45	\$9.55	\$0.75
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2368</b>								
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.21	\$91.55	\$0.00	\$13.62	\$15.79	\$0.00	\$21.50	\$2.45	\$9.55	\$0.75
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.29	\$2.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.75	\$2.75								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.67	\$5.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$178.88</b>	<b>\$97.12</b>	<b>\$0.00</b>	<b>\$13.84</b>	<b>\$16.20</b>	<b>\$0.00</b>	<b>\$38.97</b>	<b>\$2.45</b>	<b>\$9.55</b>	<b>\$0.75</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$121.34</b>									

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Provider: <b>GLENN-MOR NURSING HOME</b>				<u>Add-on Data and Percentag</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>		
Prvdr ID: <b>00141149A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.3383		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				24.59%		1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.28		3.0%		Quarterly Medicaid:			1.3753		1.3706		
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)			<b>As Filed FY21 GL/PL Rpt</b>										\$28,900					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>													\$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 Model Adjstmt to Routine Srvcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.3383</b>											
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$100.48											
12	Net Per Diems after Model Adjstmt to Routine Srvcs			RS = Ln 11, AllOthr = Ln 9				\$100.48	\$0.00	\$29.86	\$41.73		\$60.79	\$1.46	\$31.32	\$0.38			
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)			per Peer Group Limits				\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$212.71	\$100.48	\$0.00	\$29.86	\$33.28		\$36.91	\$1.46	10.34 (FRV)	\$0.38			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$212.71	\$100.48	\$0.00	\$29.86	\$33.28	\$0.00	\$36.91	\$1.46	\$10.34	\$0.38			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.3753</b>											
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$138.19											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$250.42	\$138.19	\$0.00	\$29.86	\$33.28	\$0.00	\$36.91	\$1.46	\$10.34	\$0.38			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)			Ln 19 Col b x CPS Add-on			\$1.38	\$1.38											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)			Ln 19 Col b x Stfng Add-on			\$4.15	\$4.15											
23	Nursing Home Provider Fee			(Fixed Amount)			\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts			Sum of Lns 20 thru 23			\$23.38	\$6.06	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$273.80</b>	<b>\$144.25</b>	<b>\$0.00</b>	<b>\$30.08</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$1.46</b>	<b>\$10.34</b>	<b>\$0.38</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$192.53</b>												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>GLENVUE HEALTH AND REHAB</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00141171A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3458	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			20.78%	1.0%	Quarterly Medicaid:			1.3721	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			2.81	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$221,413			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3458</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.17									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.17	\$0.00	\$20.35	\$19.12		\$27.65	\$5.97	\$36.34	\$2.26	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.45	\$78.17	\$0.00	\$20.35	\$19.12		\$27.65	\$5.97	9.93 (FRV)	\$2.26	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.45	\$78.17	\$0.00	\$20.35	\$19.12	\$0.00	\$27.65	\$5.97	\$9.93	\$2.26	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3721</b>									
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.26									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.54	\$107.26	\$0.00	\$20.35	\$19.12	\$0.00	\$27.65	\$5.97	\$9.93	\$2.26	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$22.92	\$4.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$215.46</b>	<b>\$112.08</b>	<b>\$0.00</b>	<b>\$20.57</b>	<b>\$19.53</b>	<b>\$0.00</b>	<b>\$45.12</b>	<b>\$5.97</b>	<b>\$9.93</b>	<b>\$2.26</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$148.77</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>GRACEMORE NURSING AND REHAB</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00141182A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.3752 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 46.67% 5.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.95 5.0%				Quarterly Medicaid: 1.3150 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$75,132)	\$0	\$0	\$0	\$0	\$0	(\$51,858)		(\$23,274)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$51,253			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 11,573	FY21 Audited C/R Days	11,573										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,573	FY21 GL-PL Ins Rpt Days								11,573			
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$276.54	\$156.63	\$0.00	\$34.10	\$35.68	(with L&H)	\$40.09	\$4.43	\$3.60	\$2.01	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.3752</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$113.89									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$113.89	\$0.00	\$34.10	\$35.68		\$40.09	\$4.43	\$3.60	\$2.01	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.40	\$104.63	\$0.00	\$26.82	\$33.28		\$36.91	\$4.43	8.32 (FRV)	\$2.01	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.40	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.43	\$8.32	\$2.01	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3150</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.59									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.36	\$137.59	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.43	\$8.32	\$2.01	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.57	\$7.57									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.88	\$6.88									
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	\$31.55	\$14.45	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$280.91</b>	<b>\$152.04</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$4.43</b>	<b>\$8.32</b>	<b>\$2.01</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$197.86</b>										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - GRANDVIEW</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00141215A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.4721	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				13.56%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				2.79	5.0%	Quarterly Medicaid:			1.4144	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$438,626)	(\$25,884)	\$0	\$0	(\$1,073)	\$722	(\$327,858)		(\$84,533)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$309,461				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4721</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.71										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$95.71	\$0.00	\$20.91	\$26.52		\$32.80	\$14.90	\$10.76	\$4.51		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.91	\$95.71	\$0.00	\$20.91	\$26.52		\$32.80	\$14.90	11.56 (FRV)	\$4.51		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$206.91	\$95.71	\$0.00	\$20.91	\$26.52	\$0.00	\$32.80	\$14.90	\$11.56	\$4.51		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4144</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.37										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.57	\$135.37	\$0.00	\$20.91	\$26.52	\$0.00	\$32.80	\$14.90	\$11.56	\$4.51		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.77	\$6.77										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.40	\$7.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$271.97</b>	<b>\$142.67</b>	<b>\$0.00</b>	<b>\$21.13</b>	<b>\$26.93</b>	<b>\$0.00</b>	<b>\$50.27</b>	<b>\$14.90</b>	<b>\$11.56</b>	<b>\$4.51</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$191.15</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>GRANDVIEW HEALTH CARE CENTER</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00141226A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.7526	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			13.64%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			2.71	3.0%	Quarterly Medicaid:			1.5485	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$250,988)	(\$46,341)	\$0	\$0	\$0	\$0	(\$151,978)		(\$52,669)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$94,211			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.7526</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.97									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.97	\$0.00	\$22.09	\$15.85		\$36.52	\$4.87	\$41.39	\$7.73	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.05	\$59.97	\$0.00	\$22.09	\$15.85		\$36.52	\$4.87	12.02 (FRV)	\$7.73	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.05	\$59.97	\$0.00	\$22.09	\$15.85	\$0.00	\$36.52	\$4.87	\$12.02	\$7.73	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.5485</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.86									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.95	\$92.86	\$0.00	\$22.09	\$15.85	\$0.00	\$36.52	\$4.87	\$12.02	\$7.73	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.45	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.29		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$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	\$21.34	\$3.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.39	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$213.29</b>	<b>\$96.18</b>	<b>\$0.00</b>	<b>\$22.31</b>	<b>\$16.26</b>	<b>\$0.00</b>	<b>\$53.91</b>	<b>\$4.87</b>	<b>\$12.02</b>	<b>\$7.73</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$147.14</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>AZALEALAND NURSING HOME</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>	
Prvdr ID: <b>00141237A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.5445		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				68.42%		5.5%		Quarterly Medicaid:			1.5400		1.3706	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.34		3.0%								
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes									
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Svcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$104,445								
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5445</b>														
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.23														
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$88.23	\$0.00	\$34.26	\$21.81		\$42.33	\$4.21	\$30.26	\$3.89						
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.52	\$88.23	\$0.00	\$26.82	\$21.81		\$36.91	\$4.21	17.65 (FRV)	\$3.89						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$199.52	\$88.23	\$0.00	\$26.82	\$21.81	\$0.00	\$36.91	\$4.21	\$17.65	\$3.89						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.5400</b>														
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.87														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.16	\$135.87	\$0.00	\$26.82	\$21.81	\$0.00	\$36.91	\$4.21	\$17.65	\$3.89						
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00							
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.47	\$7.47														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$29.59	\$12.08	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$276.75</b>	<b>\$147.95</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$22.22</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$4.21</b>	<b>\$17.65</b>	<b>\$3.89</b>						
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$194.74</b>															

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>ROSWELL NURSING &amp; REHAB CENTER</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00141248A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4937	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			31.06%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.25	2.0%	Quarterly Medicaid:			1.3435	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$222,941)	(\$66,917)	\$0	\$0	\$0	\$0	\$39,541		(\$195,565)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$27,376			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	FY21 Audited C/R Days	65,953										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								65,953			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4937</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.67									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.67	\$0.00	\$19.26	\$18.81		\$38.78	\$0.42	\$32.53	\$2.97	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.26	\$86.67	\$0.00	\$19.26	\$18.81		\$36.91	\$0.42	10.22 (FRV)	\$2.97	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.26	\$86.67	\$0.00	\$19.26	\$18.81	\$0.00	\$36.91	\$0.42	\$10.22	\$2.97	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3435</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.44									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.03	\$116.44	\$0.00	\$19.26	\$18.81	\$0.00	\$36.91	\$0.42	\$10.22	\$2.97	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.91	\$2.91									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.33	\$2.33									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.50	\$5.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$228.53</b>	<b>\$122.21</b>	<b>\$0.00</b>	<b>\$19.48</b>	<b>\$19.22</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$0.42</b>	<b>\$10.22</b>	<b>\$2.97</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$158.57</b>										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PREMIER ESTATES OF DUBLIN, LLC</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00141281A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.7178	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			20.97%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			no data	0.0%	Quarterly Medicaid:			1.4000	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$198,863			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 28,950	FY21 Audited C/R Days	28,950										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,950	FY21 GL-PL Ins Rpt Days								28,950			
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.7178</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.63									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.63	\$0.00	\$21.23	\$18.27		\$29.08	\$6.87	\$38.35	\$0.93	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.81	\$57.63	\$0.00	\$21.23	\$18.27		\$29.08	\$6.87	8.80 (FRV)	\$0.93	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.81	\$57.63	\$0.00	\$21.23	\$18.27	\$0.00	\$29.08	\$6.87	\$8.80	\$0.93	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4000</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.68									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.86	\$80.68	\$0.00	\$21.23	\$18.27	\$0.00	\$29.08	\$6.87	\$8.80	\$0.93	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.81	\$0.81									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.44	\$1.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$185.30</b>	<b>\$82.02</b>	<b>\$0.00</b>	<b>\$21.45</b>	<b>\$18.68</b>	<b>\$0.00</b>	<b>\$46.55</b>	<b>\$6.87</b>	<b>\$8.80</b>	<b>\$0.93</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$126.15</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>HABERSHAM HOME</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>		
Prvdr ID: <b>00141292A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.3241		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				45.10%		5.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.50		3.0%		Quarterly Medicaid:			1.2449		1.3706		
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts			(\$65,507)	\$0	\$0	\$0	(\$41,648)	\$0	(\$59,284)		\$35,425				
	As Filed Cost Center Costs (GL/PL)			<b>As Filed FY21 GL/PL Rpt</b>										\$59,284					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>												\$12,136			
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 As Filed Days = 22,956			FY21 Audited C/R Days			22,951												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,956			FY21 GL-PL Ins Rpt Days										22,951					
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.3241</b>											
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$96.12											
12	Net Per Diems after Model Adjstmt to Routine Srvcs			RS = Ln 11, AllOthr = Ln 9				\$96.12	\$0.00	\$46.49	\$36.69		\$46.98	\$2.58	\$21.81	\$0.53			
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)			per Peer Group Limits				\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$216.64	\$96.12	\$0.00	\$37.13	\$33.28		\$36.91	\$2.58	10.09 (FRV)	\$0.53			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$216.64	\$96.12	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.58	\$10.09	\$0.53			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.2449</b>											
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$119.66											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$240.18	\$119.66	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.58	\$10.09	\$0.53			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Stdnd - 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 = 5.5% (to Routine Srvcs)			Ln 19 Col b x CPS Add-on			\$6.58	\$6.58											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)			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			\$27.80	\$10.70	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$267.98</b>	<b>\$130.36</b>	<b>\$0.00</b>	<b>\$37.13</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$2.58</b>	<b>\$10.09</b>	<b>\$0.53</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$188.16</b>												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>WARNER ROBINS REHABILITATION CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>	
Prvdr ID: <b>00141303A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.3939		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				35.96%		2.5%								
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.20		4.0%		Quarterly Medicaid:			1.3647		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes									
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$379,562)	(\$19,394)	\$0	\$0	\$0	\$0	(\$251,852)		(\$108,316)							
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$268,835								
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3939</b>														
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.56														
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.56	\$0.00	\$14.58	\$16.13		\$31.05	\$7.60	\$18.00	\$3.06						
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.02	\$63.56	\$0.00	\$14.58	\$16.13		\$31.05	\$7.60	13.04 (FRV)	\$3.06						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.02	\$63.56	\$0.00	\$14.58	\$16.13	\$0.00	\$31.05	\$7.60	\$13.04	\$3.06						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3647</b>														
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.74														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.20	\$86.74	\$0.00	\$14.58	\$16.13	\$0.00	\$31.05	\$7.60	\$13.04	\$3.06						
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00							
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.17	\$2.17														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	\$24.27	\$6.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$196.47</b>	<b>\$92.91</b>	<b>\$0.00</b>	<b>\$14.80</b>	<b>\$16.54</b>	<b>\$0.00</b>	<b>\$48.52</b>	<b>\$7.60</b>	<b>\$13.04</b>	<b>\$3.06</b>						
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$134.53</b>															

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>HARALSON NSG &amp; REHAB CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00141325A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				Base Period Overall:		1.3602		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				Quarterly Medicaid:		1.3199		1.3706	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q									
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$54,162)	\$0	\$0	(\$12,148)	(\$6,105)	\$6,684	(\$12,258)		(\$30,335)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$12,258			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3602</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.04									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73.04	\$0.00	\$18.38	\$16.34		\$36.78	\$0.34	\$26.66	\$0.83	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.17	\$73.04	\$0.00	\$18.38	\$16.34		\$36.78	\$0.34	9.46 (FRV)	\$0.83	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.17	\$73.04	\$0.00	\$18.38	\$16.34	\$0.00	\$36.78	\$0.34	\$9.46	\$0.83	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3199</b>									
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.41									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.54	\$96.41	\$0.00	\$18.38	\$16.34	\$0.00	\$36.78	\$0.34	\$9.46	\$0.83	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.26	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.10		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.41	\$2.41									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.89	\$2.89									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.66	\$5.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.20	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$202.20</b>	<b>\$102.24</b>	<b>\$0.00</b>	<b>\$18.60</b>	<b>\$16.75</b>	<b>\$0.00</b>	<b>\$53.98</b>	<b>\$0.34</b>	<b>\$9.46</b>	<b>\$0.83</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.83</b>										

PDPM Shadow Rates. This is not your rate.



# PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: <b>NANCY HART CENTER FOR NURSING AND HEALING LLC</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00141336A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4269	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			25.53%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			0.00	0.0%	Quarterly Medicaid:			1.1893	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$88,650)	(\$3,775)	\$0	\$0	\$0	\$0	(\$61,967)		(\$22,908)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$61,967			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4269</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.38									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.38	\$0.00	\$19.72	\$17.27		\$46.23	\$4.03	\$9.90	\$1.49	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.29	\$63.38	\$0.00	\$19.72	\$17.27		\$36.91	\$4.03	8.49 (FRV)	\$1.49	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.29	\$63.38	\$0.00	\$19.72	\$17.27	\$0.00	\$36.91	\$4.03	\$8.49	\$1.49	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.1893</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.38									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.29	\$75.38	\$0.00	\$19.72	\$17.27	\$0.00	\$36.91	\$4.03	\$8.49	\$1.49	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.75	\$0.75									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.01	\$1.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$182.30</b>	<b>\$76.66</b>	<b>\$0.00</b>	<b>\$19.94</b>	<b>\$17.68</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$4.03</b>	<b>\$8.49</b>	<b>\$1.49</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$123.90</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>HEART OF GEORGIA NURSING HOME</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00141358A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.8650	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			35.38%	2.5%	Quarterly Medicaid:			1.3216	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.30	6.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$66,626			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 28,916	FY21 Audited C/R Days	28,916										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,916	FY21 GL-PL Ins Rpt Days								28,916			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.8650</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.07									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.07	\$0.00	\$18.96	\$15.23		\$29.00	\$2.30	\$66.01	\$1.46	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.16	\$61.07	\$0.00	\$18.96	\$15.23		\$29.00	\$2.30	13.14 (FRV)	\$1.46	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.16	\$61.07	\$0.00	\$18.96	\$15.23	\$0.00	\$29.00	\$2.30	\$13.14	\$1.46	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3216</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.71									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.80	\$80.71	\$0.00	\$18.96	\$15.23	\$0.00	\$29.00	\$2.30	\$13.14	\$1.46	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.02	\$2.02									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	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	\$25.49	\$7.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$186.29</b>	<b>\$88.10</b>	<b>\$0.00</b>	<b>\$19.18</b>	<b>\$15.64</b>	<b>\$0.00</b>	<b>\$46.47</b>	<b>\$2.30</b>	<b>\$13.14</b>	<b>\$1.46</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$126.89</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - VALDOSTA, LLC</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00141369A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.5291	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				26.15%	1.0%	Quarterly Medicaid:			1.5674	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.60	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$505,962)	(\$45,999)	\$0	\$0	(\$597)	\$564	(\$411,063)		(\$48,867)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$425,444				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5291</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.34										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.34	\$0.00	\$15.81	\$29.67		\$29.72	\$17.55	\$12.83	\$1.89		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.26	\$64.34	\$0.00	\$15.81	\$29.67		\$29.72	\$17.55	11.28 (FRV)	\$1.89		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.26	\$64.34	\$0.00	\$15.81	\$29.67	\$0.00	\$29.72	\$17.55	\$11.28	\$1.89		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.5674</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.85										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.76	\$100.85	\$0.00	\$15.81	\$29.67	\$0.00	\$29.72	\$17.55	\$11.28	\$1.89		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.04	\$5.04										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.68	\$6.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$231.44</b>	<b>\$107.43</b>	<b>\$0.00</b>	<b>\$16.03</b>	<b>\$30.08</b>	<b>\$0.00</b>	<b>\$47.19</b>	<b>\$17.55</b>	<b>\$11.28</b>	<b>\$1.89</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$160.76</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - ATHENS HERITAGE</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00141391A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:									

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>MAGNOLIA MANOR OF ST SIMONS REHAB &amp; NURSING CENTER</b>				<u>Add-on Data and Percentag</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00141402A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.8379	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:		27.27%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q		3.84	3.0%	Quarterly Medicaid:			1.7226	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>PDPM BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$201,609		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 24,040	FY21 Audited C/R Days	24,040									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,040	FY21 GL-PL Ins Rpt Days								24,040		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$263.29	\$116.96	\$0.00	\$24.91	\$29.71	(with L&H)	\$44.87	\$8.39	\$32.78	\$5.67
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.8379</b>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.64								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.64	\$0.00	\$24.91	\$29.71		\$44.87	\$8.39	\$32.78	\$5.67
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.85	\$63.64	\$0.00	\$24.91	\$29.71		\$36.91	\$8.39	10.62 (FRV)	\$5.67
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.85	\$63.64	\$0.00	\$24.91	\$29.71	\$0.00	\$36.91	\$8.39	\$10.62	\$5.67
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.7226</b>								
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.83	\$109.63	\$0.00	\$24.91	\$29.71	\$0.00	\$36.91	\$8.39	\$10.62	\$5.67
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.29	\$3.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.65	\$4.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$248.48</b>	<b>\$114.55</b>	<b>\$0.00</b>	<b>\$25.13</b>	<b>\$30.12</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$8.39</b>	<b>\$10.62</b>	<b>\$5.67</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$173.54</b>									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>HARTWELL HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00141413A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4315	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			30.36%	2.5%	Quarterly Medicaid:			1.4208	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.11	6.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$95,680			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 24,307	FY21 Audited C/R Days	24,307										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,307	FY21 GL-PL Ins Rpt Days								24,307			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4315</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.27									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$82.27	\$0.00	\$25.64	\$21.81		\$35.03	\$3.94	\$8.65	\$0.58	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.17	\$82.27	\$0.00	\$25.64	\$21.81		\$35.03	\$3.94	9.90 (FRV)	\$0.58	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.17	\$82.27	\$0.00	\$25.64	\$21.81	\$0.00	\$35.03	\$3.94	\$9.90	\$0.58	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4208</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.89									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.79	\$116.89	\$0.00	\$25.64	\$21.81	\$0.00	\$35.03	\$3.94	\$9.90	\$0.58	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.92	\$2.92									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.01	\$7.01									
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	\$28.56	\$10.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$242.35</b>	<b>\$127.35</b>	<b>\$0.00</b>	<b>\$25.86</b>	<b>\$22.22</b>	<b>\$0.00</b>	<b>\$52.50</b>	<b>\$3.94</b>	<b>\$9.90</b>	<b>\$0.58</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$168.94</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - MONROE</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00141468A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.3293		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 30.00% 2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.19 4.0%				Quarterly Medicaid:		1.2456		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$356,730			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3293</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$103.27									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$103.27	\$0.00	\$18.35	\$29.94		\$30.63	\$16.90	\$10.26	\$1.00	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$210.02	\$103.27	\$0.00	\$18.35	\$29.94		\$30.63	\$16.90	9.93 (FRV)	\$1.00	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$210.02	\$103.27	\$0.00	\$18.35	\$29.94	\$0.00	\$30.63	\$16.90	\$9.93	\$1.00	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2456</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.63									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.39	\$128.63	\$0.00	\$18.35	\$29.94	\$0.00	\$30.63	\$16.90	\$9.93	\$1.00	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.22	\$3.22									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	\$27.00	\$8.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$262.39</b>	<b>\$137.53</b>	<b>\$0.00</b>	<b>\$18.57</b>	<b>\$30.35</b>	<b>\$0.00</b>	<b>\$48.10</b>	<b>\$16.90</b>	<b>\$9.93</b>	<b>\$1.00</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$183.97</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - HOLLY HILL, LLC</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00141479A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.4501 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 18.42% 0.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.52 5.0%				Quarterly Medicaid: 1.4882 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$437,230			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4501</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.48									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.48	\$0.00	\$17.33	\$23.88		\$27.21	\$16.90	\$12.85	\$1.13	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.97	\$81.48	\$0.00	\$17.33	\$23.88		\$27.21	\$16.90	10.04 (FRV)	\$1.13	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.97	\$81.48	\$0.00	\$17.33	\$23.88	\$0.00	\$27.21	\$16.90	\$10.04	\$1.13	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4882</b>									
18	Qtrly Routine Svcs Model 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	\$217.75	\$121.26	\$0.00	\$17.33	\$23.88	\$0.00	\$27.21	\$16.90	\$10.04	\$1.13	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$24.69	\$6.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$242.44</b>	<b>\$127.85</b>	<b>\$0.00</b>	<b>\$17.55</b>	<b>\$24.29</b>	<b>\$0.00</b>	<b>\$44.68</b>	<b>\$16.90</b>	<b>\$10.04</b>	<b>\$1.13</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$169.01</b>										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>WYNFIELD PARK HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00141512A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.4146	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				38.52%	2.5%	Quarterly Medicaid:			1.3689	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.47	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$253,688)	(\$5,514)	\$0	(\$1,349)	\$0	(\$1,628)	(\$213,976)		(\$31,221)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$194,935				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 47,251	FY21 Audited C/R Days	47,251											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,251	FY21 GL-PL Ins Rpt Days								47,251				
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4146</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.68										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$82.68	\$0.00	\$24.70	\$24.56		\$33.73	\$4.13	\$17.35	\$0.66		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.84	\$82.68	\$0.00	\$24.70	\$24.56		\$33.73	\$4.13	24.38 (FRV)	\$0.66		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.84	\$82.68	\$0.00	\$24.70	\$24.56	\$0.00	\$33.73	\$4.13	\$24.38	\$0.66		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3689</b>										
18	Qtrly Routine Srvcs Model 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	\$225.34	\$113.18	\$0.00	\$24.70	\$24.56	\$0.00	\$33.73	\$4.13	\$24.38	\$0.66		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.83	\$2.83										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$27.12	\$9.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$252.46</b>	<b>\$122.20</b>	<b>\$0.00</b>	<b>\$24.92</b>	<b>\$24.97</b>	<b>\$0.00</b>	<b>\$51.20</b>	<b>\$4.13</b>	<b>\$24.38</b>	<b>\$0.66</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$176.52</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>MACON REHABILITATION AND HEALTHCARE</b>				<u>Add-on Data and Percentag</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>	
Prvdr ID: <b>00141523A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.5519		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				25.40%		1.0%								
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.22		3.0%		Quarterly Medicaid:			1.6548		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes									
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$205,205								
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 24,746	FY21 Audited C/R Days	24,746															
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,746	FY21 GL-PL Ins Rpt Days								24,746								
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5519</b>														
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.12														
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.12	\$0.00	\$20.94	\$27.51		\$35.20	\$8.29	\$42.26	\$3.00						
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.22	\$76.12	\$0.00	\$20.94	\$27.51		\$35.20	\$8.29	11.16 (FRV)	\$3.00						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.22	\$76.12	\$0.00	\$20.94	\$27.51	\$0.00	\$35.20	\$8.29	\$11.16	\$3.00						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.6548</b>														
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.96														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.07	\$125.96	\$0.00	\$20.94	\$27.51	\$0.00	\$35.20	\$8.29	\$11.16	\$3.00						
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00							
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$23.67	\$5.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$255.74</b>	<b>\$131.53</b>	<b>\$0.00</b>	<b>\$21.16</b>	<b>\$27.92</b>	<b>\$0.00</b>	<b>\$52.67</b>	<b>\$8.29</b>	<b>\$11.16</b>	<b>\$3.00</b>						
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$178.98</b>															

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>FRIENDSHIP HEALTH AND REHAB</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00141567A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3621	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			37.84%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.31	3.0%	Quarterly Medicaid:			1.3986	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$138,503			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3621</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$110.40									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$110.40	\$0.00	\$27.14	\$33.27		\$33.24	\$7.41	\$19.26	\$0.80	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$214.89	\$104.63	\$0.00	\$26.82	\$33.27		\$33.24	\$7.41	8.72 (FRV)	\$0.80	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$214.89	\$104.63	\$0.00	\$26.82	\$33.27	\$0.00	\$33.24	\$7.41	\$8.72	\$0.80	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3986</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.34									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$256.59	\$146.34	\$0.00	\$26.82	\$33.27	\$0.00	\$33.24	\$7.41	\$8.72	\$0.80	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.38	\$0.00	\$0.00	\$0.00	\$0.01	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.66	\$3.66									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$25.53	\$8.05	\$0.00	\$0.00	\$0.01	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$282.12</b>	<b>\$154.39</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$50.71</b>	<b>\$7.41</b>	<b>\$8.72</b>	<b>\$0.80</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$198.77</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>MIONA GERIATRIC &amp; DEMENTIA CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>			
Prvdr ID: <b>00141578A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:		N/A		0.00%		Base Period Overall:		1.3930		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:		52.05%		5.5%							
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q		3.54		5.0%		Quarterly Medicaid:		1.4203		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>															
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>															
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$65,298					
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 28,845	FY21 Audited C/R Days	28,845												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,845	FY21 GL-PL Ins Rpt Days								28,845					
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3930</b>											
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.88											
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$74.88	\$0.00	\$18.22	\$25.29		\$21.88	\$2.26	\$2.84	\$1.32			
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.76	\$74.88	\$0.00	\$18.22	\$25.29		\$21.88	\$2.26	11.91 (FRV)	\$1.32			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>															
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.76	\$74.88	\$0.00	\$18.22	\$25.29	\$0.00	\$21.88	\$2.26	\$11.91	\$1.32			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4203</b>											
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.35											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.24	\$106.35	\$0.00	\$18.22	\$25.29	\$0.00	\$21.88	\$2.26	\$11.91	\$1.32			
<b>Quarterly Per Diem Add-on Amounts</b>															
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$5.85	\$5.85											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$29.80	\$11.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$217.04</b>	<b>\$118.05</b>	<b>\$0.00</b>	<b>\$18.44</b>	<b>\$25.70</b>	<b>\$0.00</b>	<b>\$39.35</b>	<b>\$2.26</b>	<b>\$11.91</b>	<b>\$1.32</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$149.96</b>												

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>THE PLACE AT DEANS BRIDGE</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00141589A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.3221 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 47.69% 5.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.85 3.0%				Quarterly Medicaid: 1.2492 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.3221									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.35									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.35	\$0.00	\$19.38	\$17.70		\$28.22	\$17.97	\$10.36	\$2.70	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.62	\$90.35	\$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 = 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	\$186.62	\$90.35	\$0.00	\$19.38	\$17.70	\$0.00	\$28.22	\$17.97	\$10.30	\$2.70	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2492									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.87									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.14	\$112.87	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$6.21	\$6.21									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.39	\$3.39									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.23	\$10.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$237.37	\$123.00	\$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	\$165.20										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>HARBORVIEW HEALTH SYSTEMS JESUP</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00141611A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3049	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			17.14%	0.0%	Quarterly Medicaid:			1.3835	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.22	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$100,136			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 29,664	FY21 Audited C/R Days	29,664										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,664	FY21 GL-PL Ins Rpt Days								29,664			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3049</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.49									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.49	\$0.00	\$15.13	\$15.68		\$30.83	\$3.38	\$25.74	\$1.69	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.73	\$64.49	\$0.00	\$15.13	\$15.68		\$30.83	\$3.38	8.53 (FRV)	\$1.69	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.73	\$64.49	\$0.00	\$15.13	\$15.68	\$0.00	\$30.83	\$3.38	\$8.53	\$1.69	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3835</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.22									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.46	\$89.22	\$0.00	\$15.13	\$15.68	\$0.00	\$30.83	\$3.38	\$8.53	\$1.69	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.68	\$2.68									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.31	\$3.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$185.77</b>	<b>\$92.43</b>	<b>\$0.00</b>	<b>\$15.35</b>	<b>\$16.09</b>	<b>\$0.00</b>	<b>\$48.30</b>	<b>\$3.38</b>	<b>\$8.53</b>	<b>\$1.69</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$126.50</b>										

PDPM Shadow Rates. This is not your rate.

**DEMONSTRATION ONLY**

**PDPM Shadow Rate. This is not your rate.**

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>SCOTT HEALTH &amp; REHABILITATION</b>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: <b>00141644A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.3260	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			37.21%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.13		6.0%		Quarterly Medicaid:			1.2627	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>															
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>															
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$73,276					
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3260</b>											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.10											
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$92.10	\$0.00	\$21.18	\$22.17		\$29.63	\$4.53	\$6.08	\$0.90			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.17	\$92.10	\$0.00	\$21.18	\$22.17		\$29.63	\$4.53	11.66 (FRV)	\$0.90			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>															
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.17	\$92.10	\$0.00	\$21.18	\$22.17	\$0.00	\$29.63	\$4.53	\$11.66	\$0.90			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2627</b>											
18	Qtrly Routine Svcs Model 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	\$206.37	\$116.29	\$0.00	\$21.18	\$22.17	\$0.00	\$29.63	\$4.53	\$11.66	\$0.90			
<b>Quarterly Per Diem Add-on Amounts</b>															
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.91	\$2.91											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.98	\$6.98											
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	\$28.52	\$10.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$234.89</b>	<b>\$126.71</b>	<b>\$0.00</b>	<b>\$21.40</b>	<b>\$22.58</b>	<b>\$0.00</b>	<b>\$47.10</b>	<b>\$4.53</b>	<b>\$11.66</b>	<b>\$0.90</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$163.34</b>												

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>KEYSVILLE NURSING HOME &amp; REHAB</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00141655A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5691	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			53.33%	5.5%	Quarterly Medicaid:			1.3786	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.20	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>PDPM BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$69,986			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 17,969	FY21 Audited C/R Days	17,969										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,969	FY21 GL-PL Ins Rpt Days								17,969			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$225.10	\$124.00	\$0.00	\$27.72	\$29.56	(with L&H)	\$20.25	\$3.89	\$17.77	\$1.91	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.5691</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.03									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$79.03	\$0.00	\$27.72	\$29.56		\$20.25	\$3.89	\$17.77	\$1.91	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.65	\$79.03	\$0.00	\$26.82	\$29.56		\$20.25	\$3.89	13.19 (FRV)	\$1.91	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.65	\$79.03	\$0.00	\$26.82	\$29.56	\$0.00	\$20.25	\$3.89	\$13.19	\$1.91	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3786</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.95									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.58	\$108.95	\$0.00	\$26.82	\$29.56	\$0.00	\$20.25	\$3.89	\$13.19	\$1.91	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$5.99	\$5.99									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$27.67	\$9.79	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$232.25</b>	<b>\$118.74</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$29.97</b>	<b>\$0.00</b>	<b>\$37.72</b>	<b>\$3.89</b>	<b>\$13.19</b>	<b>\$1.91</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$161.36</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>COUNTRYSIDE HEALTH CENTER</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00141666A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.2796	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				22.22%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.11	2.0%	Quarterly Medicaid:			1.1997	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$41,170				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2796</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.35										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.35	\$0.00	\$17.29	\$19.78		\$29.65	\$2.17	\$13.72	\$0.89		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.82	\$78.35	\$0.00	\$17.29	\$19.78		\$29.65	\$2.17	6.69 (FRV)	\$0.89		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.82	\$78.35	\$0.00	\$17.29	\$19.78	\$0.00	\$29.65	\$2.17	\$6.69	\$0.89		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.1997</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.00										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.47	\$94.00	\$0.00	\$17.29	\$19.78	\$0.00	\$29.65	\$2.17	\$6.69	\$0.89		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.88	\$1.88										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.45	\$3.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$191.92</b>	<b>\$97.35</b>	<b>\$0.00</b>	<b>\$17.51</b>	<b>\$20.19</b>	<b>\$0.00</b>	<b>\$47.12</b>	<b>\$2.17</b>	<b>\$6.69</b>	<b>\$0.89</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$131.12</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>LAKE CITY NURSING AND REHABILITATION CENTER LLC</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00141699A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.2891		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 30.99% 2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 2.57 3.0%				Quarterly Medicaid:		1.3047		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.2891									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.29									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$79.29	\$0.00	\$17.68	\$18.77		\$21.25	\$2.46	\$12.31	\$1.48	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.33	\$79.29	\$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	\$150.33	\$79.29	\$0.00	\$17.68	\$18.77	\$0.00	\$21.25	\$2.46	\$9.40	\$1.48	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3047									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.45									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.49	\$103.45	\$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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.59	\$2.59									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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 Model Based Per Diem Rate	Ln 19 + Ln 24	\$198.81	\$109.67	\$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	\$136.28										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - LAKEHAVEN, LLC</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00141721A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5651	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			26.23%	1.0%	Quarterly Medicaid:			1.4082	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.21	6.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$440,708)	(\$71,293)	\$0	\$0	\$0	\$223	(\$331,601)		(\$38,037)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$390,803			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5651</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.64									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.64	\$0.00	\$19.01	\$28.74		\$30.75	\$15.74	\$16.78	\$1.61	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.27	\$65.64	\$0.00	\$19.01	\$28.74		\$30.75	\$15.74	8.78 (FRV)	\$1.61	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.27	\$65.64	\$0.00	\$19.01	\$28.74	\$0.00	\$30.75	\$15.74	\$8.78	\$1.61	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4082</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.43									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.07	\$92.43	\$0.00	\$19.01	\$28.74	\$0.00	\$30.75	\$15.74	\$8.78	\$1.61	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	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	\$25.10	\$7.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$222.17</b>	<b>\$99.43</b>	<b>\$0.00</b>	<b>\$19.23</b>	<b>\$29.15</b>	<b>\$0.00</b>	<b>\$48.22</b>	<b>\$15.74</b>	<b>\$8.78</b>	<b>\$1.61</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$153.80</b>										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
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Provider: <b>SGMC LAKELAND VILLA</b>				<u>Add-on Data and Percentag</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>	
Prvdr ID: <b>00141732A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.3710		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				28.85%		1.0%								
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.02		3.0%		Quarterly Medicaid:			1.3865		1.3706	
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
							a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																		
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts			(\$75,987)	\$27,411	\$0	\$0	\$0	(\$13,008)	(\$75,063)		(\$15,327)			
	As Filed Cost Center Costs (GL/PL)			<b>As Filed FY21 GL/PL Rpt</b>										\$44,625				
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>												\$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 Model Adjstmt to Routine Srvcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.3710</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$103.32										
12	Net Per Diems after Model Adjstmt to Routine Srvcs			RS = Ln 11, AllOthr = Ln 9				\$103.32	\$0.00	\$61.42	\$44.31		\$32.37	\$2.03	\$15.42	\$0.70		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)			per Peer Group Limits				\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$238.13	\$103.32	\$0.00	\$37.13	\$33.28		\$32.37	\$2.03	29.30 (FRV)	\$0.70		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$238.13	\$103.32	\$0.00	\$37.13	\$33.28	\$0.00	\$32.37	\$2.03	\$29.30	\$0.70		
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.3865</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$143.25										
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$278.06	\$143.25	\$0.00	\$37.13	\$33.28	\$0.00	\$32.37	\$2.03	\$29.30	\$0.70		
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)			Ln 19 Col b x CPS Add-on			\$1.43	\$1.43										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)			Ln 19 Col b x Stfng Add-on			\$4.30	\$4.30										
23	Nursing Home Provider Fee			(Fixed Amount)			\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts			Sum of Lns 20 thru 23			\$23.73	\$6.26	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$301.79</b>	<b>\$149.51</b>	<b>\$0.00</b>	<b>\$37.13</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$49.84</b>	<b>\$2.03</b>	<b>\$29.30</b>	<b>\$0.70</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$213.52</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>THE OAKS - LIMESTONE</b>				<u>Add-on Data and Percentag</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>		
Prvdr ID: <b>00141743A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.3364		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				36.59%		2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.31		5.0%		Quarterly Medicaid:			1.2674		1.3706		
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)			<b>As Filed FY21 GL/PL Rpt</b>										\$451,216					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>												\$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 As Filed Days = 23,828			FY21 Audited C/R Days			23,828												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,828			FY21 GL-PL Ins Rpt Days										23,828					
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.3364</b>											
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$104.62											
12	Net Per Diems after Model Adjstmt to Routine Srvcs			RS = Ln 11, AllOthr = Ln 9				\$104.62	\$0.00	\$21.38	\$37.46		\$43.25	\$18.94	\$27.69	\$3.37			
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)			per Peer Group Limits				\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$252.59	\$104.62	\$0.00	\$21.38	\$33.28		\$36.91	\$18.94	34.09 (FRV)	\$3.37			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$252.59	\$104.62	\$0.00	\$21.38	\$33.28	\$0.00	\$36.91	\$18.94	\$34.09	\$3.37			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.2674</b>											
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$132.60											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$280.56	\$132.60	\$0.00	\$21.38	\$33.28	\$0.00	\$36.91	\$18.94	\$34.09	\$3.37			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$0.23	\$0.01	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)			Ln 19 Col b x CPS Add-on			\$3.31	\$3.31											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)			Ln 19 Col b x Stfng Add-on			\$6.63	\$6.63											
23	Nursing Home Provider Fee			(Fixed Amount)			\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts			Sum of Lns 20 thru 23			\$27.27	\$9.95	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$307.83</b>	<b>\$142.55</b>	<b>\$0.00</b>	<b>\$21.60</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$18.94</b>	<b>\$34.09</b>	<b>\$3.37</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$218.05</b>												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>RENAISSANCE CENTER FOR NURSING AND HEALING</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>	
Prvdr ID: <b>00141754A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.5135		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				38.14%		2.5%								
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.40		5.0%		Quarterly Medicaid:			1.4350		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes									
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$173,982								
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmnt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5135</b>														
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.80														
12	Net Per Diems after Model Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.80	\$0.00	\$19.36	\$17.99		\$31.28	\$4.54	\$27.90	\$2.73						
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.44	\$68.80	\$0.00	\$19.36	\$17.99		\$31.28	\$4.54	8.74 (FRV)	\$2.73						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.44	\$68.80	\$0.00	\$19.36	\$17.99	\$0.00	\$31.28	\$4.54	\$8.74	\$2.73						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4350</b>														
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.73														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.37	\$98.73	\$0.00	\$19.36	\$17.99	\$0.00	\$31.28	\$4.54	\$8.74	\$2.73						
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see 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 Srvcs)	Ln 19 Col b x CPS Add-on	\$2.47	\$2.47														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$26.04	\$7.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$209.41</b>	<b>\$106.67</b>	<b>\$0.00</b>	<b>\$19.58</b>	<b>\$18.40</b>	<b>\$0.00</b>	<b>\$48.75</b>	<b>\$4.54</b>	<b>\$8.74</b>	<b>\$2.73</b>						
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$144.23</b>															

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>MAGNOLIA MANOR OF MARION COUNTY</b>				<u>Add-on Data and Percentag</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>	
Prvdr ID: <b>00141809A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.4617		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				39.34%		2.5%								
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				4.86		5.0%		Quarterly Medicaid:			1.6310		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes									
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$82,821)	\$0	\$0	\$0	\$0	\$0	(\$63,565)		(\$19,256)							
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$63,565								
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 19,058	FY21 Audited C/R Days	19,058															
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,058	FY21 GL-PL Ins Rpt Days								19,058								
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4617</b>														
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.20														
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.20	\$0.00	\$21.82	\$24.20		\$34.64	\$3.34	\$16.79	\$1.01						
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.42	\$85.20	\$0.00	\$21.82	\$24.20		\$34.64	\$3.34	28.21 (FRV)	\$1.01						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.42	\$85.20	\$0.00	\$21.82	\$24.20	\$0.00	\$34.64	\$3.34	\$28.21	\$1.01						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.6310</b>														
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.96														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$252.18	\$138.96	\$0.00	\$21.82	\$24.20	\$0.00	\$34.64	\$3.34	\$28.21	\$1.01						
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$3.47	\$3.47														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.95	\$6.95														
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	\$29.05	\$10.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$281.23</b>	<b>\$149.91</b>	<b>\$0.00</b>	<b>\$22.04</b>	<b>\$24.61</b>	<b>\$0.00</b>	<b>\$52.11</b>	<b>\$3.34</b>	<b>\$28.21</b>	<b>\$1.01</b>						
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$198.10</b>															

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
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Provider: <b>LEGACY TRANSITIONAL CARE &amp; REHABILITATION</b>				<u>Add-on Data and Percentage</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00141831A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.2389		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 30.56% 2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 2.90 3.0%				Quarterly Medicaid:		1.1696		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.2389									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.04									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$82.04	\$0.00	\$16.63	\$19.84		\$24.57	\$6.18	\$23.85	\$2.45	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.00	\$82.04	\$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 = 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	\$163.00	\$82.04	\$0.00	\$16.63	\$19.84	\$0.00	\$24.57	\$6.18	\$11.29	\$2.45	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.1696									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.95									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.91	\$95.95	\$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 = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.40	\$2.40									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.88	\$2.88									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.91	\$5.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$200.82	\$101.76	\$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	\$137.79										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>SADIE G. MAYS HEALTH &amp; REHABILITATION CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00141842A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.4865	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				35.25%	2.5%	Quarterly Medicaid:			1.4028	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.30	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$782,166)	\$0	\$0	\$0	(\$1,592)	(\$2,356)	(\$685,973)		(\$92,245)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$599,867				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4865</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.30										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.30	\$0.00	\$21.76	\$37.65		\$47.01	\$10.94	\$3.41	\$0.00		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.94	\$86.30	\$0.00	\$21.76	\$33.28		\$36.91	\$10.94	11.75 (FRV)	\$0.00		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.94	\$86.30	\$0.00	\$21.76	\$33.28	\$0.00	\$36.91	\$10.94	\$11.75	\$0.00		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4028</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.06										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.70	\$121.06	\$0.00	\$21.76	\$33.28	\$0.00	\$36.91	\$10.94	\$11.75	\$0.00		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.03	\$3.03										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.05	\$6.05										
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	\$9.83	\$9.61	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$245.53</b>	<b>\$130.67</b>	<b>\$0.00</b>	<b>\$21.98</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$36.91</b>	<b>\$10.94</b>	<b>\$11.75</b>	<b>\$0.00</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$184.15</b>											

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Provider: <b>MCRAE MANOR NURSING HOME</b>				<u>Add-on Data and Percentage</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00141853A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.2861	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:		30.26%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q		3.69	5.0%	Quarterly Medicaid:			1.4021	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>PDPM BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$379,000		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2861</b>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.73								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.73	\$0.00	\$21.38	\$25.40		\$30.52	\$12.30	\$0.53	\$1.66
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.02	\$87.73	\$0.00	\$21.38	\$25.40		\$30.52	\$12.30	11.03 (FRV)	\$1.66
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.02	\$87.73	\$0.00	\$21.38	\$25.40	\$0.00	\$30.52	\$12.30	\$11.03	\$1.66
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4021</b>								
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.29	\$123.01	\$0.00	\$21.38	\$25.40	\$0.00	\$30.52	\$12.30	\$11.03	\$1.66
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.08	\$3.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$27.86	\$9.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$253.15</b>	<b>\$132.77</b>	<b>\$0.00</b>	<b>\$21.60</b>	<b>\$25.81</b>	<b>\$0.00</b>	<b>\$47.99</b>	<b>\$12.30</b>	<b>\$11.03</b>	<b>\$1.66</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$177.04</b>									

PDPM Shadow Rates. This is not your rate.

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Provider: <b>MEADOWBROOK HEALTH AND REHAB</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00141864A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.4967 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 45.24% 5.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 4.26 2.0%				Quarterly Medicaid: 1.7648 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$274,660)	(\$2,428)	\$0	\$12,900	\$0	(\$12,900)	(\$121,896)		(\$150,336)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$118,078			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	FY21 Audited C/R Days	35,771										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,771	FY21 GL-PL Ins Rpt Days								35,771			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4967</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.33									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54.33	\$0.00	\$17.47	\$22.08		\$63.70	\$3.30	\$53.06	\$4.20	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.56	\$54.33	\$0.00	\$17.47	\$22.08		\$36.91	\$3.30	15.27 (FRV)	\$4.20	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.56	\$54.33	\$0.00	\$17.47	\$22.08	\$0.00	\$36.91	\$3.30	\$15.27	\$4.20	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.7648</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.88									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.11	\$95.88	\$0.00	\$17.47	\$22.08	\$0.00	\$36.91	\$3.30	\$15.27	\$4.20	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$5.27	\$5.27									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.92	\$1.92									
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	\$25.45	\$7.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$220.56</b>	<b>\$103.60</b>	<b>\$0.00</b>	<b>\$17.69</b>	<b>\$22.49</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$3.30</b>	<b>\$15.27</b>	<b>\$4.20</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$152.60</b>										

PDPM Shadow Rates. This is not your rate.



Quarterly Case Mix Per Diem Calculation

DEMONSTRATION ONLY

Provider: <b>Ridgecrest Rehab and Skilled Nursing Center</b> Prvdr ID: <b>00141886A</b> H/B ?: No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 40.0% Nurse Hours per On-Site Day/Quality Incentive: 4.76		Facility Score N/A 40.0% 4.76	Add-on Percent 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall PDPM: Qtrly Mcaid PDPM w RUG Wght Options:			Facility Specific 1.4491 1.2825	State-wide 1.5751 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>												
Type of Facility within Peer Group				1	1	2	1	1	1			
Bed Size Range within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs			FY2021 GL-PL Ins. Rpt							\$ 119,604		
Total Nursing Facility Days GL-PL Ins. Rpt			FY2021 GL-PL Ins. Rpt							31,299		
Standard Per Diem (After CMA for Routine Svcs)			FY 2021 Peer Group Limit	\$104.63		\$26.82	\$33.28		\$36.91		\$39.98	\$1.24
<u>Allowed @ 95% of Std</u>				\$99.40		\$25.48	\$31.62		\$35.06		\$39.98	\$1.24
Growth Allowance 0.0%				\$0.00	\$0.00	\$0.00	\$0.00		\$0.00			
CMA Allowed Per Diem (After Growth Allowance)				\$99.40		\$25.48	\$31.62		\$35.06	\$ 3.82	\$39.98	\$1.24
Quarterly Facility Case Mix Index for Medicaid Residents				<u>1.2825</u>							(FRV Rate)	
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$127.48								
Quarterly Medicaid CMA Allowed Per Diem				\$265.05	\$127.48	\$25.48	\$31.62		\$35.06	\$ 4.19	\$39.98	\$1.24
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)				\$3.19	\$3.19							
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%				\$3.82	\$3.82							
Nursing Home Provider Fee				\$17.10					17.10			
<b>Total Quarterly Per Diem Add-On Amounts</b>				\$24.11								
<b>Quarterly Case Mix Based Per Diem Rate</b>				<b>\$289.16</b>	<b>\$134.49</b>		<b>\$25.48</b>	<b>\$31.62</b>		<b>\$52.16</b>	<b>\$4.19</b>	<b>\$39.98</b> <b>\$1.24</b>
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>			<b>\$204.05</b>									

PDPM Shadow Rate. This is not your rate.

\* 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.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - MACON</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00141908A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.5225	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				23.78%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				2.81	5.0%	Quarterly Medicaid:			1.4730	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$1,405,478)	(\$262,561)	\$0	(\$433)	(\$43,890)	(\$46,658)	(\$942,775)		(\$109,161)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$981,353				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5225</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.64										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$79.64	\$0.00	\$16.24	\$27.23		\$28.66	\$17.79	\$7.57	\$0.58		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.73	\$79.64	\$0.00	\$16.24	\$27.23		\$28.66	\$17.79	8.59 (FRV)	\$0.58		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.73	\$79.64	\$0.00	\$16.24	\$27.23	\$0.00	\$28.66	\$17.79	\$8.59	\$0.58		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4730</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.31										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.40	\$117.31	\$0.00	\$16.24	\$27.23	\$0.00	\$28.66	\$17.79	\$8.59	\$0.58		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.17	\$1.17										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.87	\$5.87										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.67	\$7.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$242.07</b>	<b>\$124.88</b>	<b>\$0.00</b>	<b>\$16.46</b>	<b>\$27.64</b>	<b>\$0.00</b>	<b>\$46.13</b>	<b>\$17.79</b>	<b>\$8.59</b>	<b>\$0.58</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$168.73</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>MEMORIAL MANOR NURSING HOME</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00141919A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4043	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			33.96%	2.5%	Quarterly Medicaid:			1.2445	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			2.62	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$28,876			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 31,435	FY21 Audited C/R Days	31,435										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,435	FY21 GL-PL Ins Rpt Days								31,435			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4043</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.07									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75.07	\$0.00	\$41.78	\$25.34		\$18.29	\$0.92	\$4.90	\$1.62	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.32	\$75.07	\$0.00	\$37.13	\$25.34		\$18.29	\$0.92	10.95 (FRV)	\$1.62	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.32	\$75.07	\$0.00	\$37.13	\$25.34	\$0.00	\$18.29	\$0.92	\$10.95	\$1.62	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2445</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.42									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.67	\$93.42	\$0.00	\$37.13	\$25.34	\$0.00	\$18.29	\$0.92	\$10.95	\$1.62	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.34	\$2.34									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.80	\$2.80									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.55	\$5.67	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$211.22</b>	<b>\$99.09</b>	<b>\$0.00</b>	<b>\$37.13</b>	<b>\$25.75</b>	<b>\$0.00</b>	<b>\$35.76</b>	<b>\$0.92</b>	<b>\$10.95</b>	<b>\$1.62</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$145.59</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>MEDICAL MANAGEMENT HEALTH AND REHAB CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00141941A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.1603	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				16.88%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				2.94	3.0%	Quarterly Medicaid:			1.0418	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$120,542)	(\$13,314)	\$0	\$0	\$0	\$0	(\$44,860)		(\$62,368)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$0				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	FY21 Audited C/R Days	26,697											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,697	FY21 GL-PL Ins Rpt Days								26,697				
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.1603</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.54										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$79.54	\$0.00	\$14.88	\$19.49		\$26.68	\$0.00	\$7.66	\$2.34		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.44	\$79.54	\$0.00	\$14.88	\$19.49		\$26.68	\$0.00	8.51 (FRV)	\$2.34		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.44	\$79.54	\$0.00	\$14.88	\$19.49	\$0.00	\$26.68	\$0.00	\$8.51	\$2.34		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.0418</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.86										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.76	\$82.86	\$0.00	\$14.88	\$19.49	\$0.00	\$26.68	\$0.00	\$8.51	\$2.34		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.49	\$2.49										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.12	\$3.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$175.88</b>	<b>\$85.88</b>	<b>\$0.00</b>	<b>\$15.10</b>	<b>\$19.90</b>	<b>\$0.00</b>	<b>\$44.15</b>	<b>\$0.00</b>	<b>\$8.51</b>	<b>\$2.34</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$119.09</b>											

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>WARM SPRINGS MEDICAL CENTER NURSING HOME</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00141952A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.3077	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				29.85%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.49	2.0%	Quarterly Medicaid:			1.2615	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$40,843				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 26,843	FY21 Audited C/R Days	26,843											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,843	FY21 GL-PL Ins Rpt Days								26,843				
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3077</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.01										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.01	\$0.00	\$25.15	\$21.59		\$29.42	\$1.52	\$7.81	\$0.31		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.75	\$86.01	\$0.00	\$25.15	\$21.59		\$29.42	\$1.52	11.75 (FRV)	\$0.31		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.75	\$86.01	\$0.00	\$25.15	\$21.59	\$0.00	\$29.42	\$1.52	\$11.75	\$0.31		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2615</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.50										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.24	\$108.50	\$0.00	\$25.15	\$21.59	\$0.00	\$29.42	\$1.52	\$11.75	\$0.31		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$21.89	\$3.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$220.13</b>	<b>\$112.29</b>	<b>\$0.00</b>	<b>\$25.37</b>	<b>\$22.00</b>	<b>\$0.00</b>	<b>\$46.89</b>	<b>\$1.52</b>	<b>\$11.75</b>	<b>\$0.31</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$152.27</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>AZALEA HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00141963A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>EASTMAN HEALTHCARE &amp; REHAB</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00141974A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				Base Period Overall:		1.1803		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				Quarterly Medicaid:		1.2512		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$49,865			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 32,650	FY21 Audited C/R Days	32,643										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,650	FY21 GL-PL Ins Rpt Days								32,643			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.1803</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.47									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$74.47	\$0.00	\$17.12	\$16.13		\$21.12	\$1.53	\$18.61	\$1.43	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.73	\$74.47	\$0.00	\$17.12	\$16.13		\$21.12	\$1.53	8.93 (FRV)	\$1.43	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.73	\$74.47	\$0.00	\$17.12	\$16.13	\$0.00	\$21.12	\$1.53	\$8.93	\$1.43	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2512</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.18									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.43	\$93.18	\$0.00	\$17.12	\$16.13	\$0.00	\$21.12	\$1.53	\$8.93	\$1.43	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.33	\$2.33									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.80	\$2.80									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.76	\$5.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$183.19</b>	<b>\$98.84</b>	<b>\$0.00</b>	<b>\$17.34</b>	<b>\$16.54</b>	<b>\$0.00</b>	<b>\$38.59</b>	<b>\$1.53</b>	<b>\$8.93</b>	<b>\$1.43</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$124.57</b>										

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Calculation

DEMONSTRATION ONLY

Provider: <b>Magnolia Manor of Midway</b> Prvdr ID: <b>00141985A</b> H/B ?: No			<b>PDPM Shadow Rate For informational use only. This is NOT your rate</b> Case Mix Per Diem Rate Effective Date: <b>04/01/24</b> MDS & Nurse Hrs Data per Quarter Ending: 12/31/23			<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 31.8% Nurse Hours per On-Site Day/Quality Incentive: 4.64			Facility Score: 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall PDPM: Qtrly Mcaid PDPM w RUG Wght Options:			Facility Specific: 1.1860 1.3048	State-wide: 1.5751 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g		h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
<b>Cost Center Peer Groups per Selected Options</b>				<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>					
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities					
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%					
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%					
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Per Diem Costs and Add-ons</b>														
GL-PL- Insurance Costs			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	\$104.63		\$26.82	\$33.28		\$36.91		\$15.21	\$5.04		
<u>Allowed @ 95% of Std</u>				\$99.40		\$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)				\$99.40		\$25.48	\$31.62		\$35.06	\$ 3.75	\$15.21	\$5.04		
Quarterly Facility Case Mix Index for Medicaid Residents														
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				<u>1.3048</u>							(FRV Rate)			
Quarterly Medicaid CMA Allowed Per Diem				\$246.30	\$129.70	\$25.48	\$31.62		\$35.06	\$ 4.19	\$15.21	\$5.04		
<b>Quarterly Per Diem Add-On Amounts</b>														
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)				\$3.24	\$3.24									
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%				\$3.89	\$3.89									
Nursing Home Provider Fee				\$17.10					17.10					
<b>Total Quarterly Per Diem Add-On Amounts</b>				\$24.23										
<b>Quarterly Case Mix Based Per Diem Rate</b>				<b>\$270.53</b>	<b>\$136.83</b>		<b>\$25.48</b>	<b>\$31.62</b>		<b>\$52.16</b>	<b>\$4.19</b>	<b>\$15.21</b> <b>\$5.04</b>		
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>			<b>\$190.07</b>											

PDPM Shadow Rate. This is not your rate.

\* 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.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>MILLER NURSING HOME</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00141996A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:      N/A      0.00%				Base Period Overall:      3.1148      1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:      59.31%      5.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q      5.76      3.0%				Quarterly Medicaid:      3.0515      1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$136,051)	\$21,293	\$0	\$0	(\$11,859)	(\$16,124)	(\$99,935)		(\$29,426)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$69,303			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>3.1148</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.00									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$51.00	\$0.00	\$38.94	\$36.42		\$117.05	\$3.17	\$41.78	\$1.02	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.41	\$51.00	\$0.00	\$37.13	\$33.28		\$36.91	\$3.17	22.90 (FRV)	\$1.02	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.41	\$51.00	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.17	\$22.90	\$1.02	
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		<b>3.0515</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$155.63									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$290.03	\$155.63	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.17	\$22.90	\$1.02	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$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 Srvs)	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 Srvcs)	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	\$30.86	\$13.76	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$320.89</b>	<b>\$169.39</b>	<b>\$0.00</b>	<b>\$37.13</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$3.17</b>	<b>\$22.90</b>	<b>\$1.02</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$227.84</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>NEW HORIZONS LIMESTONE</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00142007A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:      N/A      0.00%				Base Period Overall:		1.4928		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:      10.00%      0.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q      3.58      2.0%				Quarterly Medicaid:		1.3962		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$63,292			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4928</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$106.22									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$106.22	\$0.00	\$44.21	\$40.53		\$44.59	\$1.72	\$21.88	\$0.16	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$225.68	\$104.63	\$0.00	\$37.13	\$33.28		\$36.91	\$1.72	11.85 (FRV)	\$0.16	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$225.68	\$104.63	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.72	\$11.85	\$0.16	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3962</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.08									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$267.13	\$146.08	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.72	\$11.85	\$0.16	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$20.02	\$2.92	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$287.15</b>	<b>\$149.00</b>	<b>\$0.00</b>	<b>\$37.13</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$1.72</b>	<b>\$11.85</b>	<b>\$0.16</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$202.54</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: MITCHELL CONVALESCENT CENTER				Add-on Data and Percentag				Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide					
Prvdr ID: 00142018A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.3060		1.4210	
PDPM Per Diem Rate Effective Date: 4/1/2024				Qtrly BIMS score:				36.11%		2.5%												
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23				Nurse Hrs per On-Site Day/Q				3.80		3.0%		Quarterly Medicaid:			1.4379		1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance										
			a	b	c	d	e	f	g	g	h	i										
PDPM BASED RATE CALCULATIONS																						
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1													
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities													
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes													
Peer Group Standards & Efficiency Measure Limits																						
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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 Adjstmts	\$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	15,621																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,621								15,621												
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.3060																		
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$115.54																		
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$115.54	\$0.00	\$37.57	\$43.94		\$39.60	\$0.95	\$16.24	\$0.37										
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$225.55	\$104.63	\$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	\$225.55	\$104.63	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$0.95	\$12.28	\$0.37										
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4379																		
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$150.45																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$271.37	\$150.45	\$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 ([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											
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.76	\$3.76																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.51	\$4.51																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.37	\$8.27	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$296.74	\$158.72	\$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	\$209.73																			

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>MONTEZUMA HEALTH CARE CENTER</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00142062A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.6659	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			45.61%	5.5%	Quarterly Medicaid:			1.3516	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.95	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$105,560			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	FY21 Audited C/R Days	18,941										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,941	FY21 GL-PL Ins Rpt Days								18,941			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.6659</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.49									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$74.49	\$0.00	\$20.85	\$27.68		\$36.33	\$5.57	\$8.66	\$0.54	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.46	\$74.49	\$0.00	\$20.85	\$27.68		\$36.33	\$5.57	13.00 (FRV)	\$0.54	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.46	\$74.49	\$0.00	\$20.85	\$27.68	\$0.00	\$36.33	\$5.57	\$13.00	\$0.54	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3516</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.68									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.65	\$100.68	\$0.00	\$20.85	\$27.68	\$0.00	\$36.33	\$5.57	\$13.00	\$0.54	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.54	\$5.54									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.03	\$5.03									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.20	\$11.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$233.85</b>	<b>\$111.78</b>	<b>\$0.00</b>	<b>\$21.07</b>	<b>\$28.09</b>	<b>\$0.00</b>	<b>\$53.80</b>	<b>\$5.57</b>	<b>\$13.00</b>	<b>\$0.54</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$162.56</b>										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>AVALON HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00142084A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3227	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			49.09%	5.5%	Quarterly Medicaid:			1.2562	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.59	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$93,600			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3227</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$101.85									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$101.85	\$0.00	\$21.09	\$24.13		\$38.45	\$4.32	\$15.85	\$0.43	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.89	\$101.85	\$0.00	\$21.09	\$24.13		\$36.91	\$4.32	11.16 (FRV)	\$0.43	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$199.89	\$101.85	\$0.00	\$21.09	\$24.13	\$0.00	\$36.91	\$4.32	\$11.16	\$0.43	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2562</b>									
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.94									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.98	\$127.94	\$0.00	\$21.09	\$24.13	\$0.00	\$36.91	\$4.32	\$11.16	\$0.43	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$7.04	\$7.04									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.40	\$6.40									
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	\$31.70	\$13.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$257.68</b>	<b>\$141.91</b>	<b>\$0.00</b>	<b>\$21.31</b>	<b>\$24.54</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$4.32</b>	<b>\$11.16</b>	<b>\$0.43</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$180.44</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - MOULTRIE</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00142095A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>RIVER BROOK HEALTHCARE CENTER</b>				<u>Add-on Data and Percentag</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00142106A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.2870	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:		22.06%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q		2.79	2.0%	Quarterly Medicaid:			1.2728	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>PDPM BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$56,973		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2870</b>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.54								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.54	\$0.00	\$14.11	\$13.64		\$21.44	\$1.94	\$9.17	\$0.84
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.87	\$64.54	\$0.00	\$14.11	\$13.64		\$21.44	\$1.94	7.36 (FRV)	\$0.84
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.87	\$64.54	\$0.00	\$14.11	\$13.64	\$0.00	\$21.44	\$1.94	\$7.36	\$0.84
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2728</b>								
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.48	\$82.15	\$0.00	\$14.11	\$13.64	\$0.00	\$21.44	\$1.94	\$7.36	\$0.84
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.64	\$1.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.09	\$2.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$162.57</b>	<b>\$85.14</b>	<b>\$0.00</b>	<b>\$14.33</b>	<b>\$14.05</b>	<b>\$0.00</b>	<b>\$38.91</b>	<b>\$1.94</b>	<b>\$7.36</b>	<b>\$0.84</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$109.10</b>									

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Provider: <b>ORCHARD VIEW REHABILITATION &amp; SKILLED NURSING CTR</b>				<u>Add-on Data and Percentage</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00142117A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:                      N/A                      0.00%				Base Period Overall:		1.4735		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:                      41.18%                      2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q                      5.07                      3.0%				Quarterly Medicaid:		1.4150		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$229,643)	\$53,664	\$0	\$0	\$0	\$0	(\$243,839)		(\$39,468)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$244,401			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 46,768	FY21 Audited C/R Days	46,768										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,768	FY21 GL-PL Ins Rpt Days								46,768			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4735</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$111.75									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$111.75	\$0.00	\$26.42	\$33.94		\$31.42	\$5.23	\$40.25	\$0.84	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$238.45	\$104.63	\$0.00	\$26.42	\$33.28		\$31.42	\$5.23	36.63 (FRV)	\$0.84	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$238.45	\$104.63	\$0.00	\$26.42	\$33.28	\$0.00	\$31.42	\$5.23	\$36.63	\$0.84	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4150</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$148.05									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$281.87	\$148.05	\$0.00	\$26.42	\$33.28	\$0.00	\$31.42	\$5.23	\$36.63	\$0.84	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.70	\$3.70									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.44	\$4.44									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.83	\$8.14	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$307.70</b>	<b>\$156.19</b>	<b>\$0.00</b>	<b>\$26.64</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$48.89</b>	<b>\$5.23</b>	<b>\$36.63</b>	<b>\$0.84</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$217.95</b>										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>SUMMERHILL ELDERLIVING HOME &amp; CARE</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>					
Prvdr ID: <b>00142139A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:		N/A		0.00%		Base Period Overall:		1.3194		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:		40.21%		2.5%		Quarterly Medicaid:		1.3142		1.3706	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q		4.92		6.0%							
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>															
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>															
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>															
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$391,539)	(\$125,707)	\$0	\$0	\$6,390	\$6,457	(\$183,334)		(\$95,345)				
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$235,416					
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3194</b>											
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$116.80											
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$116.80	\$0.00	\$26.23	\$29.54		\$28.26	\$4.78	\$5.61	\$1.84			
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.65	\$104.63	\$0.00	\$26.23	\$29.54		\$28.26	\$4.78	17.37 (FRV)	\$1.84			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>															
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.65	\$104.63	\$0.00	\$26.23	\$29.54	\$0.00	\$28.26	\$4.78	\$17.37	\$1.84			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3142</b>											
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.50											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.52	\$137.50	\$0.00	\$26.23	\$29.54	\$0.00	\$28.26	\$4.78	\$17.37	\$1.84			
<b>Quarterly Per Diem Add-on Amounts</b>															
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.44	\$3.44											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$8.25	\$8.25											
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	\$29.79	\$11.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$275.31</b>	<b>\$149.19</b>	<b>\$0.00</b>	<b>\$26.45</b>	<b>\$29.95</b>	<b>\$0.00</b>	<b>\$45.73</b>	<b>\$4.78</b>	<b>\$17.37</b>	<b>\$1.84</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$193.66</b>												

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>HERITAGE INN HEALTH AND REHABILITATION</b>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide	
Prvdr ID: <b>00142161A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.2536		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			26.53%		1.0%								
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			2.89		4.0%		Quarterly Medicaid:			1.3160		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance					
			a	b	c	d	e	f	g	g	h	i					
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																	
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes								
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%								
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%								
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37								
<b>Base Period Per Diem Allowed Amounts</b>																	
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$144,412)	(\$2,480)	\$0	(\$607)	\$0	(\$385)	(\$104,488)		(\$36,452)						
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$96,980							
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2536</b>													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.87													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.87	\$0.00	\$19.21	\$20.87		\$29.22	\$4.56	\$19.41	\$1.71					
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.55	\$79.87	\$0.00	\$19.21	\$20.87		\$29.22	\$4.56	8.11 (FRV)	\$1.71					
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.55	\$79.87	\$0.00	\$19.21	\$20.87	\$0.00	\$29.22	\$4.56	\$8.11	\$1.71					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3160</b>													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.11													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.79	\$105.11	\$0.00	\$19.21	\$20.87	\$0.00	\$29.22	\$4.56	\$8.11	\$1.71					
<b>Quarterly Per Diem Add-on Amounts</b>																	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00						
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.20	\$4.20													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.88	\$5.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00					
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$212.67</b>	<b>\$110.89</b>	<b>\$0.00</b>	<b>\$19.43</b>	<b>\$21.28</b>	<b>\$0.00</b>	<b>\$46.69</b>	<b>\$4.56</b>	<b>\$8.11</b>	<b>\$1.71</b>					
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$146.68</b>														

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>NURSE CARE OF BUCKHEAD</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00142183A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PINEWOOD NURSING CENTER</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00142205A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.1128	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			25.86%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			2.30	2.0%	Quarterly Medicaid:			1.0937	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$48,024			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.1128</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.33									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.33	\$0.00	\$16.43	\$28.00		\$53.93	\$2.68	\$26.33	\$3.51	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.11	\$61.33	\$0.00	\$16.43	\$28.00		\$36.91	\$2.68	8.25 (FRV)	\$3.51	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.11	\$61.33	\$0.00	\$16.43	\$28.00	\$0.00	\$36.91	\$2.68	\$8.25	\$3.51	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.0937</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$67.08									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.85	\$67.08	\$0.00	\$16.43	\$28.00	\$0.00	\$36.91	\$2.68	\$8.25	\$3.51	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.67	\$0.67									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.34	\$1.34									
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	\$20.27	\$2.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$183.12</b>	<b>\$69.62</b>	<b>\$0.00</b>	<b>\$16.65</b>	<b>\$28.41</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$2.68</b>	<b>\$8.25</b>	<b>\$3.51</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$124.52</b>										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>OAKVIEW HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00142238A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.3249 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 29.57% 1.0%				Quarterly Medicaid: 1.2956 1.3706					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.11 5.0%									
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>PDPM BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmts	(\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3249									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.66									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.66	\$0.00	\$18.55	\$21.32		\$29.33	\$3.45	\$24.24	\$1.03	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.18	\$77.66	\$0.00	\$18.55	\$21.32		\$29.33	\$3.45	15.84 (FRV)	\$1.03	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.18	\$77.66	\$0.00	\$18.55	\$21.32	\$0.00	\$29.33	\$3.45	\$15.84	\$1.03	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2956									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.62									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.14	\$100.62	\$0.00	\$18.55	\$21.32	\$0.00	\$29.33	\$3.45	\$15.84	\$1.03	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.03	\$5.03									
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	\$7.57	\$6.57	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$197.71	\$107.19	\$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	\$148.28										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>OAK VIEW HOME, INC</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>		
Prvdr ID: <b>00142249A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.2490		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				38.46%		2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.30		4.0%		Quarterly Medicaid:			1.2176		1.3706		
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)			<b>As Filed FY21 GL/PL Rpt</b>										\$107,380					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>												\$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 Model Adjstmt to Routine Srvcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.2490</b>											
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$92.56											
12	Net Per Diems after Model Adjstmt to Routine Srvcs			RS = Ln 11, AllOthr = Ln 9				\$92.56	\$0.00	\$17.23	\$24.41		\$32.85	\$3.71	\$10.22	\$0.91			
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)			per Peer Group Limits				\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$181.92	\$92.56	\$0.00	\$17.23	\$24.41		\$32.85	\$3.71	10.25 (FRV)	\$0.91			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$181.92	\$92.56	\$0.00	\$17.23	\$24.41	\$0.00	\$32.85	\$3.71	\$10.25	\$0.91			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.2176</b>											
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$112.70											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$202.06	\$112.70	\$0.00	\$17.23	\$24.41	\$0.00	\$32.85	\$3.71	\$10.25	\$0.91			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)			Ln 19 Col b x CPS Add-on			\$2.82	\$2.82											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)			Ln 19 Col b x Stfng Add-on			\$4.51	\$4.51											
23	Nursing Home Provider Fee			(Fixed Amount)			\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts			Sum of Lns 20 thru 23			\$25.96	\$7.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$228.02</b>	<b>\$120.56</b>	<b>\$0.00</b>	<b>\$17.45</b>	<b>\$24.82</b>	<b>\$0.00</b>	<b>\$50.32</b>	<b>\$3.71</b>	<b>\$10.25</b>	<b>\$0.91</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$158.19</b>												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>THE OAKS NURSING HOME, INC.</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00142271A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.3983	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				47.50%	5.5%	Quarterly Medicaid:			1.5177	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.74	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$80,874)	(\$370)	\$0	\$0	\$0	\$0	(\$48,592)		(\$31,912)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$44,590				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3983</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.23										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.23	\$0.00	\$19.77	\$27.92		\$26.62	\$2.11	\$0.52	\$1.51		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.15	\$76.23	\$0.00	\$19.77	\$27.92		\$26.62	\$2.11	14.99 (FRV)	\$1.51		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.15	\$76.23	\$0.00	\$19.77	\$27.92	\$0.00	\$26.62	\$2.11	\$14.99	\$1.51		
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		<b>1.5177</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.69										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.62	\$115.69	\$0.00	\$19.77	\$27.92	\$0.00	\$26.62	\$2.11	\$14.99	\$1.51		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$6.36	\$6.36										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$30.77	\$12.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$239.39</b>	<b>\$128.36</b>	<b>\$0.00</b>	<b>\$19.99</b>	<b>\$28.33</b>	<b>\$0.00</b>	<b>\$44.09</b>	<b>\$2.11</b>	<b>\$14.99</b>	<b>\$1.51</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$166.72</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - OLD CAPITOL</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00142304A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.3011	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				53.62%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.92	5.0%	Quarterly Medicaid:			1.3376	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$615,542				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 35,467	FY21 Audited C/R Days	35,467											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,467	FY21 GL-PL Ins Rpt Days								35,467				
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3011</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.75										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69.75	\$0.00	\$16.43	\$20.13		\$25.11	\$17.36	\$7.37	\$0.21		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.31	\$69.75	\$0.00	\$16.43	\$20.13		\$25.11	\$17.36	8.32 (FRV)	\$0.21		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.31	\$69.75	\$0.00	\$16.43	\$20.13	\$0.00	\$25.11	\$17.36	\$8.32	\$0.21		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3376</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.30										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.85	\$93.30	\$0.00	\$16.43	\$20.13	\$0.00	\$25.11	\$17.36	\$8.32	\$0.21		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$5.13	\$5.13										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$28.42	\$10.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$209.27</b>	<b>\$103.62</b>	<b>\$0.00</b>	<b>\$16.65</b>	<b>\$20.54</b>	<b>\$0.00</b>	<b>\$42.58</b>	<b>\$17.36</b>	<b>\$8.32</b>	<b>\$0.21</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$144.13</b>											

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - OCILLA</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00142315A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.4770		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 18.97% 0.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.88 4.0%				Quarterly Medicaid:		1.5230		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
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	\$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 As Filed Days = 20,479	FY21 Audited C/R Days	20,479										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,479	FY21 GL-PL Ins Rpt Days								20,479			
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4770									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.71									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.71	\$0.00	\$13.60	\$31.67		\$35.32	\$17.50	\$7.77	\$1.31	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.19	\$78.71	\$0.00	\$13.60	\$31.67		\$35.32	\$17.50	10.08 (FRV)	\$1.31	
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	\$188.19	\$78.71	\$0.00	\$13.60	\$31.67	\$0.00	\$35.32	\$17.50	\$10.08	\$1.31	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5230									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.88									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.36	\$119.88	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	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 Model Based Per Diem Rate	Ln 19 + Ln 24	\$252.79	\$125.21	\$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	\$176.77										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PALEMON GASKINS MEM NSG HOME</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00142326A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.1108 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 35.29% 2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 4.44 3.0%				Quarterly Medicaid: 1.3036 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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 Adjstmts	(\$189,736)	(\$19,967)	\$0	(\$238,717)	(\$26,039)	(\$22,647)	(\$1,927)		\$119,561		
	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 As Filed Days = 9,231	FY21 Audited C/R Days	9,231										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 9,231	FY21 GL-PL Ins Rpt Days								9,231			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.1108									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$125.10									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$125.10	\$0.00	\$30.95	\$27.26		\$56.45	\$1.36	\$7.94	\$0.32	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.79	\$104.63	\$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 = 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	\$216.79	\$104.63	\$0.00	\$30.95	\$27.26	\$0.00	\$36.91	\$1.36	\$15.36	\$0.32	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3036									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.40									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.56	\$136.40	\$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 ([Std - 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 = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.41	\$3.41									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$25.23	\$7.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$273.79	\$143.90	\$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	\$192.52										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - PALMYRA</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00142337A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>WELLSTAR PAULDING NURSING CTR</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00142359A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.3937 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 39.25% 2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.89 4.0%				Quarterly Medicaid: 1.2936 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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	FY21 Audited C/R Days	42,862										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,862	FY21 GL-PL Ins Rpt Days								42,862			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.3937									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$163.45									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$163.45	\$0.00	\$55.27	\$87.05		\$84.40	\$3.04	\$105.18	\$0.00	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$225.29	\$104.63	\$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 = 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	\$225.29	\$104.63	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.04	\$10.30	\$0.00	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2936									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.35									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$256.01	\$135.35	\$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 ([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		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.38	\$3.38									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.41	\$5.41									
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	\$8.79	\$8.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$264.80	\$144.14	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.04	\$10.30	\$0.00	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$198.60										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>THE LODGE</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>			
Prvdr ID: <b>00142381A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A				0.00%		Base Period Overall:			1.4795		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>								Qtrly BIMS score: 25.00%				1.0%								
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>								Nurse Hrs per On-Site Day/Q 4.75				3.0%		Quarterly Medicaid:			1.5650		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance								
			a	b	c	d	e	f	g	g	h	i								
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																				
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes											
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
<b>Base Period Per Diem Allowed Amounts</b>																				
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$174,200)	(\$13,947)	\$0	\$0	\$0	\$0	(\$156,782)		(\$3,471)									
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$148,646										
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4795</b>																
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.02																
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.02	\$0.00	\$26.50	\$35.72		\$45.23	\$6.98	\$6.29	\$0.16								
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A									
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.08	\$91.02	\$0.00	\$26.50	\$33.28		\$36.91	\$6.98	34.23 (FRV)	\$0.16								
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																				
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$229.08	\$91.02	\$0.00	\$26.50	\$33.28	\$0.00	\$36.91	\$6.98	\$34.23	\$0.16								
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.5650</b>																
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.45																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$280.50	\$142.45	\$0.00	\$26.50	\$33.28	\$0.00	\$36.91	\$6.98	\$34.23	\$0.16								
<b>Quarterly Per Diem Add-on Amounts</b>																				
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00									
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.42	\$1.42																
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.27	\$4.27																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.54	\$6.22	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00								
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$304.04</b>	<b>\$148.67</b>	<b>\$0.00</b>	<b>\$26.72</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$6.98</b>	<b>\$34.23</b>	<b>\$0.16</b>								
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$215.21</b>																	

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>PELHAM PARKWAY NURSING HM</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00142425A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.2280	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				31.82%	2.5%	Quarterly Medicaid:			1.2386	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.36	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$39,254				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2280</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$105.90										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$105.90	\$0.00	\$26.96	\$40.01		\$38.85	\$1.12	\$15.86	\$0.38		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.49	\$104.63	\$0.00	\$26.96	\$33.28		\$36.91	\$1.12	13.21 (FRV)	\$0.38		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.49	\$104.63	\$0.00	\$26.96	\$33.28	\$0.00	\$36.91	\$1.12	\$13.21	\$0.38		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2386</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.59										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.45	\$129.59	\$0.00	\$26.96	\$33.28	\$0.00	\$36.91	\$1.12	\$13.21	\$0.38		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.24	\$3.24										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$24.45	\$7.13	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$265.90</b>	<b>\$136.72</b>	<b>\$0.00</b>	<b>\$27.18</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$1.12</b>	<b>\$13.21</b>	<b>\$0.38</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$186.60</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>PRUITTHEALTH - JASPER</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00142436A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5543	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			22.45%	1.0%	Quarterly Medicaid:			1.3156	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.73	6.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$258,122			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model 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 Model for All Residents	from 2 qtrs of FY21		<b>1.5543</b>									
11	Routine Srvc Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.54									
12	Net Per Diems after Model Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.54	\$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		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.29	\$81.54	\$0.00	\$20.55	\$30.10		\$36.91	\$14.97	16.56 (FRV)	\$0.66	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.29	\$81.54	\$0.00	\$20.55	\$30.10	\$0.00	\$36.91	\$14.97	\$16.56	\$0.66	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3156</b>									
18	Qtrly Routine Srvc Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.27									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.03	\$107.27	\$0.00	\$20.55	\$30.10	\$0.00	\$36.91	\$14.97	\$16.56	\$0.66	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.44	\$6.44									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.77	\$8.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$252.80</b>	<b>\$115.31</b>	<b>\$0.00</b>	<b>\$20.77</b>	<b>\$30.51</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$14.97</b>	<b>\$16.56</b>	<b>\$0.66</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$176.78</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>HARBORVIEW PIERCE COUNTY</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00142447A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.4814	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				26.32%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.94	3.0%	Quarterly Medicaid:			1.6144	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$92,429				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model 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 Model for All Residents	from 2 qtrs of FY21		<b>1.4814</b>										
11	Routine Srvc Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.32										
12	Net Per Diems after Model Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.32	\$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		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.18	\$81.32	\$0.00	\$19.16	\$26.42		\$32.98	\$4.28	17.93 (FRV)	\$5.09		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.18	\$81.32	\$0.00	\$19.16	\$26.42	\$0.00	\$32.98	\$4.28	\$17.93	\$5.09		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.6144</b>										
18	Qtrly Routine Srvc Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.28										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.14	\$131.28	\$0.00	\$19.16	\$26.42	\$0.00	\$32.98	\$4.28	\$17.93	\$5.09		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.31	\$1.31										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.94	\$3.94										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.88	\$5.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$261.02</b>	<b>\$137.06</b>	<b>\$0.00</b>	<b>\$19.38</b>	<b>\$26.83</b>	<b>\$0.00</b>	<b>\$50.45</b>	<b>\$4.28</b>	<b>\$17.93</b>	<b>\$5.09</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$182.94</b>											

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PINE KNOLL NURSING &amp; REHAB CTR</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00142458A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4035	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			18.99%	0.0%	Quarterly Medicaid:			1.4049	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.00	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>PDPM BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$12,462			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4035</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.10									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.10	\$0.00	\$18.62	\$17.90		\$39.27	\$0.36	\$22.69	\$1.20	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.78	\$77.10	\$0.00	\$18.62	\$17.90		\$36.91	\$0.36	8.69 (FRV)	\$1.20	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.78	\$77.10	\$0.00	\$18.62	\$17.90	\$0.00	\$36.91	\$0.36	\$8.69	\$1.20	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4049</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.32									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.00	\$108.32	\$0.00	\$18.62	\$17.90	\$0.00	\$36.91	\$0.36	\$8.69	\$1.20	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.25	\$3.25									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.51	\$3.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$213.51</b>	<b>\$112.10</b>	<b>\$0.00</b>	<b>\$18.84</b>	<b>\$18.31</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$0.36</b>	<b>\$8.69</b>	<b>\$1.20</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$147.31</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>CROSSVIEW CARE CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00142502A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:									

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>PINEWOOD MANOR NURSING HOME &amp; REHABILITATION CNTR</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>		
Prvdr ID: <b>00142513A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.4551		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			41.18%		2.5%								
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			4.36		3.0%		Quarterly Medicaid:			1.3847		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance					
			a	b	c	d	e	f	g	g	h	i					
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																	
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>								
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%								
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%								
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37								
<b>Base Period Per Diem Allowed Amounts</b>																	
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$69,429)	\$0	\$0	\$0	\$0	\$0	(\$50,456)		(\$18,973)						
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$50,456							
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4551</b>													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.33													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.33	\$0.00	\$34.41	\$22.71		\$41.57	\$1.89	\$15.85	\$0.71					
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.91	\$62.33	\$0.00	\$34.41	\$22.71		\$36.91	\$1.89	9.95 (FRV)	\$0.71					
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.91	\$62.33	\$0.00	\$34.41	\$22.71	\$0.00	\$36.91	\$1.89	\$9.95	\$0.71					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3847</b>													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.31													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.89	\$86.31	\$0.00	\$34.41	\$22.71	\$0.00	\$36.91	\$1.89	\$9.95	\$0.71					
<b>Quarterly Per Diem Add-on Amounts</b>																	
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00						
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.16	\$2.16													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.59	\$2.59													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.01	\$5.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00					
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$215.90</b>	<b>\$91.59</b>	<b>\$0.00</b>	<b>\$34.63</b>	<b>\$23.12</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$1.89</b>	<b>\$9.95</b>	<b>\$0.71</b>					
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$149.10</b>														

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>LILLIAN G CARTER HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00142524A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.5771	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				58.14%	5.5%	Quarterly Medicaid:			1.3993	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.86	2.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$152,551)	(\$3,158)	\$0	(\$774)	\$0	(\$541)	(\$115,510)		(\$32,568)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$105,950				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5771</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.14										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$74.14	\$0.00	\$18.67	\$21.32		\$28.94	\$3.91	\$18.15	\$1.20		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.86	\$74.14	\$0.00	\$18.67	\$21.32		\$28.94	\$3.91	10.68 (FRV)	\$1.20		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.86	\$74.14	\$0.00	\$18.67	\$21.32	\$0.00	\$28.94	\$3.91	\$10.68	\$1.20		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3993</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.74										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.47	\$103.74	\$0.00	\$18.67	\$21.32	\$0.00	\$28.94	\$3.91	\$10.68	\$1.20		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$5.71	\$5.71										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$26.41	\$8.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$214.88</b>	<b>\$112.05</b>	<b>\$0.00</b>	<b>\$18.89</b>	<b>\$21.73</b>	<b>\$0.00</b>	<b>\$46.41</b>	<b>\$3.91</b>	<b>\$10.68</b>	<b>\$1.20</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$148.34</b>											

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>THE PLACE AT MARTINEZ</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>		
Prvdr ID: <b>00142535A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.3238		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				21.15%		1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				4.19		3.0%		Quarterly Medicaid:			1.2069		1.3706		
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Svcs 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)			<b>As Filed FY21 GL/PL Rpt</b>										\$407,626					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>												\$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 Model Adjstmt to Routine Svcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.3238</b>											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$98.27											
12	Net Per Diems after Model Adjstmt to Routine Svcs			RS = Ln 11, AllOthr = Ln 9				\$98.27	\$0.00	\$22.72	\$21.05		\$31.24	\$17.97	\$15.38	\$3.94			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)			per Peer Group Limits				\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$206.52	\$98.27	\$0.00	\$22.72	\$21.05		\$31.24	\$17.97	11.33 (FRV)	\$3.94			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$206.52	\$98.27	\$0.00	\$22.72	\$21.05	\$0.00	\$31.24	\$17.97	\$11.33	\$3.94			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.2069</b>											
18	Qtrtrly Routine Svcs Model 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			\$226.85	\$118.60	\$0.00	\$22.72	\$21.05	\$0.00	\$31.24	\$17.97	\$11.33	\$3.94			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)			Ln 19 Col b x CPS Add-on			\$1.19	\$1.19											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)			Ln 19 Col b x Stfng Add-on			\$3.56	\$3.56											
23	Nursing Home Provider Fee			(Fixed Amount)			\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts			Sum of Lns 20 thru 23			\$23.38	\$5.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$250.23</b>	<b>\$123.88</b>	<b>\$0.00</b>	<b>\$22.94</b>	<b>\$21.46</b>	<b>\$0.00</b>	<b>\$48.71</b>	<b>\$17.97</b>	<b>\$11.33</b>	<b>\$3.94</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$174.85</b>												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PLEASANT VIEW NURSING CENTER</b>				<u>Add-on Data and Percentage</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM Facility</u>		<u>PDPM Statewide</u>	
Prvdr ID: <b>00142546A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.2147		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 29.59% 1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 2.44 2.0%				Quarterly Medicaid:		1.0802		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$159,905)	\$0	\$0	\$0	\$0	\$0	(\$103,136)		(\$56,769)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$80,018			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2147</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.36									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.36	\$0.00	\$12.53	\$16.70		\$24.89	\$2.09	\$14.83	\$1.49	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.75	\$66.36	\$0.00	\$12.53	\$16.70		\$24.89	\$2.09	9.69 (FRV)	\$1.49	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.75	\$66.36	\$0.00	\$12.53	\$16.70	\$0.00	\$24.89	\$2.09	\$9.69	\$1.49	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.0802</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$71.68									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$139.08	\$71.68	\$0.00	\$12.53	\$16.70	\$0.00	\$24.89	\$2.09	\$9.69	\$1.49	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.72	\$0.72									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.43	\$1.43									
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	\$20.78	\$2.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$159.86</b>	<b>\$74.36</b>	<b>\$0.00</b>	<b>\$12.75</b>	<b>\$17.11</b>	<b>\$0.00</b>	<b>\$42.36</b>	<b>\$2.09</b>	<b>\$9.69</b>	<b>\$1.49</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$107.07</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>CEDAR VALLEY NSG &amp; REHAB CTR</b>				<u>Add-on Data and Percentag</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>	
Prvdr ID: <b>00142557A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.4166		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				35.19%		2.5%								
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				2.82		3.0%		Quarterly Medicaid:			1.2845		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes									
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$45,855)	(\$81,570)	\$0	(\$14,056)	\$0	\$14,056	\$71,355		(\$35,640)							
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$10,215								
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 27,936	FY21 Audited C/R Days	27,936															
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,936	FY21 GL-PL Ins Rpt Days								27,936								
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4166</b>														
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.36														
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.36	\$0.00	\$18.09	\$19.30		\$41.11	\$0.37	\$25.62	\$1.28						
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.22	\$64.36	\$0.00	\$18.09	\$19.30		\$36.91	\$0.37	9.91 (FRV)	\$1.28						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.22	\$64.36	\$0.00	\$18.09	\$19.30	\$0.00	\$36.91	\$0.37	\$9.91	\$1.28						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2845</b>														
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.67														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.53	\$82.67	\$0.00	\$18.09	\$19.30	\$0.00	\$36.91	\$0.37	\$9.91	\$1.28						
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00							
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.07	\$2.07														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.48	\$2.48														
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10									
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.81	\$5.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$191.34</b>	<b>\$87.75</b>	<b>\$0.00</b>	<b>\$18.31</b>	<b>\$19.71</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$0.37</b>	<b>\$9.91</b>	<b>\$1.28</b>						
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$130.68</b>															

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>PRESBYTERIAN HOME, QUITMAN, IN</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00142579A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.4246		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 44.80% 2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 4.07 3.0%				Quarterly Medicaid:		1.4769		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>PDPM BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$100,742)	\$0	\$0	\$0	\$0	\$0	(\$71,846)		(\$28,896)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$100,151			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 59,903	FY21 Audited C/R Days	59,903										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 59,903	FY21 GL-PL Ins Rpt Days								59,903			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4246</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.28									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$82.28	\$0.00	\$28.20	\$25.18		\$36.77	\$1.67	\$11.98	\$0.48	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.14	\$82.28	\$0.00	\$26.82	\$25.18		\$36.77	\$1.67	18.94 (FRV)	\$0.48	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.14	\$82.28	\$0.00	\$26.82	\$25.18	\$0.00	\$36.77	\$1.67	\$18.94	\$0.48	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4769</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.52									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.38	\$121.52	\$0.00	\$26.82	\$25.18	\$0.00	\$36.77	\$1.67	\$18.94	\$0.48	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.04	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.10		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.04	\$3.04									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.65	\$3.65									
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$7.73	\$7.22	\$0.00	\$0.00	\$0.41	\$0.00	\$0.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$239.11</b>	<b>\$128.74</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$25.59</b>	<b>\$0.00</b>	<b>\$36.87</b>	<b>\$1.67</b>	<b>\$18.94</b>	<b>\$0.48</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$179.33</b>										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>BRYANT HEALTH AND REHABILITATION CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00142601A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.1534	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				21.57%	1.0%	Quarterly Medicaid:			1.3354	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				2.51	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$95,751				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 20,952	FY21 Audited C/R Days	20,952											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,952	FY21 GL-PL Ins Rpt Days								20,952				
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.1534</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.71										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.71	\$0.00	\$15.87	\$19.82		\$23.12	\$4.57	\$33.01	\$1.37		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.14	\$78.71	\$0.00	\$15.87	\$19.82		\$23.12	\$4.57	9.68 (FRV)	\$1.37		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.14	\$78.71	\$0.00	\$15.87	\$19.82	\$0.00	\$23.12	\$4.57	\$9.68	\$1.37		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3354</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.11										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.54	\$105.11	\$0.00	\$15.87	\$19.82	\$0.00	\$23.12	\$4.57	\$9.68	\$1.37		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.15	\$3.15										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.83	\$4.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$202.37</b>	<b>\$109.84</b>	<b>\$0.00</b>	<b>\$16.09</b>	<b>\$20.23</b>	<b>\$0.00</b>	<b>\$40.59</b>	<b>\$4.57</b>	<b>\$9.68</b>	<b>\$1.37</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.95</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: PROVIDENCE HEALTHCARE				Add-on Data and Percentage				Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide	
Prvdr ID: 00142612A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.4823		1.4210	
PDPM Per Diem Rate Effective Date: 4/1/2024				Qtrly BIMS score:				31.67%		2.5%								
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23				Nurse Hrs per On-Site Day/Q				2.60		2.0%		Quarterly Medicaid:			1.3691		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
PDPM 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 Srvcs 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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.4823														
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.55														
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69.55	\$0.00	\$18.03	\$20.39		\$29.84	\$4.32	\$34.26	\$0.77						
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.65	\$69.55	\$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 = 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	\$151.65	\$69.55	\$0.00	\$18.03	\$20.39	\$0.00	\$29.84	\$4.32	\$8.75	\$0.77						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3691														
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.22														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.32	\$95.22	\$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 = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.38	\$2.38														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$22.91	\$4.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00						
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$200.23	\$100.03	\$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	\$137.35															

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Rate Calculations

**DEMONSTRATION ONLY**

Provider: <b>Providence HC Sparta</b>			<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide	
Prvdr ID: <b>00142623A</b>			PDPM Shadow Rate For informational use only. This is NOT your rate		Growth Allowance:	N/A	0.00%	Base Period Overall PDPM:			1.3209	1.3617
H/B ?: No			Case Mix Per Diem Rate Effective Date: <b>04/01/24</b>		BIMS	12.2%	0.0%					
			MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:	2.82	2.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.2837	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2020 FY2020 C/R -FY 2020 GL-PL Rpt 1,764,172 381,955 403,459 (5,910) 712,778 56,970 502,948 29,364												
Inflation (July 2012) @ 4.30% FY 2020 Cost Rpt 75,859 16,424 17,095 30,649 1,263												
Patient Days FY 20 GL-PL Ins Rpt Days 19,899 19,899 19,899 19,899 19,899												
Total Nursing Facility Days GL-PL Ins. Rpt												
Inflated NHC/ Patient Days 92.47 20.02 20.84 37.36 2.86 25.28 1.54												
Base Period Facility CMI for all Residents 1.3209												
Routine Services Case Mix Adjusted Net Per Diem \$70.00												
Net Per Diems After Case Mix Adjustments \$177.90 \$70.00 \$20.02 \$20.84 \$37.36 \$2.86 \$25.28 1.54												
Per Diem Standards \$104.63 \$26.82 \$33.28 \$36.91												
Base Period Case Mix Adjusted Allowed Per Diem \$161.96 \$70.00 \$20.02 \$20.84 \$36.91 \$2.86 9.79 1.54												
Quarterly Per Diem Rate Prior to Add-Ons (FRV Rate)												
Growth Allowance 0.00% \$0.00 \$0.00 \$0.00 \$0.00												
CMA Allowed Per Diem After Growth Allowance \$161.96 \$70.00 \$20.02 \$20.84 \$36.91 \$2.86 \$9.79 \$1.54												
Quarterly Facility Case Mix Index for Medicaid Residents 1.2837												
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem \$89.86												
Quarterly Medicaid CMA Allowed Per Diem \$181.82 \$89.86 \$20.02 \$20.84 \$36.91 \$2.86 \$9.79 \$1.54												
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0) \$1.16 \$0.53 \$0.22 \$0.41 \$0.00												
BIMS Add-on Per Diem = 0.0% (to Routine Svcs) \$0.00 0.00												
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% \$1.80 1.80												
Nursing Home Provider Fee \$ 17.10 \$ 17.10												
Total Quarterly Per Diem Add-On Amounts \$20.06												
Quarterly Case Mix Based Per Diem Rate \$201.88 \$92.19 \$20.24 \$21.25 \$54.01 \$2.86 \$9.79 \$1.54												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75% \$138.59												

**PDPM Shadow Rate. This is not your rate.**

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>GREENE POINT HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>		
Prvdr ID: <b>00142634A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.2927		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				12.20%		0.0%		Quarterly Medicaid:			1.2421		1.3706		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.34		5.0%									
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b>PDPM BASED RATE CALCULATIONS</b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)			<b>As Filed FY21 GL/PL Rpt</b>										\$52,845					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>												\$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 Model Adjstmt to Routine Srvcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.2927</b>											
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$99.47											
12	Net Per Diems after Model Adjstmt to Routine Srvcs			RS = Ln 11, AllOthr = Ln 9				\$99.47	\$0.00	\$22.57	\$30.81		\$36.60	\$3.49	\$17.91	\$1.16			
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)			per Peer Group Limits				\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$207.13	\$99.47	\$0.00	\$22.57	\$30.81		\$36.60	\$3.49	13.03 (FRV)	\$1.16			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$207.13	\$99.47	\$0.00	\$22.57	\$30.81	\$0.00	\$36.60	\$3.49	\$13.03	\$1.16			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.2421</b>											
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$123.55											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$231.21	\$123.55	\$0.00	\$22.57	\$30.81	\$0.00	\$36.60	\$3.49	\$13.03	\$1.16			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$1.39	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.23		\$0.00				
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)			Ln 19 Col b x CPS Add-on			\$0.00	\$0.00											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)			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			\$24.67	\$6.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.33	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$255.88</b>	<b>\$130.26</b>	<b>\$0.00</b>	<b>\$22.79</b>	<b>\$31.22</b>	<b>\$0.00</b>	<b>\$53.93</b>	<b>\$3.49</b>	<b>\$13.03</b>	<b>\$1.16</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$179.09</b>												

PDPM Shadow Rates. This is not your rate.



Quarterly Case Mix Per Diem Rate Calculations

**DEMONSTRATION ONLY**

Provider: <b>Warrenton H&amp;R</b>			<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: <b>00142645A</b>			<b>PDPM Shadow Rate For informational use only. This is NOT your rate</b>		Growth Allowance:	N/A	0.00%	Base Period Overall PDPM:				1.3209	1.3617
H/B ?: No			Case Mix Per Diem Rate Effective Date: <b>04/01/24</b>			BIMS	15.6%						
			MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		3.48	3.0%		Qtrly Mcaid PDPM w RUG Wght Options:		0.6500	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g		h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
<b>Cost Center Peer Groups per Selected Options</b>													
Type of Facility within Peer Group													
Bed Size Range within Peer Group													
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
Peer Group Standards: Percentile													
Peer Group Standards: Multiplier													
Efficiency Measures (Maximums)													
<b>Base Period Per Diem Allowed Amounts</b>													
Net Historical Cost 2020													
FY2020 C/R - FY 2020 GL-PL Rpt													
Inflation (July 2021) @ 4.30%													
Patient Days													
FY 2020 Cost Rpt													
FY 20 GL-PL Ins Rpt Days													
Total Nursing Facility Days GL-PL Ins. Rpt													
Inflated NHC/ Patient Days													
Base Period Facility CMI for all Residents													
Routine Services Case Mix Adjusted Net Per Diem													
Net Per Diems After Case Mix Adjustments													
Per Diem Standards													
Base Period Case Mix Adjusted Allowed Per Diem													
<b>Quarterly Per Diem Rate Prior to Add-Ons</b>													
Growth Allowance 0.00%													
CMA Allowed Per Diem After Growth Allowance													
Quarterly Facility Case Mix Index for Medicaid Residents													
Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem													
Quarterly Medicaid CMA Allowed Per Diem													
<b>Quarterly Per Diem Add-On Amounts</b>													
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)													
BIMS Add-on Per Diem = 0.0% (to Routine Srvc)													
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%													
Nursing Home Provider Fee													
Total Quarterly Per Diem Add-On Amounts													
<b>Quarterly Case Mix Based Per Diem Rate</b>													
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%													

**PDPM Shadow Rate. This is not your rate.**

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>ORCHARD HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>		
Prvdr ID: <b>00142656A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.2429		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				37.68%		2.5%		Quarterly Medicaid:			1.2443		1.3706		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.39		5.0%									
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b>PDPM BASED RATE CALCULATIONS</b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)			<b>As Filed FY21 GL/PL Rpt</b>										\$109,415					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>													\$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 As Filed Days = 24,631			FY21 Audited C/R Days			24,741												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,631			FY21 GL-PL Ins Rpt Days										24,741					
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.2429</b>											
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$88.05											
12	Net Per Diems after Model Adjstmt to Routine Srvcs			RS = Ln 11, AllOthr = Ln 9				\$88.05	\$0.00	\$20.23	\$21.30		\$27.33	\$4.42	\$7.15	\$0.96			
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)			per Peer Group Limits				\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$171.51	\$88.05	\$0.00	\$20.23	\$21.30		\$27.33	\$4.42	9.22 (FRV)	\$0.96			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$171.51	\$88.05	\$0.00	\$20.23	\$21.30	\$0.00	\$27.33	\$4.42	\$9.22	\$0.96			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.2443</b>											
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$109.56											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$193.02	\$109.56	\$0.00	\$20.23	\$21.30	\$0.00	\$27.33	\$4.42	\$9.22	\$0.96			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)			Ln 19 Col b x CPS Add-on			\$2.74	\$2.74											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)			Ln 19 Col b x Stfng Add-on			\$5.48	\$5.48											
23	Nursing Home Provider Fee			(Fixed Amount)			\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts			Sum of Lns 20 thru 23			\$26.85	\$8.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$219.87</b>	<b>\$118.31</b>	<b>\$0.00</b>	<b>\$20.45</b>	<b>\$21.71</b>	<b>\$0.00</b>	<b>\$44.80</b>	<b>\$4.42</b>	<b>\$9.22</b>	<b>\$0.96</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$152.08</b>												

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>HERITAGE INN OF SANDERSVILLE HEALTH AND REHAB</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00142678A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3351	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			35.85%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.50	5.0%	Quarterly Medicaid:			1.2924	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmtns	(\$99,857)	(\$2,112)	\$0	(\$517)	\$0	(\$371)	(\$69,313)		(\$27,544)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$62,920			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmnt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3351</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.97									
12	Net Per Diems after Model Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.97	\$0.00	\$20.03	\$22.02		\$27.83	\$3.48	\$18.70	\$1.52	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.63	\$85.97	\$0.00	\$20.03	\$22.02		\$27.83	\$3.48	11.78 (FRV)	\$1.52	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.63	\$85.97	\$0.00	\$20.03	\$22.02	\$0.00	\$27.83	\$3.48	\$11.78	\$1.52	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2924</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.11									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.76	\$111.11	\$0.00	\$20.03	\$22.02	\$0.00	\$27.83	\$3.48	\$11.78	\$1.52	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.78	\$2.78									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.56	\$5.56									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.97	\$8.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$224.73</b>	<b>\$119.98</b>	<b>\$0.00</b>	<b>\$20.25</b>	<b>\$22.43</b>	<b>\$0.00</b>	<b>\$45.30</b>	<b>\$3.48</b>	<b>\$11.78</b>	<b>\$1.52</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$155.72</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>JESUP HEALTH AND REHAB</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>		
Prvdr ID: <b>00142689A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.7621		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				22.22%		1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.60		4.0%		Quarterly Medicaid:			1.7800		1.3706		
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)			<b>As Filed FY21 GL/PL Rpt</b>										\$16,669					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>												\$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 Model Adjstmt to Routine Srvcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.7621</b>											
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$52.90											
12	Net Per Diems after Model Adjstmt to Routine Srvcs			RS = Ln 11, AllOthr = Ln 9				\$52.90	\$0.00	\$18.59	\$24.84		\$47.32	\$0.94	\$19.64	\$1.01			
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)			per Peer Group Limits				\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$143.13	\$52.90	\$0.00	\$18.59	\$24.84		\$36.91	\$0.94	7.94 (FRV)	\$1.01			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$143.13	\$52.90	\$0.00	\$18.59	\$24.84	\$0.00	\$36.91	\$0.94	\$7.94	\$1.01			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.7800</b>											
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$94.16											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$184.39	\$94.16	\$0.00	\$18.59	\$24.84	\$0.00	\$36.91	\$0.94	\$7.94	\$1.01			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)			Ln 19 Col b x CPS Add-on			\$0.94	\$0.94											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)			Ln 19 Col b x Stfng Add-on			\$3.77	\$3.77											
23	Nursing Home Provider Fee			(Fixed Amount)			\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts			Sum of Lns 20 thru 23			\$22.97	\$5.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$207.36</b>	<b>\$99.40</b>	<b>\$0.00</b>	<b>\$18.81</b>	<b>\$25.25</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$0.94</b>	<b>\$7.94</b>	<b>\$1.01</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$142.70</b>												

PDPM Shadow Rates. This is not your rate.



**PDPM Shadow Rates. No impact on current period.**  
**For informational use only.**

Provider: COLQUITT REGIONAL SENIOR CARE & REHABILITATION				Add-on Data and Percentage			Facility Model (PDPM) Data		PDPM			
Prvdr ID: 00142711A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Score		Percent		Facility		Statewide		
PDPM Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:		N/A		Base Period Overall:		1.6431		
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23				Qtrly BIMS score:		17.50%				1.4210		
				Nurse Hrs per On-Site Day/Q		3.55		Quarterly Medicaid:		1.3942		
						3.0%				1.3706		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$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	FY21 Audited C/R Days	17,007									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,007	FY21 GL-PL Ins Rpt Days								17,007		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.6431								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.19								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.19	\$0.00	\$19.43	\$27.09		\$59.59	\$0.27	\$30.01	\$3.02
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.38	\$63.19	\$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 = 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	\$168.38	\$63.19	\$0.00	\$19.43	\$27.09	\$0.00	\$36.91	\$0.27	\$18.47	\$3.02
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3942								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.29	\$88.10	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$20.90	\$3.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$214.19	\$91.27	\$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	\$147.82									

**PDPM Shadow Rates. This is not your rate.**

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>BUCHANAN HEALTHCARE CENTER</b>				<u>Add-on Data and Percentage</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00142722A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.3629	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:		30.00%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q		3.16	2.0%	Quarterly Medicaid:			1.4502	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>PDPM BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$138,993)	(\$23,335)	\$0	\$0	\$0	\$0	(\$92,686)		(\$22,972)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$92,686		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 17,870	FY21 Audited C/R Days	17,870									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,870	FY21 GL-PL Ins Rpt Days								17,870		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3629</b>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.53								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.53	\$0.00	\$16.39	\$19.98		\$70.25	\$5.19	\$17.97	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.04	\$76.53	\$0.00	\$16.39	\$19.98		\$36.91	\$5.19	11.75 (FRV)	\$1.29
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.04	\$76.53	\$0.00	\$16.39	\$19.98	\$0.00	\$36.91	\$5.19	\$11.75	\$1.29
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4502</b>								
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.49	\$110.98	\$0.00	\$16.39	\$19.98	\$0.00	\$36.91	\$5.19	\$11.75	\$1.29
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.77	\$2.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.22	\$2.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.25	\$5.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$225.74</b>	<b>\$116.50</b>	<b>\$0.00</b>	<b>\$16.61</b>	<b>\$20.39</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$5.19</b>	<b>\$11.75</b>	<b>\$1.29</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$156.48</b>									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>THE RETREAT</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>		
Prvdr ID: <b>00142733A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.4209		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				31.58%		2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.97		3.0%		Quarterly Medicaid:			1.2400		1.3706		
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Svcs 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				
	As Filed Cost Center Costs (GL/PL)			<b>As Filed FY21 GL/PL Rpt</b>										\$15,820					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>												\$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 As Filed Days = 19,704			FY21 Audited C/R Days			19,704												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,704			FY21 GL-PL Ins Rpt Days										19,704					
9	Net Per Diems prior to Model Adjstmt to Routine Svcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.4209</b>											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$91.03											
12	Net Per Diems after Model Adjstmt to Routine Svcs			RS = Ln 11, AllOthr = Ln 9				\$91.03	\$0.00	\$39.64	\$24.99		\$29.21	\$0.80	\$11.07	\$0.00			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)			per Peer Group Limits				\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$192.14	\$91.03	\$0.00	\$37.13	\$24.99		\$29.21	\$0.80	8.98 (FRV)	\$0.00			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$192.14	\$91.03	\$0.00	\$37.13	\$24.99	\$0.00	\$29.21	\$0.80	\$8.98	\$0.00			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.2400</b>											
18	Qtrtrly Routine Svcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$112.88											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$213.99	\$112.88	\$0.00	\$37.13	\$24.99	\$0.00	\$29.21	\$0.80	\$8.98	\$0.00			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)			Ln 19 Col b x CPS Add-on			\$2.82	\$2.82											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)			Ln 19 Col b x Stfng Add-on			\$3.39	\$3.39											
23	Nursing Home Provider Fee			(Fixed Amount)			\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts			Sum of Lns 20 thru 23			\$24.62	\$6.74	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$238.61</b>	<b>\$119.62</b>	<b>\$0.00</b>	<b>\$37.13</b>	<b>\$25.40</b>	<b>\$0.00</b>	<b>\$46.68</b>	<b>\$0.80</b>	<b>\$8.98</b>	<b>\$0.00</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$166.13</b>												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>RIDGEWOOD MANOR HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00142744A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.4182	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				34.43%	2.5%	Quarterly Medicaid:			1.3000	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				5.06	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmts	(\$186,534)	(\$3,505)	\$0	\$6,897	(\$77,554)	(\$2,843)	(\$109,529)		\$0			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$51,996				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 25,728	FY21 Audited C/R Days	25,728											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,728	FY21 GL-PL Ins Rpt Days								25,728				
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4182</b>										
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.19										
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$95.19	\$0.00	\$23.15	\$27.46		\$55.52	\$2.02	\$13.94	\$0.40		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.99	\$95.19	\$0.00	\$23.15	\$27.46		\$36.91	\$2.02	9.86 (FRV)	\$0.40		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.99	\$95.19	\$0.00	\$23.15	\$27.46	\$0.00	\$36.91	\$2.02	\$9.86	\$0.40		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3000</b>										
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.75										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.55	\$123.75	\$0.00	\$23.15	\$27.46	\$0.00	\$36.91	\$2.02	\$9.86	\$0.40		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.09	\$3.09										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$25.06	\$7.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$248.61</b>	<b>\$131.08</b>	<b>\$0.00</b>	<b>\$23.37</b>	<b>\$27.87</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$2.02</b>	<b>\$9.86</b>	<b>\$0.40</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$173.63</b>											

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>HARBORVIEW SATILLA</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>		
Prvdr ID: <b>00142755A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.4025		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				8.20%		0.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.33		3.0%		Quarterly Medicaid:			1.5084		1.3706		
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmts			(\$192,360)	(\$69,707)	\$0	\$0	\$0	(\$3,513)	(\$69,489)		(\$49,651)				
	As Filed Cost Center Costs (GL/PL)			<b>As Filed FY21 GL/PL Rpt</b>										\$138,917					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>												\$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			FY21 Audited C/R Days			29,283												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,283			FY21 GL-PL Ins Rpt Days										29,283					
9	Net Per Diems prior to Model Adjstmt to Routine Svcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.4025</b>											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$70.20											
12	Net Per Diems after Model Adjstmt to Routine Svcs			RS = Ln 11, AllOthr = Ln 9				\$70.20	\$0.00	\$17.25	\$21.86		\$39.08	\$4.74	\$27.25	\$2.55			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)			per Peer Group Limits				\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$167.12	\$70.20	\$0.00	\$17.25	\$21.86		\$36.91	\$4.74	13.61 (FRV)	\$2.55			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$167.12	\$70.20	\$0.00	\$17.25	\$21.86	\$0.00	\$36.91	\$4.74	\$13.61	\$2.55			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.5084</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$105.89											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$202.81	\$105.89	\$0.00	\$17.25	\$21.86	\$0.00	\$36.91	\$4.74	\$13.61	\$2.55			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)			Ln 19 Col b x CPS Add-on			\$0.00	\$0.00											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)			Ln 19 Col b x Stfng Add-on			\$3.18	\$3.18											
23	Nursing Home Provider Fee			(Fixed Amount)			\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts			Sum of Lns 20 thru 23			\$21.44	\$3.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$224.25</b>	<b>\$109.60</b>	<b>\$0.00</b>	<b>\$17.47</b>	<b>\$22.27</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$4.74</b>	<b>\$13.61</b>	<b>\$2.55</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$155.36</b>												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>ETOWAH LANDING</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00142766A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3342	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			27.27%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			2.65	3.0%	Quarterly Medicaid:			1.6760	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$207,141			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3342</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.44									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.44	\$0.00	\$18.24	\$16.05		\$31.47	\$7.03	\$18.06	\$1.61	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.01	\$78.44	\$0.00	\$18.24	\$16.05		\$31.47	\$7.03	9.17 (FRV)	\$1.61	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.01	\$78.44	\$0.00	\$18.24	\$16.05	\$0.00	\$31.47	\$7.03	\$9.17	\$1.61	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.6760</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.47									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.04	\$131.47	\$0.00	\$18.24	\$16.05	\$0.00	\$31.47	\$7.03	\$9.17	\$1.61	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.31	\$1.31									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.94	\$3.94									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.88	\$5.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$238.92</b>	<b>\$137.25</b>	<b>\$0.00</b>	<b>\$18.46</b>	<b>\$16.46</b>	<b>\$0.00</b>	<b>\$48.94</b>	<b>\$7.03</b>	<b>\$9.17</b>	<b>\$1.61</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$166.37</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>ROBERTA HEALTH AND REHAB</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>		
Prvdr ID: <b>00142777A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.3411		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				48.21%		5.5%		Quarterly Medicaid:			1.5619		1.3706		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.63		3.0%									
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b>PDPM BASED RATE CALCULATIONS</b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts			(\$114,175)	(\$11,911)	\$0	\$0	\$0	\$0	(\$44,529)		(\$57,735)				
	As Filed Cost Center Costs (GL/PL)			<b>As Filed FY21 GL/PL Rpt</b>										\$43,750					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>													\$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 As Filed Days = 26,018			FY21 Audited C/R Days			26,018												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,018			FY21 GL-PL Ins Rpt Days										26,018					
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.3411</b>											
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$54.07											
12	Net Per Diems after Model Adjstmt to Routine Srvcs			RS = Ln 11, AllOthr = Ln 9				\$54.07	\$0.00	\$13.01	\$17.19		\$58.66	\$1.68	\$25.81	\$2.22			
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)			per Peer Group Limits				\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$133.08	\$54.07	\$0.00	\$13.01	\$17.19		\$36.91	\$1.68	8.00 (FRV)	\$2.22			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$133.08	\$54.07	\$0.00	\$13.01	\$17.19	\$0.00	\$36.91	\$1.68	\$8.00	\$2.22			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.5619</b>											
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$84.45											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$163.46	\$84.45	\$0.00	\$13.01	\$17.19	\$0.00	\$36.91	\$1.68	\$8.00	\$2.22			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvcs)			Ln 19 Col b x CPS Add-on			\$4.64	\$4.64											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)			Ln 19 Col b x Stfng Add-on			\$2.53	\$2.53											
23	Nursing Home Provider Fee			(Fixed Amount)			\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts			Sum of Lns 20 thru 23			\$25.43	\$7.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$188.89</b>	<b>\$92.15</b>	<b>\$0.00</b>	<b>\$13.23</b>	<b>\$17.60</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$1.68</b>	<b>\$8.00</b>	<b>\$2.22</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$128.84</b>												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>TWIN FOUNTAINS HOME</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00142843A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2432	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			36.36%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.20	3.0%	Quarterly Medicaid:			1.1385	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>PDPM BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$49,751			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2432</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.60									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$89.60	\$0.00	\$33.53	\$56.93		\$161.80	\$1.69	\$31.27	\$0.00	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.84	\$89.60	\$0.00	\$33.53	\$33.28		\$36.91	\$1.69	11.83 (FRV)	\$0.00	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$206.84	\$89.60	\$0.00	\$33.53	\$33.28	\$0.00	\$36.91	\$1.69	\$11.83	\$0.00	
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		<b>1.1385</b>									
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.01									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.25	\$102.01	\$0.00	\$33.53	\$33.28	\$0.00	\$36.91	\$1.69	\$11.83	\$0.00	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.55	\$2.55									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.06	\$3.06									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.46	\$6.14	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$242.71</b>	<b>\$108.15</b>	<b>\$0.00</b>	<b>\$33.75</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$1.69</b>	<b>\$11.83</b>	<b>\$0.00</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$169.21</b>										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>WINDER HEALTH CARE &amp; REHAB CTR</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00142854A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.4068		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 17.86% 0.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 2.81 3.0%				Quarterly Medicaid:		1.3194		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 As Filed Days = 39,368	FY21 Audited C/R Days	39,368										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,368	FY21 GL-PL Ins Rpt Days								39,368			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.4068									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.88									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73.88	\$0.00	\$26.32	\$22.84		\$21.82	\$4.45	\$8.83	\$1.38	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.51	\$73.88	\$0.00	\$26.32	\$22.84		\$21.82	\$4.45	12.82 (FRV)	\$1.38	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.51	\$73.88	\$0.00	\$26.32	\$22.84	\$0.00	\$21.82	\$4.45	\$12.82	\$1.38	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3194									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.48									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.11	\$97.48	\$0.00	\$26.32	\$22.84	\$0.00	\$21.82	\$4.45	\$12.82	\$1.38	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$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	\$21.55	\$3.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$208.66	\$100.93	\$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	\$143.67										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>DADE HEALTH AND REHAB</b>				<u>Add-on Data and Percentage</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00142865A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.3721		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 36.67% 2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.89 3.0%				Quarterly Medicaid:		1.4808		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
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	\$3,707,714	\$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 Model 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 Model for All Residents	from 2 qtrs of FY21		1.3721									
11	Routine Srvc Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.50									
12	Net Per Diems after Model Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$92.50	\$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		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.89	\$92.50	\$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 = 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	\$180.89	\$92.50	\$0.00	\$19.16	\$23.90	\$0.00	\$28.22	\$6.57	\$9.90	\$0.64	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4808									
18	Qtrly Routine Srvc Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.97									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.37	\$136.97	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.42	\$3.42									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.11	\$4.11									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.16	\$8.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$251.53	\$145.03	\$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	\$175.82										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>SAVANNAH BEACH HEALTH AND REHAB</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00142876A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.1031 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 33.33% 2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 2.70 3.0%				Quarterly Medicaid: 1.0242 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.1031									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.90									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.90	\$0.00	\$15.31	\$27.08		\$22.63	\$3.00	\$25.30	\$3.60	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.17	\$91.90	\$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	\$175.17	\$91.90	\$0.00	\$15.31	\$27.08	\$0.00	\$22.63	\$3.00	\$11.65	\$3.60	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.0242									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.12									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.39	\$94.12	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$2.35	\$2.35									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.82	\$2.82									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.80	\$5.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$201.19	\$99.82	\$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	\$138.07										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>SEARS MANOR NURSING HOME</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00142898A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.4020	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				30.77%	2.5%	Quarterly Medicaid:			1.4014	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				4.71	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$138,929)	\$0	\$0	\$0	\$0	\$0	(\$86,191)		(\$52,738)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$86,191				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 22,338	FY21 Audited C/R Days	22,338											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,338	FY21 GL-PL Ins Rpt Days								22,338				
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4020</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.76										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$107.76	\$0.00	\$28.23	\$28.24		\$32.35	\$3.86	\$13.15	\$2.36		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$209.15	\$104.63	\$0.00	\$26.82	\$28.24		\$32.35	\$3.86	10.89 (FRV)	\$2.36		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$209.15	\$104.63	\$0.00	\$26.82	\$28.24	\$0.00	\$32.35	\$3.86	\$10.89	\$2.36		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4014</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.63										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$251.15	\$146.63	\$0.00	\$26.82	\$28.24	\$0.00	\$32.35	\$3.86	\$10.89	\$2.36		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.78	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.67	\$3.67										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.33	\$7.33										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.88	\$11.00	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$280.03</b>	<b>\$157.63</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$28.65</b>	<b>\$0.00</b>	<b>\$49.82</b>	<b>\$3.86</b>	<b>\$10.89</b>	<b>\$2.36</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$197.20</b>											

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>SEMINOLE MANOR NURSING HOME</b>				<u>Add-on Data and Percentage</u>				<u>Facility Model (PDPM) Data</u>				<u>PDPM</u>	<u>PDPM</u>
Prvdr ID: <b>00142909A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				Base Period Overall:				1.2473	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				Quarterly Medicaid:				1.2393	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q									
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>PDPM BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$42,211)	\$0	\$0	\$0	(\$9,295)	(\$8,348)	(\$11,038)		(\$13,530)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$11,038			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 20,968	FY21 Audited C/R Days	20,968										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,968	FY21 GL-PL Ins Rpt Days								20,968			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2473</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$93.08									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$93.08	\$0.00	\$37.13	\$44.79		\$29.80	\$0.53	\$18.31	\$0.63	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.63	\$93.08	\$0.00	\$37.13	\$33.28		\$29.80	\$0.53	10.18 (FRV)	\$0.63	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.63	\$93.08	\$0.00	\$37.13	\$33.28	\$0.00	\$29.80	\$0.53	\$10.18	\$0.63	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2393</b>									
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.35									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.90	\$115.35	\$0.00	\$37.13	\$33.28	\$0.00	\$29.80	\$0.53	\$10.18	\$0.63	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.46	\$3.46									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.61	\$5.14	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$249.51</b>	<b>\$120.49</b>	<b>\$0.00</b>	<b>\$37.13</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$47.27</b>	<b>\$0.53</b>	<b>\$10.18</b>	<b>\$0.63</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$174.31</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>VISTA PARK HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>	
Prvdr ID: <b>00142931A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.3688		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			35.14%		2.5%		Quarterly Medicaid:			1.3908		1.3706	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			4.31		5.0%								
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance					
			a	b	c	d	e	f	g	g	h	i					
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																	
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes								
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																	
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%								
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%								
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37								
<b>Base Period Per Diem Allowed Amounts</b>																	
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmts	(\$316,410)	(\$4,832)	\$0	(\$1,183)	\$0	(\$1,236)	(\$248,192)		(\$60,967)						
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$174,720							
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3688</b>													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.31													
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.31	\$0.00	\$20.52	\$19.96		\$28.91	\$4.22	\$26.17	\$1.47					
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.88	\$75.31	\$0.00	\$20.52	\$19.96		\$28.91	\$4.22	21.49 (FRV)	\$1.47					
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.88	\$75.31	\$0.00	\$20.52	\$19.96	\$0.00	\$28.91	\$4.22	\$21.49	\$1.47					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3908</b>													
18	Qtrtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.74													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.31	\$104.74	\$0.00	\$20.52	\$19.96	\$0.00	\$28.91	\$4.22	\$21.49	\$1.47					
<b>Quarterly Per Diem Add-on Amounts</b>																	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00						
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.62	\$2.62													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.24	\$5.24													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.49	\$8.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00					
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$227.80</b>	<b>\$113.13</b>	<b>\$0.00</b>	<b>\$20.74</b>	<b>\$20.37</b>	<b>\$0.00</b>	<b>\$46.38</b>	<b>\$4.22</b>	<b>\$21.49</b>	<b>\$1.47</b>					
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$158.03</b>														

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>ROSS MEMORIAL HEALTH CARE CTR</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00142942A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3695	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			45.00%	5.5%	Quarterly Medicaid:			1.3174	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			2.79	2.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmts	(\$199,732)	(\$34,745)	\$0	\$0	\$0	\$0	(\$73,619)		(\$91,368)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$60,353			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3695</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$109.77									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$109.77	\$0.00	\$26.73	\$32.38		\$24.82	\$2.42	\$8.91	\$3.66	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.33	\$104.63	\$0.00	\$26.73	\$32.38		\$24.82	\$2.42	13.69 (FRV)	\$3.66	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$208.33	\$104.63	\$0.00	\$26.73	\$32.38	\$0.00	\$24.82	\$2.42	\$13.69	\$3.66	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3174</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.84									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.54	\$137.84	\$0.00	\$26.73	\$32.38	\$0.00	\$24.82	\$2.42	\$13.69	\$3.66	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.85	\$0.00	\$0.00	\$0.07	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.58	\$7.58									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.76	\$2.76									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.29	\$10.34	\$0.00	\$0.07	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$269.83</b>	<b>\$148.18</b>	<b>\$0.00</b>	<b>\$26.80</b>	<b>\$32.79</b>	<b>\$0.00</b>	<b>\$42.29</b>	<b>\$2.42</b>	<b>\$13.69</b>	<b>\$3.66</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$189.55</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - SHEPHERD HILLS</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00142964A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4051	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			24.18%	1.0%	Quarterly Medicaid:			1.2390	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.26	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>PDPM BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$543,178)	(\$114,484)	\$0	\$0	\$0	\$534	(\$375,162)		(\$54,066)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$486,905			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4051</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.47									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.47	\$0.00	\$17.06	\$25.20		\$28.07	\$14.01	\$5.10	\$1.35	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.69	\$77.47	\$0.00	\$17.06	\$25.20		\$28.07	\$14.01	8.53 (FRV)	\$1.35	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.69	\$77.47	\$0.00	\$17.06	\$25.20	\$0.00	\$28.07	\$14.01	\$8.53	\$1.35	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2390</b>									
18	Qtrly Routine Srvcs Model 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	\$190.20	\$95.99	\$0.00	\$17.06	\$25.20	\$0.00	\$28.07	\$14.01	\$8.53	\$1.35	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.80	\$4.80									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.39	\$6.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$214.59</b>	<b>\$102.28</b>	<b>\$0.00</b>	<b>\$17.28</b>	<b>\$25.61</b>	<b>\$0.00</b>	<b>\$45.54</b>	<b>\$14.01</b>	<b>\$8.53</b>	<b>\$1.35</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$148.12</b>										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>GOLD CITY HEALTH AND REHAB</b>				<u>Add-on Data and Percentage</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00142975A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.5817		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 32.84% 2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 2.83 2.0%				Quarterly Medicaid:		1.2913		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmts	(\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5817									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.91									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.91	\$0.00	\$12.47	\$16.04		\$28.05	\$0.00	\$5.06	\$1.14	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.05	\$52.91	\$0.00	\$12.47	\$16.04		\$28.05	\$0.00	9.44 (FRV)	\$1.14	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.05	\$52.91	\$0.00	\$12.47	\$16.04	\$0.00	\$28.05	\$0.00	\$9.44	\$1.14	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2913									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$68.32									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$135.46	\$68.32	\$0.00	\$12.47	\$16.04	\$0.00	\$28.05	\$0.00	\$9.44	\$1.14	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.71	\$1.71									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.37	\$1.37									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.71	\$3.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$157.17	\$71.93	\$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	\$105.05										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>SIGNATURE HEALTHCARE OF MARIETTA</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00142986A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.4270 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 22.47% 1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.26 3.0%				Quarterly Medicaid: 1.3870 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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 Adjstmts	(\$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 As Filed Days = 43,226	FY21 Audited C/R Days	43,226										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,226	FY21 GL-PL Ins Rpt Days								43,226			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.4270									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.86									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$98.86	\$0.00	\$20.04	\$19.30		\$54.08	\$5.61	\$51.73	\$3.16	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.84	\$98.86	\$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 = 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	\$198.84	\$98.86	\$0.00	\$20.04	\$19.30	\$0.00	\$36.91	\$5.61	\$14.96	\$3.16	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3870									
18	Qtrly Routine Srvcs Model 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	\$237.10	\$137.12	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.37	\$1.37									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.11	\$4.11									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.74	\$6.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$260.84	\$143.13	\$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	\$182.81										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - FAIRBURN</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00142997A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.4632		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 12.28% 0.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.87 5.0%				Quarterly Medicaid:		1.4161		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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 Adjstmts	(\$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 As Filed Days = 20,659	FY21 Audited C/R Days	20,659										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,659	FY21 GL-PL Ins Rpt Days								20,659			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.4632									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.09									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.09	\$0.00	\$22.58	\$27.25		\$41.38	\$17.23	\$12.54	\$2.82	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.96	\$87.09	\$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 = 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	\$207.96	\$87.09	\$0.00	\$22.58	\$27.25	\$0.00	\$36.91	\$17.23	\$14.08	\$2.82	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4161									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.33									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.20	\$123.33	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.17	\$6.17									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.43	\$6.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$268.63	\$130.03	\$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	\$188.65										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>SMITH MEDICAL NURSING CARE CTR</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00143008A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2637	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			40.63%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			2.43	0.0%	Quarterly Medicaid:			1.2332	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$74,360			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 14,616	FY21 Audited C/R Days	14,616										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,616	FY21 GL-PL Ins Rpt Days								14,616			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2637</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.08									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$42.08	\$0.00	\$14.65	\$12.83		\$26.26	\$5.09	\$0.24	\$1.28	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$113.64	\$42.08	\$0.00	\$14.65	\$12.83		\$26.26	\$5.09	11.45 (FRV)	\$1.28	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$113.64	\$42.08	\$0.00	\$14.65	\$12.83	\$0.00	\$26.26	\$5.09	\$11.45	\$1.28	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2332</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$51.89									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$123.45	\$51.89	\$0.00	\$14.65	\$12.83	\$0.00	\$26.26	\$5.09	\$11.45	\$1.28	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.93	\$1.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$143.38</b>	<b>\$53.72</b>	<b>\$0.00</b>	<b>\$14.87</b>	<b>\$13.24</b>	<b>\$0.00</b>	<b>\$43.73</b>	<b>\$5.09</b>	<b>\$11.45</b>	<b>\$1.28</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$94.71</b>										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>SOCIAL CIRCLE NSG &amp; REHAB CTR</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00143041A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.4915 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 27.91% 1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.12 3.0%				Quarterly Medicaid: 1.3081 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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 Adjstmts	(\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.4915									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.81									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.81	\$0.00	\$18.74	\$20.16		\$38.65	\$0.33	\$24.27	\$1.32	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.99	\$91.81	\$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 = 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	\$179.99	\$91.81	\$0.00	\$18.74	\$20.16	\$0.00	\$36.91	\$0.33	\$10.72	\$1.32	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3081									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.10									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.28	\$120.10	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.60	\$3.60									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.06	\$5.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$231.34	\$125.43	\$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	\$160.68										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - GRIFFIN</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00143052A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.5139		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 41.03% 2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 4.04 6.0%				Quarterly Medicaid:		1.5108		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$338,438)	(\$58,320)	\$0	\$0	\$0	\$0	(\$241,337)		(\$38,781)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$299,657			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5139</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.90									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.90	\$0.00	\$21.82	\$27.25		\$40.77	\$17.31	\$15.43	\$2.24	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$196.04	\$80.90	\$0.00	\$21.82	\$27.25		\$36.91	\$17.31	9.61 (FRV)	\$2.24	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$196.04	\$80.90	\$0.00	\$21.82	\$27.25	\$0.00	\$36.91	\$17.31	\$9.61	\$2.24	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.5108</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.22									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.36	\$122.22	\$0.00	\$21.82	\$27.25	\$0.00	\$36.91	\$17.31	\$9.61	\$2.24	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.06	\$3.06									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.33	\$7.33									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.65	\$10.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$266.01</b>	<b>\$133.14</b>	<b>\$0.00</b>	<b>\$22.04</b>	<b>\$27.66</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$17.31</b>	<b>\$9.61</b>	<b>\$2.24</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$186.68</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>SPARTA HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00143063A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.1826	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			40.74%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.26	5.0%	Quarterly Medicaid:			1.2961	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>PDPM BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$139,575)	(\$34,687)	\$0	(\$438)	\$0	(\$395)	(\$82,597)		(\$21,458)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$85,088			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.1826</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.46									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.46	\$0.00	\$22.69	\$25.10		\$35.58	\$5.54	\$24.83	\$1.40	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.24	\$91.46	\$0.00	\$22.69	\$25.10		\$35.58	\$5.54	9.47 (FRV)	\$1.40	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.24	\$91.46	\$0.00	\$22.69	\$25.10	\$0.00	\$35.58	\$5.54	\$9.47	\$1.40	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2961</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.54									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.32	\$118.54	\$0.00	\$22.69	\$25.10	\$0.00	\$35.58	\$5.54	\$9.47	\$1.40	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.96	\$2.96									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.93	\$5.93									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.52	\$9.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$245.84</b>	<b>\$127.96</b>	<b>\$0.00</b>	<b>\$22.91</b>	<b>\$25.51</b>	<b>\$0.00</b>	<b>\$53.05</b>	<b>\$5.54</b>	<b>\$9.47</b>	<b>\$1.40</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$171.56</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>FULTON CENTER FOR REHABILITATION LLC</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00143074A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.4990 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 20.83% 1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.35 4.0%				Quarterly Medicaid: 1.4340 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.4990									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.50									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.50	\$0.00	\$16.40	\$18.99		\$35.80	\$5.15	\$31.08	\$2.67	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.32	\$60.50	\$0.00	\$16.40	\$18.99		\$35.80	\$5.15	8.81 (FRV)	\$2.67	
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	\$148.32	\$60.50	\$0.00	\$16.40	\$18.99	\$0.00	\$35.80	\$5.15	\$8.81	\$2.67	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4340									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.76									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.58	\$86.76	\$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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.87	\$0.87									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.47	\$3.47									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.97	\$4.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$197.55	\$91.63	\$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	\$135.34										

PDPM Shadow Rates. This is not your rate.



# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>CARTERSVILLE CENTER FOR NURSING AND HEALING</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00143085A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3937	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			14.08%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			2.75	4.0%	Quarterly Medicaid:			1.3915	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$257,495)	(\$5,300)	\$0	\$0	\$0	\$0	(\$160,041)		(\$92,154)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$160,041			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3937</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.67									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.67	\$0.00	\$18.73	\$15.02		\$30.93	\$4.44	\$23.27	\$2.55	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.09	\$71.67	\$0.00	\$18.73	\$15.02		\$30.93	\$4.44	14.75 (FRV)	\$2.55	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.09	\$71.67	\$0.00	\$18.73	\$15.02	\$0.00	\$30.93	\$4.44	\$14.75	\$2.55	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3915</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.73									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.15	\$99.73	\$0.00	\$18.73	\$15.02	\$0.00	\$30.93	\$4.44	\$14.75	\$2.55	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.99	\$3.99									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.62	\$4.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$208.77</b>	<b>\$104.25</b>	<b>\$0.00</b>	<b>\$18.95</b>	<b>\$15.43</b>	<b>\$0.00</b>	<b>\$48.40</b>	<b>\$4.44</b>	<b>\$14.75</b>	<b>\$2.55</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$143.75</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - SPRING VALLEY</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00143096A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:      N/A      0.00%				Base Period Overall:      1.3774      1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:      38.10%      2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q      2.88      4.0%				Quarterly Medicaid:      1.3095      1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$293,687)	(\$5,565)	\$0	\$0	(\$3,469)	(\$4,558)	(\$261,890)		(\$18,205)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$260,162			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3774</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.93									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.93	\$0.00	\$18.02	\$25.24		\$31.90	\$14.97	\$9.75	\$0.92	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.25	\$85.93	\$0.00	\$18.02	\$25.24		\$31.90	\$14.97	10.27 (FRV)	\$0.92	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage =      0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.25	\$85.93	\$0.00	\$18.02	\$25.24	\$0.00	\$31.90	\$14.97	\$10.27	\$0.92	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3095</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.53									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.84	\$112.53	\$0.00	\$18.02	\$25.24	\$0.00	\$31.90	\$14.97	\$10.27	\$0.92	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem =      2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.81	\$2.81									
22	Nurse Staff Hrs / Quality Add-on Per Diem =      4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.50	\$4.50									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.94	\$7.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$239.78</b>	<b>\$120.37</b>	<b>\$0.00</b>	<b>\$18.24</b>	<b>\$25.65</b>	<b>\$0.00</b>	<b>\$49.37</b>	<b>\$14.97</b>	<b>\$10.27</b>	<b>\$0.92</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$167.01</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>WINTHROP HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00143118A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3270	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			27.03%	1.0%	Quarterly Medicaid:			1.2920	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.60	4.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$104,650			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	25,977										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,977								25,977			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3270</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.83									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.83	\$0.00	\$20.98	\$26.40		\$41.16	\$4.03	\$5.45	\$0.50	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.36	\$90.83	\$0.00	\$20.98	\$26.40		\$36.91	\$4.03	18.71 (FRV)	\$0.50	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.36	\$90.83	\$0.00	\$20.98	\$26.40	\$0.00	\$36.91	\$4.03	\$18.71	\$0.50	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2920</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.35									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.88	\$117.35	\$0.00	\$20.98	\$26.40	\$0.00	\$36.91	\$4.03	\$18.71	\$0.50	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.17	\$1.17									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	\$24.12	\$6.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$249.00</b>	<b>\$123.74</b>	<b>\$0.00</b>	<b>\$21.20</b>	<b>\$26.81</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$4.03</b>	<b>\$18.71</b>	<b>\$0.50</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$173.93</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>SENIOR CARE CENTER - ST MARYS</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00143129A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.4004 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 23.08% 1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.09 3.0%				Quarterly Medicaid: 1.2406 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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 Adjstmts	(\$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 As Filed Days = 17,919	FY21 Audited C/R Days	17,919										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,919	FY21 GL-PL Ins Rpt Days								17,919			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.4004									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$120.99									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$120.99	\$0.00	\$37.31	\$41.14		\$79.67	\$9.00	\$12.11	\$0.66	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$222.78	\$104.63	\$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 = 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	\$222.78	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$9.00	\$11.48	\$0.66	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2406									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.80									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.96	\$129.80	\$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		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$22.29	\$5.19	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$270.25	\$134.99	\$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	\$189.86										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>EAGLE HEALTH &amp; REHABILITATION</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00143151A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.4147		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 36.00% 2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 4.52 5.0%				Quarterly Medicaid:		1.2523		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$125,165			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 15,796	FY21 Audited C/R Days	15,879										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,796	FY21 GL-PL Ins Rpt Days								15,879			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4147</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.88									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.88	\$0.00	\$33.00	\$27.89		\$38.06	\$7.88	\$15.51	\$2.87	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.07	\$86.88	\$0.00	\$26.82	\$27.89		\$36.91	\$7.88	10.82 (FRV)	\$2.87	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.07	\$86.88	\$0.00	\$26.82	\$27.89	\$0.00	\$36.91	\$7.88	\$10.82	\$2.87	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2523</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.80									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.99	\$108.80	\$0.00	\$26.82	\$27.89	\$0.00	\$36.91	\$7.88	\$10.82	\$2.87	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.72	\$2.72									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.44	\$5.44									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.20	\$8.69	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$248.19</b>	<b>\$117.49</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$28.30</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$7.88</b>	<b>\$10.82</b>	<b>\$2.87</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$173.32</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>ARROWHEAD HEALTH AND REHAB</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>	
Prvdr ID: <b>00143162A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.6306		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				48.05%		5.5%								
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.86		3.0%		Quarterly Medicaid:			1.7085		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes									
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$137,141)	(\$6,589)	\$0	\$0	\$0	\$0	(\$58,985)		(\$71,567)							
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$58,758								
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 30,428	FY21 Audited C/R Days	30,428															
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,428	FY21 GL-PL Ins Rpt Days								30,428								
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.6306</b>														
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.57														
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.57	\$0.00	\$16.99	\$25.47		\$59.27	\$1.93	\$37.35	\$2.35						
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.88	\$48.57	\$0.00	\$16.99	\$25.47		\$36.91	\$1.93	10.66 (FRV)	\$2.35						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.88	\$48.57	\$0.00	\$16.99	\$25.47	\$0.00	\$36.91	\$1.93	\$10.66	\$2.35						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.7085</b>														
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.98														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.29	\$82.98	\$0.00	\$16.99	\$25.47	\$0.00	\$36.91	\$1.93	\$10.66	\$2.35						
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00							
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.56	\$4.56														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.49	\$2.49														
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10									
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.31	\$7.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$202.60</b>	<b>\$90.56</b>	<b>\$0.00</b>	<b>\$17.21</b>	<b>\$25.88</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$1.93</b>	<b>\$10.66</b>	<b>\$2.35</b>						
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$139.13</b>															

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - SUNRISE</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>		
Prvdr ID: <b>00143173A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.6158		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				20.41%		1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.63		5.0%		Quarterly Medicaid:			1.4430		1.3706		
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts			(\$290,009)	(\$9,354)	\$0	\$0	\$0	\$1,893	(\$263,649)		(\$18,899)				
	As Filed Cost Center Costs (GL/PL)			<b>As Filed FY21 GL/PL Rpt</b>										\$260,644					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>													\$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 As Filed Days = 15,338			FY21 Audited C/R Days			15,338												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,338			FY21 GL-PL Ins Rpt Days										15,338					
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.6158</b>											
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$79.47											
12	Net Per Diems after Model Adjstmt to Routine Srvcs			RS = Ln 11, AllOthr = Ln 9				\$79.47	\$0.00	\$20.09	\$28.01		\$35.44	\$16.99	\$9.48	\$1.29			
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)			per Peer Group Limits				\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$193.27	\$79.47	\$0.00	\$20.09	\$28.01		\$35.44	\$16.99	11.98 (FRV)	\$1.29			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$193.27	\$79.47	\$0.00	\$20.09	\$28.01	\$0.00	\$35.44	\$16.99	\$11.98	\$1.29			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.4430</b>											
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$114.68											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$228.48	\$114.68	\$0.00	\$20.09	\$28.01	\$0.00	\$35.44	\$16.99	\$11.98	\$1.29			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)			Ln 19 Col b x CPS Add-on			\$1.15	\$1.15											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)			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	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$253.99</b>	<b>\$122.09</b>	<b>\$0.00</b>	<b>\$20.31</b>	<b>\$28.42</b>	<b>\$0.00</b>	<b>\$52.91</b>	<b>\$16.99</b>	<b>\$11.98</b>	<b>\$1.29</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$177.67</b>												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>MOUNTAIN VIEW HEALTH CARE</b>				<u>Add-on Data and Percentag</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>		
Prvdr ID: <b>00143184A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.3530		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				35.42%		2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.29		3.0%		Quarterly Medicaid:			1.3478		1.3706		
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts			(\$174,145)	(\$39,612)	\$0	\$0	\$0	\$905	(\$100,609)		(\$34,829)				
	As Filed Cost Center Costs (GL/PL)			<b>As Filed FY21 GL/PL Rpt</b>										\$0					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>												\$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 Model Adjstmt to Routine Srvcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.3530</b>											
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$71.72											
12	Net Per Diems after Model Adjstmt to Routine Srvcs			RS = Ln 11, AllOthr = Ln 9				\$71.72	\$0.00	\$17.30	\$24.63		\$27.30	\$0.00	\$9.68	\$1.04			
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)			per Peer Group Limits				\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$150.10	\$71.72	\$0.00	\$17.30	\$24.63		\$27.30	\$0.00	8.11 (FRV)	\$1.04			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$150.10	\$71.72	\$0.00	\$17.30	\$24.63	\$0.00	\$27.30	\$0.00	\$8.11	\$1.04			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.3478</b>											
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$96.66											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$175.04	\$96.66	\$0.00	\$17.30	\$24.63	\$0.00	\$27.30	\$0.00	\$8.11	\$1.04			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)			Ln 19 Col b x CPS Add-on			\$2.42	\$2.42											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)			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			\$23.95	\$5.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$198.99</b>	<b>\$102.51</b>	<b>\$0.00</b>	<b>\$17.52</b>	<b>\$25.04</b>	<b>\$0.00</b>	<b>\$44.77</b>	<b>\$0.00</b>	<b>\$8.11</b>	<b>\$1.04</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$136.42</b>												

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - SWAINSBORO</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00143195A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.3090		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 18.06% 0.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 2.77 5.0%				Quarterly Medicaid:		1.2376		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.3090									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.77									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.77	\$0.00	\$20.61	\$33.63		\$35.69	\$22.25	\$10.61	\$1.28	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$215.68	\$91.77	\$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 = 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	\$215.68	\$91.77	\$0.00	\$20.61	\$33.28	\$0.00	\$35.69	\$22.25	\$10.80	\$1.28	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2376									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.57									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.48	\$113.57	\$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 = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.68	\$5.68									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.90	\$6.21	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$261.38	\$119.78	\$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	\$183.21										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - SYLVESTER</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>		
Prvdr ID: <b>00143206A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.2695		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				20.56%		1.0%		Quarterly Medicaid:			1.2964		1.3706		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.40		5.0%									
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Svcs 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)			<b>As Filed FY21 GL/PL Rpt</b>										\$505,437					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>													\$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 As Filed Days = 30,648			FY21 Audited C/R Days			30,648												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,648			FY21 GL-PL Ins Rpt Days										30,648					
9	Net Per Diems prior to Model Adjstmt to Routine Svcs			Ln 7 / Ln 8 Col a			\$227.90	\$116.25	\$0.00	\$18.07	\$27.71	(with L&H)	\$34.50	\$16.49	\$13.78	\$1.10			
10	Base Period Facility Model for All Residents			from 2 qtrs of FY21				<b>1.2695</b>											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$91.57											
12	Net Per Diems after Model Adjstmt to Routine Svcs			RS = Ln 11, AllOthr = Ln 9				\$91.57	\$0.00	\$18.07	\$27.71		\$34.50	\$16.49	\$13.78	\$1.10			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)			per Peer Group Limits				\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$200.26	\$91.57	\$0.00	\$18.07	\$27.71		\$34.50	\$16.49	10.82 (FRV)	\$1.10			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$200.26	\$91.57	\$0.00	\$18.07	\$27.71	\$0.00	\$34.50	\$16.49	\$10.82	\$1.10			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.2964</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$118.71											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$227.40	\$118.71	\$0.00	\$18.07	\$27.71	\$0.00	\$34.50	\$16.49	\$10.82	\$1.10			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)			Ln 19 Col b x CPS Add-on			\$1.19	\$1.19											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)			Ln 19 Col b x Stfng Add-on			\$5.94	\$5.94											
23	Nursing Home Provider Fee			(Fixed Amount)			\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts			Sum of Lns 20 thru 23			\$25.76	\$7.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$253.16</b>	<b>\$126.37</b>	<b>\$0.00</b>	<b>\$18.29</b>	<b>\$28.12</b>	<b>\$0.00</b>	<b>\$51.97</b>	<b>\$16.49</b>	<b>\$10.82</b>	<b>\$1.10</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$177.05</b>												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>TATTNALL HEALTHCARE CENTER</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00143228A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.1913	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			33.33%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			2.69	3.0%	Quarterly Medicaid:			1.1536	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$59,114			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.1913</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.00									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.00	\$0.00	\$15.19	\$16.63		\$24.64	\$2.43	\$12.17	\$0.96	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.02	\$85.00	\$0.00	\$15.19	\$16.63		\$24.64	\$2.43	8.17 (FRV)	\$0.96	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.02	\$85.00	\$0.00	\$15.19	\$16.63	\$0.00	\$24.64	\$2.43	\$8.17	\$0.96	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.1536</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.06									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.07	\$98.06	\$0.00	\$15.19	\$16.63	\$0.00	\$24.64	\$2.43	\$8.17	\$0.96	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.45	\$2.45									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.02	\$5.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$190.09</b>	<b>\$103.98</b>	<b>\$0.00</b>	<b>\$15.41</b>	<b>\$17.04</b>	<b>\$0.00</b>	<b>\$42.11</b>	<b>\$2.43</b>	<b>\$8.17</b>	<b>\$0.96</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$129.74</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>THOMSON HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00143261A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2978	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			46.05%	5.5%	Quarterly Medicaid:			1.3076	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.03	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>PDPM BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$134,037			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2978</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.55									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.55	\$0.00	\$20.24	\$25.03		\$24.68	\$4.08	\$19.48	\$1.28	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.31	\$90.55	\$0.00	\$20.24	\$25.03		\$24.68	\$4.08	9.45 (FRV)	\$1.28	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.31	\$90.55	\$0.00	\$20.24	\$25.03	\$0.00	\$24.68	\$4.08	\$9.45	\$1.28	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3076</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.40									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.16	\$118.40	\$0.00	\$20.24	\$25.03	\$0.00	\$24.68	\$4.08	\$9.45	\$1.28	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.51	\$6.51									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$28.69	\$10.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$231.85</b>	<b>\$128.99</b>	<b>\$0.00</b>	<b>\$20.46</b>	<b>\$25.44</b>	<b>\$0.00</b>	<b>\$42.15</b>	<b>\$4.08</b>	<b>\$9.45</b>	<b>\$1.28</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$161.06</b>										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>REHABILITATION CENTER OF SOUTH GEORGIA</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00143283A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3912	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			26.09%	1.0%	Quarterly Medicaid:			1.4070	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.63	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>PDPM BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$150,941			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3912</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.49									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.49	\$0.00	\$23.50	\$26.78		\$27.44	\$3.67	\$13.55	\$1.66	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.33	\$87.49	\$0.00	\$23.50	\$26.78		\$27.44	\$3.67	9.79 (FRV)	\$1.66	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.33	\$87.49	\$0.00	\$23.50	\$26.78	\$0.00	\$27.44	\$3.67	\$9.79	\$1.66	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4070</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.10									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.94	\$123.10	\$0.00	\$23.50	\$26.78	\$0.00	\$27.44	\$3.67	\$9.79	\$1.66	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$26.01	\$7.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$241.95</b>	<b>\$131.01</b>	<b>\$0.00</b>	<b>\$23.72</b>	<b>\$27.19</b>	<b>\$0.00</b>	<b>\$44.91</b>	<b>\$3.67</b>	<b>\$9.79</b>	<b>\$1.66</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$168.64</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>TIFTON HEALTH AND REHABILITATION CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00143294A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				Base Period Overall:		1.4336		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				Quarterly Medicaid:		1.4587		1.3706	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q									
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$174,400			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4336</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.29									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.29	\$0.00	\$15.99	\$15.66		\$40.85	\$6.10	\$37.87	\$1.42	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.13	\$76.29	\$0.00	\$15.99	\$15.66		\$36.91	\$6.10	10.76 (FRV)	\$1.42	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.13	\$76.29	\$0.00	\$15.99	\$15.66	\$0.00	\$36.91	\$6.10	\$10.76	\$1.42	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4587</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.28									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.13	\$111.28	\$0.00	\$15.99	\$15.66	\$0.00	\$36.91	\$6.10	\$10.76	\$1.42	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.34	\$3.34									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.71	\$4.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$220.84</b>	<b>\$116.26</b>	<b>\$0.00</b>	<b>\$16.21</b>	<b>\$16.07</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$6.10</b>	<b>\$10.76</b>	<b>\$1.42</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$152.81</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - TOCCOA</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00143305A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:      N/A      0.00%				Base Period Overall:		1.3703		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:      28.89%      1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q      2.98      5.0%				Quarterly Medicaid:		1.3462		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$785,660			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 44,956	FY21 Audited C/R Days	44,956										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,956	FY21 GL-PL Ins Rpt Days								44,956			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3703</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.18									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$89.18	\$0.00	\$18.12	\$19.81		\$27.01	\$17.48	\$7.20	\$0.94	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.58	\$89.18	\$0.00	\$18.12	\$19.81		\$27.01	\$17.48	7.04 (FRV)	\$0.94	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.58	\$89.18	\$0.00	\$18.12	\$19.81	\$0.00	\$27.01	\$17.48	\$7.04	\$0.94	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3462</b>									
18	Qtrtrly Routine Srvcs Model 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	\$210.45	\$120.05	\$0.00	\$18.12	\$19.81	\$0.00	\$27.01	\$17.48	\$7.04	\$0.94	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$236.28</b>	<b>\$127.78</b>	<b>\$0.00</b>	<b>\$18.34</b>	<b>\$20.22</b>	<b>\$0.00</b>	<b>\$44.48</b>	<b>\$17.48</b>	<b>\$7.04</b>	<b>\$0.94</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$164.39</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>OXLEY PARK HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00143316A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.3819	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				23.44%	1.0%	Quarterly Medicaid:			1.3541	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.70	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$110,108				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3819</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.83										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$84.83	\$0.00	\$22.49	\$23.75		\$31.00	\$4.36	\$22.87	\$1.66		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.43	\$84.83	\$0.00	\$22.49	\$23.75		\$31.00	\$4.36	15.34 (FRV)	\$1.66		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.43	\$84.83	\$0.00	\$22.49	\$23.75	\$0.00	\$31.00	\$4.36	\$15.34	\$1.66		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3541</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.87										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.47	\$114.87	\$0.00	\$22.49	\$23.75	\$0.00	\$31.00	\$4.36	\$15.34	\$1.66		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.74	\$5.74										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.52	\$7.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$238.99</b>	<b>\$122.29</b>	<b>\$0.00</b>	<b>\$22.71</b>	<b>\$24.16</b>	<b>\$0.00</b>	<b>\$48.47</b>	<b>\$4.36</b>	<b>\$15.34</b>	<b>\$1.66</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$166.42</b>											

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - PEAKE</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00143327A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.4430	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				21.88%	1.0%	Quarterly Medicaid:			1.4593	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.02	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$528,920				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4430</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.59										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$95.59	\$0.00	\$20.16	\$29.68		\$36.57	\$15.50	\$10.31	\$3.37		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.89	\$95.59	\$0.00	\$20.16	\$29.68		\$36.57	\$15.50	16.02 (FRV)	\$3.37		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.89	\$95.59	\$0.00	\$20.16	\$29.68	\$0.00	\$36.57	\$15.50	\$16.02	\$3.37		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4593</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.49										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$260.79	\$139.49	\$0.00	\$20.16	\$29.68	\$0.00	\$36.57	\$15.50	\$16.02	\$3.37		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.41	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.25		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.39	\$1.39										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.97	\$6.97										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.87	\$8.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.35	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$287.66</b>	<b>\$148.38</b>	<b>\$0.00</b>	<b>\$20.38</b>	<b>\$30.09</b>	<b>\$0.00</b>	<b>\$53.92</b>	<b>\$15.50</b>	<b>\$16.02</b>	<b>\$3.37</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$202.92</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>CHATUGE REGIONAL NURSING HOME</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00143338A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.4205 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 29.33% 1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.19 3.0%				Quarterly Medicaid: 1.3435 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$140,726)	(\$34,634)	\$0	\$0	(\$2,733)	(\$5,412)	(\$97,937)		(\$10)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$37,438			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4205</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.03									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$97.03	\$0.00	\$43.18	\$39.08		\$46.75	\$1.17	\$11.24	\$0.00	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.40	\$97.03	\$0.00	\$37.13	\$33.28		\$36.91	\$1.17	11.88 (FRV)	\$0.00	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$217.40	\$97.03	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.17	\$11.88	\$0.00	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3435</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.36									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$250.73	\$130.36	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.17	\$11.88	\$0.00	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.91	\$3.91									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.84	\$5.74	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$273.57</b>	<b>\$136.10</b>	<b>\$0.00</b>	<b>\$37.13</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$1.17</b>	<b>\$11.88</b>	<b>\$0.00</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$192.35</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>TREUTLEN COUNTY HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentage</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00143349A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.4059	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:		48.84%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q		3.02	7.0%	Quarterly Medicaid:			1.3570	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>PDPM BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$52,000		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4059</b>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.03								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$79.03	\$0.00	\$22.82	\$22.45		\$35.12	\$3.35	\$14.89	\$0.39
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.55	\$79.03	\$0.00	\$22.82	\$22.45		\$35.12	\$3.35	16.39 (FRV)	\$0.39
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.55	\$79.03	\$0.00	\$22.82	\$22.45	\$0.00	\$35.12	\$3.35	\$16.39	\$0.39
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3570</b>								
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.77	\$107.24	\$0.00	\$22.82	\$22.45	\$0.00	\$35.12	\$3.35	\$16.39	\$0.39
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$5.90	\$5.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 7.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.51	\$7.51								
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	\$32.04	\$13.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$239.81</b>	<b>\$121.18</b>	<b>\$0.00</b>	<b>\$23.04</b>	<b>\$22.86</b>	<b>\$0.00</b>	<b>\$52.59</b>	<b>\$3.35</b>	<b>\$16.39</b>	<b>\$0.39</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$167.03</b>									

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PDPM Shadow Rates. No impact on current period.  
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Provider: <b>BERRIEN NURSING CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00143382A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.3658		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 29.87% 1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.54 3.0%				Quarterly Medicaid:		1.3439		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	FY21 Audited C/R Days	27,782										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,782	FY21 GL-PL Ins Rpt Days								27,782			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.3658									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.18									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.18	\$0.00	\$25.66	\$27.07		\$34.55	\$7.25	\$25.65	\$1.66	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.50	\$77.18	\$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 = 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	\$187.50	\$77.18	\$0.00	\$25.66	\$27.07	\$0.00	\$34.55	\$7.25	\$14.13	\$1.66	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3439									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.72									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.04	\$103.72	\$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 = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.11	\$3.11									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.78	\$4.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$236.82	\$108.40	\$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	\$164.79										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>TWIN OAKS CONVALESCENT CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00143393A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.3869 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 29.51% 1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 4.62 3.0%				Quarterly Medicaid: 1.4327 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$103,954			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3869</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.85									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.85	\$0.00	\$29.77	\$39.13		\$61.24	\$4.46	\$19.75	\$0.82	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.06	\$91.85	\$0.00	\$29.77	\$33.28		\$36.91	\$4.46	18.97 (FRV)	\$0.82	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.06	\$91.85	\$0.00	\$29.77	\$33.28	\$0.00	\$36.91	\$4.46	\$18.97	\$0.82	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4327</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.59									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.81	\$131.59	\$0.00	\$29.77	\$33.28	\$0.00	\$36.91	\$4.46	\$18.97	\$0.82	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.32	\$1.32									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.95	\$3.95									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.12	\$5.80	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$278.93</b>	<b>\$137.39</b>	<b>\$0.00</b>	<b>\$29.99</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$4.46</b>	<b>\$18.97</b>	<b>\$0.82</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$196.37</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>UNION COUNTY NURSING HOME</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00143415A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.3807 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 44.44% 2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.20 3.0%				Quarterly Medicaid: 1.3789 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$35,505			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3807</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.42									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$98.42	\$0.00	\$33.94	\$28.74		\$35.47	\$0.80	\$26.46	\$0.39	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$209.50	\$98.42	\$0.00	\$33.94	\$28.74		\$35.47	\$0.80	11.74 (FRV)	\$0.39	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$209.50	\$98.42	\$0.00	\$33.94	\$28.74	\$0.00	\$35.47	\$0.80	\$11.74	\$0.39	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3789</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.71									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.79	\$135.71	\$0.00	\$33.94	\$28.74	\$0.00	\$35.47	\$0.80	\$11.74	\$0.39	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.39	\$3.39									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$26.09	\$7.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$272.88</b>	<b>\$143.70</b>	<b>\$0.00</b>	<b>\$34.16</b>	<b>\$29.15</b>	<b>\$0.00</b>	<b>\$52.94</b>	<b>\$0.80</b>	<b>\$11.74</b>	<b>\$0.39</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$191.84</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>KENTWOOD NURSING FACILITY</b>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: <b>00143426A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.2786	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			17.07%		0.0%						
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			4.29		3.0%		Quarterly Medicaid:			1.4353	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>															
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>						
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>															
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$470,857)	(\$4,139)	\$0	\$0	(\$458)	\$3,787	(\$463,203)		(\$6,844)				
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$119,858					
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	FY21 Audited C/R Days	21,098												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,098	FY21 GL-PL Ins Rpt Days								21,098					
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2786</b>											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.09											
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.09	\$0.00	\$24.91	\$24.66		\$26.99	\$5.68	\$20.00	\$0.32			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.94	\$90.09	\$0.00	\$24.91	\$24.66		\$26.99	\$5.68	19.29 (FRV)	\$0.32			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>															
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.94	\$90.09	\$0.00	\$24.91	\$24.66	\$0.00	\$26.99	\$5.68	\$19.29	\$0.32			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4353</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.31											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.16	\$129.31	\$0.00	\$24.91	\$24.66	\$0.00	\$26.99	\$5.68	\$19.29	\$0.32			
<b>Quarterly Per Diem Add-on Amounts</b>															
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$22.51	\$4.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$253.67</b>	<b>\$133.72</b>	<b>\$0.00</b>	<b>\$25.13</b>	<b>\$25.07</b>	<b>\$0.00</b>	<b>\$44.46</b>	<b>\$5.68</b>	<b>\$19.29</b>	<b>\$0.32</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$177.43</b>												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>CHULIO HILLS HEALTH AND REHAB</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00143437A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.9583	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			27.45%	1.0%	Quarterly Medicaid:			1.6698	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			5.86	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$158,028			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 21,009	FY21 Audited C/R Days	19,592										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,009	FY21 GL-PL Ins Rpt Days								19,592			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.9583</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$130.49									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$130.49	\$0.00	\$30.33	\$35.63		\$38.03	\$8.07	\$32.92	\$1.06	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$222.27	\$104.63	\$0.00	\$26.82	\$33.28		\$36.91	\$8.07	11.50 (FRV)	\$1.06	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$222.27	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$8.07	\$11.50	\$1.06	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.6698</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$174.71									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$292.35	\$174.71	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$8.07	\$11.50	\$1.06	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.75	\$1.75									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.24	\$5.24									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.09	\$6.99	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$316.44</b>	<b>\$181.70</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$8.07</b>	<b>\$11.50</b>	<b>\$1.06</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$224.51</b>										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>WAYCROSS HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>		
Prvdr ID: <b>00143459A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.3655		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				23.21%		1.0%		Quarterly Medicaid:			1.2913		1.3706		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.39		6.0%									
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts			(\$141,191)	(\$2,084)	\$0	(\$511)	\$1,053	\$711	(\$103,678)		(\$36,682)				
	As Filed Cost Center Costs (GL/PL)			<b>As Filed FY21 GL/PL Rpt</b>										\$97,370					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>													\$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 Model Adjstmt to Routine Srvcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.3655</b>											
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$79.22											
12	Net Per Diems after Model Adjstmt to Routine Srvcs			RS = Ln 11, AllOthr = Ln 9				\$79.22	\$0.00	\$22.83	\$27.32		\$37.11	\$5.45	\$17.91	\$2.06			
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)			per Peer Group Limits				\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$181.98	\$79.22	\$0.00	\$22.83	\$27.32		\$36.91	\$5.45	8.19 (FRV)	\$2.06			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$181.98	\$79.22	\$0.00	\$22.83	\$27.32	\$0.00	\$36.91	\$5.45	\$8.19	\$2.06			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.2913</b>											
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$102.30											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$205.06	\$102.30	\$0.00	\$22.83	\$27.32	\$0.00	\$36.91	\$5.45	\$8.19	\$2.06			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)			Ln 19 Col b x CPS Add-on			\$1.02	\$1.02											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)			Ln 19 Col b x Stfng Add-on			\$6.14	\$6.14											
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			\$25.42	\$7.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$230.48</b>	<b>\$109.99</b>	<b>\$0.00</b>	<b>\$23.05</b>	<b>\$27.73</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$5.45</b>	<b>\$8.19</b>	<b>\$2.06</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$160.04</b>												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>WASHINGTON CO EXTENDED CARE FACILITY</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00143481A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4353	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			26.09%	1.0%	Quarterly Medicaid:			1.5278	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			4.71	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>PDPM BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$37,791			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4353</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.48									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.48	\$0.00	\$31.20	\$16.32		\$39.86	\$1.82	\$4.64	\$0.18	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.31	\$71.48	\$0.00	\$31.20	\$16.32		\$36.91	\$1.82	11.40 (FRV)	\$0.18	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.31	\$71.48	\$0.00	\$31.20	\$16.32	\$0.00	\$36.91	\$1.82	\$11.40	\$0.18	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.5278</b>									
18	Qtrtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.21									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.04	\$109.21	\$0.00	\$31.20	\$16.32	\$0.00	\$36.91	\$1.82	\$11.40	\$0.18	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.28	\$3.28									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.63	\$4.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$229.67</b>	<b>\$114.11</b>	<b>\$0.00</b>	<b>\$31.42</b>	<b>\$16.73</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$1.82</b>	<b>\$11.40</b>	<b>\$0.18</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$159.43</b>										

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Rate Calculations

**DEMONSTRATION ONLY**

Provider: <b>WESTBURY H&amp;R-CONYERS, INC</b>			<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide	
Prvdr ID: <b>00143503A</b> <b>PDPM Shadow Rate For informational use only. This is NOT your rate</b>			Growth Allowance:		N/A	0.00%	Base Period Overall PDPM:			1.4384	1.5740	
H/B ? : No      Case Mix Per Diem Rate Effective Date: <b>04/01/24</b>			BIMS		29.8%	1.0%						
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23      Nurse Hours per On-Site Day/Quality Incentive:					2.67	4.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.3905	1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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	j
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
<b>Base Period Per Diem Allowed Amounts</b>												
Net Historical Cost <b>2020</b>												
Inflation (July 2021) @      4.30%												
Patient Days												
Total Nursing Facility Days GL-PL Ins. Rpt												
Inflated NHC/ Patient Days												
Base Period Facility CMI for all Residents												
Routine Services Case Mix Adjusted Net Per Diem												
Net Per Diems After Case Mix Adjustments												
Per Diem Standards												
Base Period Case Mix Adjusted Allowed Per Diem												
<b>Quarterly Per Diem Rate Prior to Add-Ons</b>												
Growth Allowance      0.000%												
CMA Allowed Per Diem After Growth Allowance												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
<b>Quarterly Per Diem Add-On Amounts</b>												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
BIMS Add-on Per Diem =      1.0%      (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem =      4.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
<b>Quarterly Case Mix Based Per Diem Rate</b>												
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>												

Quarterly Case Mix Per Diem Rate Calculations

DEMONSTRATION ONLY

Provider: <b>WESTBURY MEDICAL CARE HOME</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>		Facility Specific	State-wide	
Prvdr ID: <b>00143514A</b>		<b>PDPM Shadow Rate For informational use only. This is NOT your rate</b>		Growth Allowance:		N/A	0.00%	Base Period Overall PDPM:		1.4529	1.5740	
H/B ?: No		Case Mix Per Diem Rate Effective Date: <b>04/01/24</b>		BIMS		28.3%	1.0%					
		MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		2.40	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:		1.4110	1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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	j
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>				<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
Net Historical Cost <b>2020</b>			FY2020 C/R - FY 2020 GL-PL Rpt	7,437,476		1,429,612	1,659,555	(1,940)	1,343,826	197,364	135,373	72,793
Inflation (July 2021) @ 4.30%				319,811		61,473	71,277		57,785			3,130
Patient Days			FY 2020 Cost Rpt	60,869		60,869	60,869		60,869		60,869	60,869
Inflated NHC/ Patient Days			FY 20 GL-PL Ins Rpt Days	127.44		24.50	28.40		23.03	3.24	2.22	1.25
Base Period Facility CMI for all Residents				<b>1.4529</b>								
Routine Services Case Mix Adjusted Net Per Diem				\$87.72								
Net Per Diems After Case Mix Adjustments			\$170.36	\$87.72		\$24.50	\$28.40		\$23.03	\$3.24	\$2.22	1.25
Per Diem Standards				\$104.63		\$26.82	\$33.28		\$36.91			
Base Period Case Mix Adjusted Allowed Per Diem			\$180.55	\$87.72		\$24.50	\$28.40		\$23.03	\$3.24	12.42	1.25
<b>Quarterly Per Diem Rate Prior to Add-Ons</b>											(FRV Rate)	
Growth Allowance 0.000%			\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
CMA Allowed Per Diem After Growth Allowance			\$180.56	\$87.72		\$24.50	\$28.40		\$23.03	\$3.24	\$12.42	\$1.25
Quarterly Facility Case Mix Index for Medicaid Residents				<b>1.4110</b>								
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$123.77								
Quarterly Medicaid CMA Allowed Per Diem			\$216.61	\$123.77		\$24.50	\$28.40		\$23.03	\$3.24	\$12.42	\$1.25
<b>Quarterly Per Diem Add-On Amounts</b>												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)			\$1.53	\$0.53		\$0.22	\$0.41		\$0.37			
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)			\$1.24	1.24								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%			\$3.71	3.71								
Nursing Home Provider Fee			\$ 17.10						\$ 17.10			
Total Quarterly Per Diem Add-On Amounts			\$23.58									
<b>Quarterly Case Mix Based Per Diem Rate</b>				<b>\$240.19</b>	<b>\$129.25</b>	<b>\$24.72</b>	<b>\$28.81</b>		<b>\$40.50</b>	<b>\$3.24</b>	<b>\$12.42</b>	<b>\$1.25</b>
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>			<b>\$167.32</b>									

PDPM Shadow Rate. This is not your rate.



Quarterly Case Mix Per Diem Rate Calculations

DEMONSTRATION ONLY

Provider: <b>WESTBURY H&amp;R-MCDONOUGH, INC</b> Prvdr ID: <b>00143525A</b> <b>PDPM Shadow Rate For informational use only. This is NOT your rate</b> H/B ? : No      Case Mix Per Diem Rate Effective Date: <b>04/01/24</b> MDS & Nurse Hrs Data per Quarter Ending: 12/31/23      Nurse Hours per On-Site Day/Quality Incentive:												
Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Growth Allowance:				N/A	0.00%	Base Period Overall PDPM:				1.3762	1.5740	
				BIMS	44.3%							
					2.67	Qtrly Mcaid PDPM w RUG Wght Options:				1.3106	1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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	j
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
<b>Base Period Per Diem Allowed Amounts</b>												
Net Historical Cost      2020												
Inflation (July 2021) @      4.30%												
Patient Days												
Inflated NHC/ Patient Days												
Base Period Facility CMI for all Residents												
Routine Services Case Mix Adjusted Net Per Diem												
Net Per Diems After Case Mix Adjustments												
Per Diem Standards												
Base Period Case Mix Adjusted Allowed Per Diem												
<b>Quarterly Per Diem Rate Prior to Add-Ons</b>												
Growth Allowance      0.000%												
CMA Allowed Per Diem After Growth Allowance												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
<b>Quarterly Per Diem Add-On Amounts</b>												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
BIMS Add-on Per Diem =      2.5%      (to Routine Srvs)												
Nurse Staff Hrs / Quality Add-on Per Diem =      3.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
<b>Quarterly Case Mix Based Per Diem Rate</b>												
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>												

PDPM Shadow Rate. This is not your rate.

Quarterly Case Mix Per Diem Calculation

DEMONSTRATION ONLY

Provider: <b>PruittHealth - Seaside, LLC</b> Prvdr ID: <b>00143536A</b> H/B ?: No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 24.6% Nurse Hours per On-Site Day/Quality Incentive: 3.49		Facility Score: N/A Add-on Percent: 0.00% 1.0% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall PDPM: Qtrly Mcaid PDPM w RUG Wght Options:				Facility Specific: 1.5825 1.4578	State-wide: 1.5751 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>				<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs			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	\$104.63		\$26.82	\$33.28		\$36.91		\$21.86	\$1.21
<u>Allowed @ 95% of Std</u>				\$99.40		\$25.48	\$31.62		\$35.06		\$21.86	\$1.21
Growth Allowance 0.0%				\$0.00		\$0.00	\$0.00		\$0.00			
CMA Allowed Per Diem (After Growth Allowance)				\$99.40		\$25.48	\$31.62		\$35.06	\$ 7.59	\$21.86	\$1.21
Quarterly Facility Case Mix Index for Medicaid Residents												
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$144.91							(FRV Rate)	
Quarterly Medicaid CMA Allowed Per Diem				\$264.33	\$144.91	\$25.48	\$31.62		\$35.06	\$ 4.19	\$21.86	\$1.21
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)				\$1.45	\$1.45							
Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%				\$7.25	\$7.25							
Nursing Home Provider Fee				\$17.10					17.10			
<b>Total Quarterly Per Diem Add-On Amounts</b>				\$25.79								
<b>Quarterly Case Mix Based Per Diem Rate</b>				<b>\$290.12</b>	<b>\$153.60</b>		<b>\$25.48</b>	<b>\$31.62</b>		<b>\$52.16</b>	<b>\$4.19</b>	<b>\$21.86</b> <b>\$1.21</b>
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>			<b>\$204.76</b>									

PDPM Shadow Rate. This is not your rate.

\* 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.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>WILDWOOD HEALTH AND REHAB</b>				<u>Add-on Data and Percentag</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>	
Prvdr ID: <b>00143547A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.2010		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				44.00%		2.5%								
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				2.91		3.0%		Quarterly Medicaid:			1.2339		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes									
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$0								
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2010</b>														
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.43														
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$89.43	\$0.00	\$25.47	\$23.59		\$38.84	\$0.00	\$22.16	\$1.33						
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.96	\$89.43	\$0.00	\$25.47	\$23.59		\$36.91	\$0.00	11.23 (FRV)	\$1.33						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.96	\$89.43	\$0.00	\$25.47	\$23.59	\$0.00	\$36.91	\$0.00	\$11.23	\$1.33						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2339</b>														
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.35														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.88	\$110.35	\$0.00	\$25.47	\$23.59	\$0.00	\$36.91	\$0.00	\$11.23	\$1.33						
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00							
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.76	\$2.76														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.31	\$3.31														
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10									
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.33	\$6.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$233.21</b>	<b>\$116.95</b>	<b>\$0.00</b>	<b>\$25.69</b>	<b>\$24.00</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$0.00</b>	<b>\$11.23</b>	<b>\$1.33</b>						
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$162.08</b>															

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>SOUTHLAND HEALTHCARE AND REHAB CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>	
Prvdr ID: <b>00143558A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.3454		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				11.43%		0.0%		Quarterly Medicaid:			1.2203		1.3706	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				2.83		2.0%								
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<b>PDPM BASED RATE CALCULATIONS</b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes									
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$49,011								
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3454</b>														
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.79														
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$70.79	\$0.00	\$16.53	\$17.76		\$22.84	\$1.68	\$35.54	\$0.98						
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.50	\$70.79	\$0.00	\$16.53	\$17.76		\$22.84	\$1.68	8.92 (FRV)	\$0.98						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.50	\$70.79	\$0.00	\$16.53	\$17.76	\$0.00	\$22.84	\$1.68	\$8.92	\$0.98						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2203</b>														
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.39														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.10	\$86.39	\$0.00	\$16.53	\$17.76	\$0.00	\$22.84	\$1.68	\$8.92	\$0.98						
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00							
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$20.36	\$2.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$175.46</b>	<b>\$88.65</b>	<b>\$0.00</b>	<b>\$16.75</b>	<b>\$18.17</b>	<b>\$0.00</b>	<b>\$40.31</b>	<b>\$1.68</b>	<b>\$8.92</b>	<b>\$0.98</b>						
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$118.77</b>															

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - WASHINGTON</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00143569A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4406	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			22.50%	1.0%	Quarterly Medicaid:			1.3215	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			2.83	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>PDPM BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$203,687			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4406</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.63									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.63	\$0.00	\$22.39	\$36.58		\$47.56	\$17.03	\$6.83	\$1.48	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.27	\$80.63	\$0.00	\$22.39	\$33.28		\$36.91	\$17.03	10.55 (FRV)	\$1.48	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$202.27	\$80.63	\$0.00	\$22.39	\$33.28	\$0.00	\$36.91	\$17.03	\$10.55	\$1.48	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3215</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.55									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.20	\$106.55	\$0.00	\$22.39	\$33.28	\$0.00	\$36.91	\$17.03	\$10.55	\$1.48	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.33	\$5.33									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.25	\$6.93	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$252.45</b>	<b>\$113.48</b>	<b>\$0.00</b>	<b>\$22.61</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$17.03</b>	<b>\$10.55</b>	<b>\$1.48</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$176.51</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: <b>WRIGHTSVILLE MANOR HEALTH AND REHAB</b>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide			
Prvdr ID: <b>00143602A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.3698		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			39.68%		2.5%										
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.19		3.0%		Quarterly Medicaid:			1.3324		1.3706			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance							
			a	b	c	d	e	f	g	g	h	i							
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																			
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>										
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%										
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%										
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37										
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$92,541)	\$10,704	\$0	\$1,298	\$1,141	(\$330)	(\$64,785)		(\$40,569)								
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$70,355									
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3698</b>															
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.90															
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.90	\$0.00	\$23.03	\$21.70		\$33.33	\$2.69	\$23.12	\$0.98							
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A								
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.53	\$86.90	\$0.00	\$23.03	\$21.70		\$33.33	\$2.69	12.90 (FRV)	\$0.98							
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.53	\$86.90	\$0.00	\$23.03	\$21.70	\$0.00	\$33.33	\$2.69	\$12.90	\$0.98							
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3324</b>															
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.79															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.42	\$115.79	\$0.00	\$23.03	\$21.70	\$0.00	\$33.33	\$2.69	\$12.90	\$0.98							
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00								
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.89	\$2.89															
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$24.99	\$6.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00							
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$235.41</b>	<b>\$122.68</b>	<b>\$0.00</b>	<b>\$23.25</b>	<b>\$22.11</b>	<b>\$0.00</b>	<b>\$50.80</b>	<b>\$2.69</b>	<b>\$12.90</b>	<b>\$0.98</b>							
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$163.73</b>																

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>HERITAGE INN OF BARNESVILLE HEALTH AND REHAB</b>				<u>Add-on Data and Percentag</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00143613A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.4094	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:		40.70%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q		3.30	5.0%	Quarterly Medicaid:			1.2928	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>PDPM BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$123,176		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4094</b>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.50								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.50	\$0.00	\$21.08	\$23.73		\$30.12	\$4.72	\$18.53	\$1.39
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.79	\$78.50	\$0.00	\$21.08	\$23.73		\$30.12	\$4.72	8.25 (FRV)	\$1.39
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.79	\$78.50	\$0.00	\$21.08	\$23.73	\$0.00	\$30.12	\$4.72	\$8.25	\$1.39
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2928</b>								
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.78	\$101.48	\$0.00	\$21.08	\$23.73	\$0.00	\$30.12	\$4.72	\$8.25	\$1.39
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.54	\$2.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.07	\$5.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.24	\$8.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$217.02</b>	<b>\$109.62</b>	<b>\$0.00</b>	<b>\$21.30</b>	<b>\$24.14</b>	<b>\$0.00</b>	<b>\$47.59</b>	<b>\$4.72</b>	<b>\$8.25</b>	<b>\$1.39</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$149.94</b>									

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>TRADITIONS HEALTH AND REHABILITATION</b>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: <b>00143701A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.7213	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			33.33%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.56		5.0%		Quarterly Medicaid:			1.3750	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>															
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>						
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>															
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$343,619)	(\$4,938)	\$0	(\$1,209)	\$12,239	\$13,733	(\$215,688)		(\$147,756)				
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$191,035					
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.7213</b>											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.24											
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.24	\$0.00	\$23.60	\$30.12		\$35.16	\$5.06	\$7.51	\$4.00			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.99	\$75.24	\$0.00	\$23.60	\$30.12		\$35.16	\$5.06	10.81 (FRV)	\$4.00			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.99	\$75.24	\$0.00	\$23.60	\$30.12	\$0.00	\$35.16	\$5.06	\$10.81	\$4.00			
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		<b>1.3750</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.46											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.20	\$103.46	\$0.00	\$23.60	\$30.12	\$0.00	\$35.16	\$5.06	\$10.81	\$4.00			
<b>Quarterly Per Diem Add-on Amounts</b>															
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.59	\$2.59											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.17	\$5.17											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.39	\$8.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$238.59</b>	<b>\$111.75</b>	<b>\$0.00</b>	<b>\$23.82</b>	<b>\$30.53</b>	<b>\$0.00</b>	<b>\$52.63</b>	<b>\$5.06</b>	<b>\$10.81</b>	<b>\$4.00</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$166.12</b>												

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
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Provider: <b>PRUITTHEALTH - LILBURN</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>		
Prvdr ID: <b>00145527A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.5514		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				31.58%		2.5%		Quarterly Medicaid:			1.4602		1.3706		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.14		5.0%									
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)			<b>As Filed FY21 GL/PL Rpt</b>										\$660,869					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>													\$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 Model Adjstmt to Routine Srvcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.5514</b>											
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$76.69											
12	Net Per Diems after Model Adjstmt to Routine Srvcs			RS = Ln 11, AllOthr = Ln 9				\$76.69	\$0.00	\$20.81	\$27.48		\$32.89	\$18.60	\$5.79	\$2.02			
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)			per Peer Group Limits				\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$187.04	\$76.69	\$0.00	\$20.81	\$27.48		\$32.89	\$18.60	8.55 (FRV)	\$2.02			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$187.04	\$76.69	\$0.00	\$20.81	\$27.48	\$0.00	\$32.89	\$18.60	\$8.55	\$2.02			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.4602</b>											
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$111.98											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$222.33	\$111.98	\$0.00	\$20.81	\$27.48	\$0.00	\$32.89	\$18.60	\$8.55	\$2.02			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)			Ln 19 Col b x CPS Add-on			\$2.80	\$2.80											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)			Ln 19 Col b x Stfng Add-on			\$5.60	\$5.60											
23	Nursing Home Provider Fee			(Fixed Amount)			\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts			Sum of Lns 20 thru 23			\$27.03	\$8.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$249.36</b>	<b>\$120.91</b>	<b>\$0.00</b>	<b>\$21.03</b>	<b>\$27.89</b>	<b>\$0.00</b>	<b>\$50.36</b>	<b>\$18.60</b>	<b>\$8.55</b>	<b>\$2.02</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$174.20</b>												

PDPM Shadow Rates. This is not your rate.



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Provider: <b>QUINTON MEMORIAL HC &amp; REHAB CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00150279A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.2942 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 27.27% 1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 5.05 3.0%				Quarterly Medicaid: 1.1870 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.2942									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.66									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$102.66	\$0.00	\$26.64	\$23.44		\$48.30	\$2.08	\$10.77	\$0.40	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.90	\$102.66	\$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 = 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	\$211.90	\$102.66	\$0.00	\$26.64	\$23.44	\$0.00	\$36.91	\$2.08	\$19.77	\$0.40	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.1870									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.86									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.10	\$121.86	\$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 ([Std - 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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.66	\$3.66									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.06	\$5.41	\$0.00	\$0.14	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$254.16	\$127.27	\$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	\$177.80										

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Provider: <b>CHRISTIAN CITY REHABILITATION CENTER</b>				<u>Add-on Data and Percentage</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>					
Prvdr ID: <b>00158034A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:		N/A		0.00%		Base Period Overall:		1.4212		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:		35.11%		2.5%		Quarterly Medicaid:		1.3596		1.3706	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q		3.56		5.0%							
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<b>PDPM BASED RATE CALCULATIONS</b>															
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>															
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$918,888)	(\$310,565)	\$0	\$0	\$5,723	\$7,453	(\$566,910)		(\$54,589)				
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$861,543					
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4212</b>											
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.73											
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$89.73	\$0.00	\$20.53	\$22.39		\$49.01	\$14.13	\$5.72	\$0.53			
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.73	\$89.73	\$0.00	\$20.53	\$22.39		\$36.91	\$14.13	15.51 (FRV)	\$0.53			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>															
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$199.73	\$89.73	\$0.00	\$20.53	\$22.39	\$0.00	\$36.91	\$14.13	\$15.51	\$0.53			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3596</b>											
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.00											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.00	\$122.00	\$0.00	\$20.53	\$22.39	\$0.00	\$36.91	\$14.13	\$15.51	\$0.53			
<b>Quarterly Per Diem Add-on Amounts</b>															
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.05	\$3.05											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.10	\$6.10											
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	\$10.31	\$9.68	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$242.31</b>	<b>\$131.68</b>	<b>\$0.00</b>	<b>\$20.75</b>	<b>\$22.80</b>	<b>\$0.00</b>	<b>\$36.91</b>	<b>\$14.13</b>	<b>\$15.51</b>	<b>\$0.53</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$181.73</b>												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>MANOR CARE REHABILITATION CENTER - DECATUR</b>				<u>Add-on Data and Percentage</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00159266A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.3945	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:		9.09%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q		3.63	3.0%	Quarterly Medicaid:			1.5002	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>PDPM BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$212,304)	(\$10)	\$0	\$0	(\$5,262)	(\$5,666)	(\$33,489)		(\$167,877)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$29,171		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3945</b>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.46								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$95.46	\$0.00	\$21.14	\$20.52		\$44.46	\$0.82	\$3.67	\$4.74
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.21	\$95.46	\$0.00	\$21.14	\$20.52		\$36.91	\$0.82	10.62 (FRV)	\$4.74
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.21	\$95.46	\$0.00	\$21.14	\$20.52	\$0.00	\$36.91	\$0.82	\$10.62	\$4.74
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.5002</b>								
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.96	\$143.21	\$0.00	\$21.14	\$20.52	\$0.00	\$36.91	\$0.82	\$10.62	\$4.74
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.30	\$4.30								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.56	\$4.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$260.52</b>	<b>\$148.04</b>	<b>\$0.00</b>	<b>\$21.36</b>	<b>\$20.93</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$0.82</b>	<b>\$10.62</b>	<b>\$4.74</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$182.57</b>									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>HART CARE CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>	
Prvdr ID: <b>00167857A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.2449		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				44.68%		2.5%								
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.43		3.0%		Quarterly Medicaid:			1.3740		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes									
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$64,236								
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$43,946						
7	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						
8	Total Nursing Facility Days As Filed Days = 25,482	FY21 Audited C/R Days	25,482															
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,482	FY21 GL-PL Ins Rpt Days								25,482								
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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						
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.2449</b>														
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.32														
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$95.32	\$0.00	\$23.72	\$22.55		\$21.20	\$2.52	\$1.05	\$1.72						
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.70	\$95.32	\$0.00	\$23.72	\$22.55		\$21.20	\$2.52	7.67 (FRV)	\$1.72						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.70	\$95.32	\$0.00	\$23.72	\$22.55	\$0.00	\$21.20	\$2.52	\$7.67	\$1.72						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3740</b>														
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.97														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.35	\$130.97	\$0.00	\$23.72	\$22.55	\$0.00	\$21.20	\$2.52	\$7.67	\$1.72						
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00							
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.27	\$3.27														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.93	\$3.93														
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10									
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.83	\$7.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$236.18</b>	<b>\$138.70</b>	<b>\$0.00</b>	<b>\$23.94</b>	<b>\$22.96</b>	<b>\$0.00</b>	<b>\$38.67</b>	<b>\$2.52</b>	<b>\$7.67</b>	<b>\$1.72</b>						
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$164.31</b>															

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PARKSIDE POST ACUTE AND REHABILITATION</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00169199A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.4382	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				39.02%	2.5%	Quarterly Medicaid:			1.3064	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.57	2.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$323,796				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 55,184	FY21 Audited C/R Days	55,184											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 55,184	FY21 GL-PL Ins Rpt Days								55,184				
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4382</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.90										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$92.90	\$0.00	\$20.68	\$24.60		\$35.58	\$5.87	\$20.92	\$1.49		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.40	\$92.90	\$0.00	\$20.68	\$24.60		\$35.58	\$5.87	11.28 (FRV)	\$1.49		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.40	\$92.90	\$0.00	\$20.68	\$24.60	\$0.00	\$35.58	\$5.87	\$11.28	\$1.49		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3064</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.36										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.86	\$121.36	\$0.00	\$20.68	\$24.60	\$0.00	\$35.58	\$5.87	\$11.28	\$1.49		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.03	\$3.03										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$24.09	\$5.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$244.95</b>	<b>\$127.35</b>	<b>\$0.00</b>	<b>\$20.90</b>	<b>\$25.01</b>	<b>\$0.00</b>	<b>\$53.05</b>	<b>\$5.87</b>	<b>\$11.28</b>	<b>\$1.49</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$170.89</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>WOODSTOCK NURSING &amp; REHAB CTR</b>				<u>Add-on Data and Percentage</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00171212A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.4954	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:		25.33%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q		3.47	2.0%	Quarterly Medicaid:			1.3303	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>PDPM BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$93,149)	(\$40,237)	\$0	\$0	\$0	\$0	\$22,769		(\$75,681)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$17,468		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 47,934	FY21 Audited C/R Days	47,934									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,934	FY21 GL-PL Ins Rpt Days								47,934		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4954</b>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.63								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$81.63	\$0.00	\$18.74	\$18.88		\$37.51	\$0.36	\$25.58	\$1.58
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.73	\$81.63	\$0.00	\$18.74	\$18.88		\$36.91	\$0.36	9.63 (FRV)	\$1.58
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.73	\$81.63	\$0.00	\$18.74	\$18.88	\$0.00	\$36.91	\$0.36	\$9.63	\$1.58
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3303</b>								
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.70	\$108.59	\$0.00	\$18.74	\$18.88	\$0.00	\$36.91	\$0.36	\$9.63	\$1.58
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$21.52	\$3.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$216.22</b>	<b>\$112.38</b>	<b>\$0.00</b>	<b>\$18.96</b>	<b>\$19.29</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$0.36</b>	<b>\$9.63</b>	<b>\$1.58</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$149.34</b>									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>FAIRBURN HEALTH CARE CENTER</b>				<u>Add-on Data and Percentage</u>				<u>Facility Model (PDPM) Data</u>				<u>PDPM</u>	<u>PDPM</u>
Prvdr ID: <b>00173071A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:      N/A      0.00%				Base Period Overall:				1.3302	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:      23.96%      1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q      3.08      2.0%				Quarterly Medicaid:				1.4087	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$398,712)	\$0	\$0	\$0	(\$1,016)	(\$814)	(\$341,148)		(\$55,734)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$244,477			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3302</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.57									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.57	\$0.00	\$17.80	\$14.93		\$27.61	\$7.94	\$18.80	\$4.81	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.04	\$61.57	\$0.00	\$17.80	\$14.93		\$27.61	\$7.94	9.38 (FRV)	\$4.81	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.04	\$61.57	\$0.00	\$17.80	\$14.93	\$0.00	\$27.61	\$7.94	\$9.38	\$4.81	
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		<b>1.4087</b>									
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.73									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.21	\$86.73	\$0.00	\$17.80	\$14.93	\$0.00	\$27.61	\$7.94	\$9.38	\$4.81	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvs)	Ln 19 Col b x CPS Add-on	\$0.87	\$0.87									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.73	\$1.73									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.23	\$3.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$190.44</b>	<b>\$89.86</b>	<b>\$0.00</b>	<b>\$18.02</b>	<b>\$15.34</b>	<b>\$0.00</b>	<b>\$45.08</b>	<b>\$7.94</b>	<b>\$9.38</b>	<b>\$4.81</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$130.01</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>THE OAKS - SCENIC VIEW SKILLED NURSING</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00178307A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.5220	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				27.85%	1.0%	Quarterly Medicaid:			1.3204	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.21	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$746,010)	(\$104,652)	\$0	\$0	(\$4,025)	(\$3,832)	(\$555,489)		(\$78,012)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$642,229				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5220</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.93										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.93	\$0.00	\$17.66	\$25.72		\$33.47	\$19.24	\$18.00	\$1.70		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.72	\$91.93	\$0.00	\$17.66	\$25.72		\$33.47	\$19.24	9.00 (FRV)	\$1.70		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.72	\$91.93	\$0.00	\$17.66	\$25.72	\$0.00	\$33.47	\$19.24	\$9.00	\$1.70		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3204</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.38										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.17	\$121.38	\$0.00	\$17.66	\$25.72	\$0.00	\$33.47	\$19.24	\$9.00	\$1.70		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$25.91	\$7.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$254.08</b>	<b>\$129.19</b>	<b>\$0.00</b>	<b>\$17.88</b>	<b>\$26.13</b>	<b>\$0.00</b>	<b>\$50.94</b>	<b>\$19.24</b>	<b>\$9.00</b>	<b>\$1.70</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$177.74</b>											

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - MARIETTA</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00202507A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:      N/A      0.00%				Base Period Overall:      1.5478      1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:      35.29%      2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q      3.14      5.0%				Quarterly Medicaid:      1.3108      1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$513,536			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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      As Filed Days = 31,600	FY21 Audited C/R Days	31,600										
	Total Nursing Facility Days GL-PL Ins. Rpt      As Filed Days = 31,600	FY21 GL-PL Ins Rpt Days								31,600			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5478</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.12									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75.12	\$0.00	\$18.87	\$21.09		\$33.01	\$16.25	\$20.67	\$2.20	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.45	\$75.12	\$0.00	\$18.87	\$21.09		\$33.01	\$16.25	13.91 (FRV)	\$2.20	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.45	\$75.12	\$0.00	\$18.87	\$21.09	\$0.00	\$33.01	\$16.25	\$13.91	\$2.20	
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		<b>1.3108</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.47									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.80	\$98.47	\$0.00	\$18.87	\$21.09	\$0.00	\$33.01	\$16.25	\$13.91	\$2.20	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.46	\$2.46									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.92	\$4.92									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.01	\$7.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$229.81</b>	<b>\$106.38</b>	<b>\$0.00</b>	<b>\$19.09</b>	<b>\$21.50</b>	<b>\$0.00</b>	<b>\$50.48</b>	<b>\$16.25</b>	<b>\$13.91</b>	<b>\$2.20</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$159.53</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>GORDON HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>			
Prvdr ID: <b>00202848A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:		N/A		0.00%		Base Period Overall:		1.3784		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:		18.60%		0.0%							
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q		3.06		5.0%		Quarterly Medicaid:		1.3256		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>															
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>															
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>															
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmts	(\$243,042)	(\$3,936)	\$0	(\$963)	\$0	(\$733)	(\$196,420)		(\$40,990)				
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$121,680					
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3784</b>											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.28											
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.28	\$0.00	\$19.21	\$20.52		\$31.40	\$3.61	\$28.12	\$1.22			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.99	\$77.28	\$0.00	\$19.21	\$20.52		\$31.40	\$3.61	11.75 (FRV)	\$1.22			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>															
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.99	\$77.28	\$0.00	\$19.21	\$20.52	\$0.00	\$31.40	\$3.61	\$11.75	\$1.22			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3256</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.44											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.15	\$102.44	\$0.00	\$19.21	\$20.52	\$0.00	\$31.40	\$3.61	\$11.75	\$1.22			
<b>Quarterly Per Diem Add-on Amounts</b>															
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$23.75	\$5.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$213.90</b>	<b>\$108.09</b>	<b>\$0.00</b>	<b>\$19.43</b>	<b>\$20.93</b>	<b>\$0.00</b>	<b>\$48.87</b>	<b>\$3.61</b>	<b>\$11.75</b>	<b>\$1.22</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$147.60</b>												

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Provider: <b>FLORENCE HAND HOME</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00207083A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>CHATSWORTH HEALTH CARE CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00209778A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.8172 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 41.58% 2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.46 3.0%				Quarterly Medicaid: 1.6324 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$244,862			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 35,934	FY21 Audited C/R Days	35,934										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,934	FY21 GL-PL Ins Rpt Days								35,934			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.8172</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.75									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$45.75	\$0.00	\$18.72	\$15.79		\$21.05	\$6.81	\$39.64	\$5.64	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.45	\$45.75	\$0.00	\$18.72	\$15.79		\$21.05	\$6.81	9.69 (FRV)	\$5.64	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.45	\$45.75	\$0.00	\$18.72	\$15.79	\$0.00	\$21.05	\$6.81	\$9.69	\$5.64	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.6324</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.68									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.39	\$74.68	\$0.00	\$18.72	\$15.79	\$0.00	\$21.05	\$6.81	\$9.69	\$5.64	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.87	\$1.87									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$22.74	\$4.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$175.13</b>	<b>\$79.32</b>	<b>\$0.00</b>	<b>\$18.94</b>	<b>\$16.20</b>	<b>\$0.00</b>	<b>\$38.52</b>	<b>\$6.81</b>	<b>\$9.69</b>	<b>\$5.64</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$118.52</b>										

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Provider: <b>HIGH SHOALS HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00212814A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.3267	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				42.11%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				2.91	6.0%	Quarterly Medicaid:			1.2559	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$175,365)	(\$3,012)	\$0	(\$737)	\$0	(\$928)	(\$149,291)		(\$21,397)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$104,000				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3267</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.94										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$74.94	\$0.00	\$20.63	\$24.90		\$35.07	\$4.03	\$9.15	\$0.83		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.15	\$74.94	\$0.00	\$20.63	\$24.90		\$35.07	\$4.03	16.75 (FRV)	\$0.83		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.15	\$74.94	\$0.00	\$20.63	\$24.90	\$0.00	\$35.07	\$4.03	\$16.75	\$0.83		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2559</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.12										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.33	\$94.12	\$0.00	\$20.63	\$24.90	\$0.00	\$35.07	\$4.03	\$16.75	\$0.83		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.35	\$2.35										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	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	\$26.63	\$8.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$222.96</b>	<b>\$102.65</b>	<b>\$0.00</b>	<b>\$20.85</b>	<b>\$25.31</b>	<b>\$0.00</b>	<b>\$52.54</b>	<b>\$4.03</b>	<b>\$16.75</b>	<b>\$0.83</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$154.40</b>											

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PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - FORT OGLETHORPE</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00214695A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.1778	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			22.83%	1.0%	Quarterly Medicaid:			1.1487	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.32	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$559,599)	(\$64,721)	\$0	\$0	\$0	\$1,082	(\$457,876)		(\$38,084)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$521,515			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.1778</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.04									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$95.04	\$0.00	\$19.73	\$22.49		\$28.23	\$16.40	\$8.85	\$0.98	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.17	\$95.04	\$0.00	\$19.73	\$22.49		\$28.23	\$16.40	9.30 (FRV)	\$0.98	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.17	\$95.04	\$0.00	\$19.73	\$22.49	\$0.00	\$28.23	\$16.40	\$9.30	\$0.98	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.1487</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.17									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.30	\$109.17	\$0.00	\$19.73	\$22.49	\$0.00	\$28.23	\$16.40	\$9.30	\$0.98	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.46	\$5.46									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.18	\$7.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$231.48</b>	<b>\$116.25</b>	<b>\$0.00</b>	<b>\$19.95</b>	<b>\$22.90</b>	<b>\$0.00</b>	<b>\$45.70</b>	<b>\$16.40</b>	<b>\$9.30</b>	<b>\$0.98</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$160.79</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>UNIVERSITY EXTENDED CARE-WESTWOOD</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00219359A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				Base Period Overall:		1.5399		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				Quarterly Medicaid:		1.3500		1.3706	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q									
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$737,841)	(\$99,320)	\$0	(\$2,117)	(\$1,192)	\$40,695	(\$665,665)		(\$10,242)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$179,706			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 36,264	FY21 Audited C/R Days	36,264										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,264	FY21 GL-PL Ins Rpt Days								36,264			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5399</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.72									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.72	\$0.00	\$28.46	\$26.53		\$13.18	\$4.96	\$9.59	\$0.28	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.28	\$68.72	\$0.00	\$26.82	\$26.53		\$13.18	\$4.96	16.79 (FRV)	\$0.28	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.28	\$68.72	\$0.00	\$26.82	\$26.53	\$0.00	\$13.18	\$4.96	\$16.79	\$0.28	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3500</b>									
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.77									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.33	\$92.77	\$0.00	\$26.82	\$26.53	\$0.00	\$13.18	\$4.96	\$16.79	\$0.28	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.78	\$2.78									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.12	\$4.24	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$203.45</b>	<b>\$97.01</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$26.94</b>	<b>\$0.00</b>	<b>\$30.65</b>	<b>\$4.96</b>	<b>\$16.79</b>	<b>\$0.28</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$139.76</b>										

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Provider: <b>COMER HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>				<u>PDPM</u>	<u>PDPM</u>
Prvdr ID: <b>00220448A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:      N/A      0.00%				Base Period Overall:				1.2745	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:      39.68%      2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q      3.33      7.0%				Quarterly Medicaid:				1.2926	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$195,835)	(\$3,401)	\$0	(\$791)	\$0	(\$589)	(\$177,130)		(\$13,924)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$120,640			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2745</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.22									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.22	\$0.00	\$22.25	\$22.59		\$32.78	\$4.35	\$7.67	\$0.50	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.10	\$86.22	\$0.00	\$22.25	\$22.59		\$32.78	\$4.35	9.41 (FRV)	\$0.50	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.10	\$86.22	\$0.00	\$22.25	\$22.59	\$0.00	\$32.78	\$4.35	\$9.41	\$0.50	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2926</b>									
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.45									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.33	\$111.45	\$0.00	\$22.25	\$22.59	\$0.00	\$32.78	\$4.35	\$9.41	\$0.50	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.79	\$2.79									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 7.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.80	\$7.80									
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	\$29.22	\$11.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$232.55</b>	<b>\$122.57</b>	<b>\$0.00</b>	<b>\$22.47</b>	<b>\$23.00</b>	<b>\$0.00</b>	<b>\$50.25</b>	<b>\$4.35</b>	<b>\$9.41</b>	<b>\$0.50</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$161.59</b>										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
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Provider: <b>GLENWOOD HEALTH AND REHABILITATION CENTER</b>				<u>Add-on Data and Percentage</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00220514A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.3605	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:		32.10%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q		2.71	2.0%	Quarterly Medicaid:			1.4136	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>PDPM BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	\$637,045	(\$29,748)	\$0	(\$1,488)	\$0	\$3,202	\$759,556		(\$94,477)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$25,508		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3605</b>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.04								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.04	\$0.00	\$17.29	\$14.66		\$31.30	\$0.38	\$18.51	\$1.42
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.60	\$87.04	\$0.00	\$17.29	\$14.66		\$31.30	\$0.38	7.51 (FRV)	\$1.42
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.60	\$87.04	\$0.00	\$17.29	\$14.66	\$0.00	\$31.30	\$0.38	\$7.51	\$1.42
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4136</b>								
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.60	\$123.04	\$0.00	\$17.29	\$14.66	\$0.00	\$31.30	\$0.38	\$7.51	\$1.42
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.08	\$3.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.46	\$2.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.17	\$6.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$219.77</b>	<b>\$129.11</b>	<b>\$0.00</b>	<b>\$17.51</b>	<b>\$15.07</b>	<b>\$0.00</b>	<b>\$48.77</b>	<b>\$0.38</b>	<b>\$7.51</b>	<b>\$1.42</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$152.00</b>									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>FOUNTAIN BLUE REHAB AND NURSING</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00222582A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.3034 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 37.29% 2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 2.91 3.0%				Quarterly Medicaid: 1.4569 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
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	\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3034									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.64									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.64	\$0.00	\$16.09	\$17.78		\$26.18	\$6.59	\$18.50	\$2.55	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.04	\$81.64	\$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 = 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	\$160.04	\$81.64	\$0.00	\$16.09	\$17.78	\$0.00	\$26.18	\$6.59	\$9.21	\$2.55	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4569									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.94									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.34	\$118.94	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.97	\$2.97									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$25.17	\$7.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$222.51	\$126.01	\$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	\$154.06										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>EATONTON HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00223473A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.1754	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				22.22%	1.0%	Quarterly Medicaid:			1.1805	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.68	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$148,191)	(\$2,503)	\$0	(\$612)	\$0	(\$529)	(\$116,581)		(\$27,966)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$109,005				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.1754</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.29										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.29	\$0.00	\$19.36	\$22.99		\$30.25	\$5.08	\$17.97	\$1.30		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.10	\$85.29	\$0.00	\$19.36	\$22.99		\$30.25	\$5.08	9.83 (FRV)	\$1.30		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.10	\$85.29	\$0.00	\$19.36	\$22.99	\$0.00	\$30.25	\$5.08	\$9.83	\$1.30		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.1805</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.68										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.50	\$100.68	\$0.00	\$19.36	\$22.99	\$0.00	\$30.25	\$5.08	\$9.83	\$1.30		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.03	\$5.03										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.67	\$6.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$214.17</b>	<b>\$107.25</b>	<b>\$0.00</b>	<b>\$19.58</b>	<b>\$23.40</b>	<b>\$0.00</b>	<b>\$47.72</b>	<b>\$5.08</b>	<b>\$9.83</b>	<b>\$1.30</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$147.80</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>CHESTNUT RIDGE NSG &amp; REHAB CTR</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00228049A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:									

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>MANOR CARE REHABILITATION CENTER - MARIETTA</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00236211A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.3554		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 8.89% 0.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.69 3.0%				Quarterly Medicaid:		1.3278		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>PDPM BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$92,866)	\$0	\$0	\$0	\$0	\$0	(\$28,579)		(\$64,287)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$24,378			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3554</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$119.78									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$119.78	\$0.00	\$26.12	\$21.12		\$62.29	\$0.77	\$7.67	\$2.09	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.99	\$104.63	\$0.00	\$26.12	\$21.12		\$36.91	\$0.77	11.35 (FRV)	\$2.09	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$202.99	\$104.63	\$0.00	\$26.12	\$21.12	\$0.00	\$36.91	\$0.77	\$11.35	\$2.09	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3278</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.93									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.28	\$138.93	\$0.00	\$26.12	\$21.12	\$0.00	\$36.91	\$0.77	\$11.35	\$2.09	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.17	\$4.17									
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	\$21.90	\$4.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$259.18</b>	<b>\$143.10</b>	<b>\$0.00</b>	<b>\$26.34</b>	<b>\$21.53</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$0.77</b>	<b>\$11.35</b>	<b>\$2.09</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$181.56</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - SAVANNAH</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00238323A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.5637	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				22.62%	1.0%	Quarterly Medicaid:			1.3661	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.52	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$523,002				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5637</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.08										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$81.08	\$0.00	\$15.44	\$24.25		\$36.08	\$13.59	\$22.29	\$3.11		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.70	\$81.08	\$0.00	\$15.44	\$24.25		\$36.08	\$13.59	29.15 (FRV)	\$3.11		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$202.70	\$81.08	\$0.00	\$15.44	\$24.25	\$0.00	\$36.08	\$13.59	\$29.15	\$3.11		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3661</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.76										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.38	\$110.76	\$0.00	\$15.44	\$24.25	\$0.00	\$36.08	\$13.59	\$29.15	\$3.11		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.54	\$5.54										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.28	\$7.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$257.66</b>	<b>\$117.94</b>	<b>\$0.00</b>	<b>\$15.66</b>	<b>\$24.66</b>	<b>\$0.00</b>	<b>\$53.55</b>	<b>\$13.59</b>	<b>\$29.15</b>	<b>\$3.11</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$180.42</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>RESORTS AT POOLER INC</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00238741A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:									

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>WINDERMERE HEALTH AND REHABILITATION CENTER</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00241678A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4944	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			34.62%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.55	1.0%	Quarterly Medicaid:			1.4578	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$551,721)	(\$144,488)	\$0	(\$5,975)	(\$3,978)	\$5,036	(\$351,398)		(\$50,918)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$221,572			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4944</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.28									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$83.28	\$0.00	\$20.50	\$18.23		\$45.24	\$7.77	\$63.38	\$2.16	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.55	\$83.28	\$0.00	\$20.50	\$18.23		\$36.91	\$7.77	10.70 (FRV)	\$2.16	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.55	\$83.28	\$0.00	\$20.50	\$18.23	\$0.00	\$36.91	\$7.77	\$10.70	\$2.16	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4578</b>									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.41									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.67	\$121.41	\$0.00	\$20.50	\$18.23	\$0.00	\$36.91	\$7.77	\$10.70	\$2.16	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.04	\$3.04									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.21	\$1.21									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.51	\$4.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$240.18</b>	<b>\$126.19</b>	<b>\$0.00</b>	<b>\$20.72</b>	<b>\$18.64</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$7.77</b>	<b>\$10.70</b>	<b>\$2.16</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$167.31</b>										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - AUGUSTA HILLS</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00245055A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				Base Period Overall:		1.4779		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				Quarterly Medicaid:		1.5508		1.3706	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q									
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$547,187			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 28,019	FY21 Audited C/R Days	28,019										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,019	FY21 GL-PL Ins Rpt Days								28,019			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4779</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.01									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73.01	\$0.00	\$19.96	\$27.74		\$32.10	\$19.53	\$12.27	\$1.70	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.54	\$73.01	\$0.00	\$19.96	\$27.74		\$32.10	\$19.53	8.50 (FRV)	\$1.70	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.54	\$73.01	\$0.00	\$19.96	\$27.74	\$0.00	\$32.10	\$19.53	\$8.50	\$1.70	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.5508</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.22									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.75	\$113.22	\$0.00	\$19.96	\$27.74	\$0.00	\$32.10	\$19.53	\$8.50	\$1.70	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.83	\$2.83									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$27.12	\$9.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$249.87</b>	<b>\$122.24</b>	<b>\$0.00</b>	<b>\$20.18</b>	<b>\$28.15</b>	<b>\$0.00</b>	<b>\$49.57</b>	<b>\$19.53</b>	<b>\$8.50</b>	<b>\$1.70</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$174.58</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - MAGNOLIA MANOR</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00252007A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:                      N/A                      0.00%				Base Period Overall:                      1.5303                      1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:                      12.12%                      0.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q                      3.56                      5.0%				Quarterly Medicaid:                      1.3364                      1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$542,583)	(\$89,719)	\$0	\$0	\$0	\$2,343	(\$342,891)		(\$112,316)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$423,022			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5303</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.31									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75.31	\$0.00	\$16.78	\$35.62		\$38.56	\$15.84	\$21.10	\$4.21	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$209.88	\$75.31	\$0.00	\$16.78	\$33.28		\$36.91	\$15.84	27.55 (FRV)	\$4.21	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage =                      0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$209.88	\$75.31	\$0.00	\$16.78	\$33.28	\$0.00	\$36.91	\$15.84	\$27.55	\$4.21	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3364</b>									
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.64									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.21	\$100.64	\$0.00	\$16.78	\$33.28	\$0.00	\$36.91	\$15.84	\$27.55	\$4.21	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem =                      0.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem =                      5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.03	\$5.03									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.88	\$5.56	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$258.09</b>	<b>\$106.20</b>	<b>\$0.00</b>	<b>\$17.00</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$15.84</b>	<b>\$27.55</b>	<b>\$4.21</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$180.74</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - DECATUR</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00252942A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.3470 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 28.95% 1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.67 5.0%				Quarterly Medicaid: 1.3790 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$722,196)	(\$89,521)	\$0	\$0	(\$5,104)	(\$2,740)	(\$557,838)		(\$66,993)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$634,296			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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										
	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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3470</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.81									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.81	\$0.00	\$18.50	\$22.68		\$31.80	\$13.69	\$13.69	\$1.43	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.64	\$90.81	\$0.00	\$18.50	\$22.68		\$31.80	\$13.69	14.73 (FRV)	\$1.43	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.64	\$90.81	\$0.00	\$18.50	\$22.68	\$0.00	\$31.80	\$13.69	\$14.73	\$1.43	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3790</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.23									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.05	\$125.23	\$0.00	\$18.50	\$22.68	\$0.00	\$31.80	\$13.69	\$14.73	\$1.43	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.25	\$1.25									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$26.14	\$8.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$254.19</b>	<b>\$133.27</b>	<b>\$0.00</b>	<b>\$18.72</b>	<b>\$23.09</b>	<b>\$0.00</b>	<b>\$49.27</b>	<b>\$13.69</b>	<b>\$14.73</b>	<b>\$1.43</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$177.82</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - LAFAYETTE</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00254394A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				Base Period Overall:		1.4121		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				Quarterly Medicaid:		1.3245		1.3706	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q									
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>PDPM BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$434,816			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 26,283	FY21 Audited C/R Days	26,283										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,283	FY21 GL-PL Ins Rpt Days								26,283			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4121</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.33									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.33	\$0.00	\$15.79	\$24.03		\$30.48	\$16.54	\$12.82	\$1.00	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.25	\$71.33	\$0.00	\$15.79	\$24.03		\$30.48	\$16.54	9.08 (FRV)	\$1.00	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.25	\$71.33	\$0.00	\$15.79	\$24.03	\$0.00	\$30.48	\$16.54	\$9.08	\$1.00	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3245</b>									
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.48									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.40	\$94.48	\$0.00	\$15.79	\$24.03	\$0.00	\$30.48	\$16.54	\$9.08	\$1.00	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.36	\$2.36									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.78	\$3.78									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.77	\$6.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$216.17</b>	<b>\$101.15</b>	<b>\$0.00</b>	<b>\$16.01</b>	<b>\$24.44</b>	<b>\$0.00</b>	<b>\$47.95</b>	<b>\$16.54</b>	<b>\$9.08</b>	<b>\$1.00</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$149.30</b>										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - WEST ATLANTA</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00256088A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5249	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			23.68%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.60	5.0%	Quarterly Medicaid:			1.4000	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$522,301			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5249</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.92									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$81.92	\$0.00	\$15.07	\$29.16		\$35.10	\$17.05	\$5.85	\$2.55	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.44	\$81.92	\$0.00	\$15.07	\$29.16		\$35.10	\$17.05	11.59 (FRV)	\$2.55	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.44	\$81.92	\$0.00	\$15.07	\$29.16	\$0.00	\$35.10	\$17.05	\$11.59	\$2.55	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4000</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.69									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.21	\$114.69	\$0.00	\$15.07	\$29.16	\$0.00	\$35.10	\$17.05	\$11.59	\$2.55	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$250.72</b>	<b>\$122.10</b>	<b>\$0.00</b>	<b>\$15.29</b>	<b>\$29.57</b>	<b>\$0.00</b>	<b>\$52.57</b>	<b>\$17.05</b>	<b>\$11.59</b>	<b>\$2.55</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$175.22</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>BAINBRIDGE HEALTH AND REHAB</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00258915A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.3983	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				22.81%	1.0%	Quarterly Medicaid:			1.5589	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.39	4.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$29,010				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	FY21 Audited C/R Days	27,042											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,042	FY21 GL-PL Ins Rpt Days								27,042				
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3983</b>										
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.07										
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.07	\$0.00	\$17.38	\$17.72		\$52.96	\$1.07	\$34.83	\$1.09		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.16	\$55.07	\$0.00	\$17.38	\$17.72		\$36.91	\$1.07	8.92 (FRV)	\$1.09		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.16	\$55.07	\$0.00	\$17.38	\$17.72	\$0.00	\$36.91	\$1.07	\$8.92	\$1.09		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.5589</b>										
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.85										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.94	\$85.85	\$0.00	\$17.38	\$17.72	\$0.00	\$36.91	\$1.07	\$8.92	\$1.09		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	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	\$22.55	\$4.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$191.49</b>	<b>\$90.67</b>	<b>\$0.00</b>	<b>\$17.60</b>	<b>\$18.13</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$1.07</b>	<b>\$8.92</b>	<b>\$1.09</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$130.79</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRUITTHEALTH - COVINGTON</b>			<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00265196A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>			Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3659	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>			Qtrly BIMS score:			16.39%	0.0%	Quarterly Medicaid:			1.3927	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>			Nurse Hrs per On-Site Day/Q			3.42	6.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>PDPM BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$284,431		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3659</b>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.59								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$82.59	\$0.00	\$15.48	\$24.39		\$35.47	\$12.69	\$16.85	\$1.33
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.58	\$82.59	\$0.00	\$15.48	\$24.39		\$35.47	\$12.69	10.63 (FRV)	\$1.33
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.58	\$82.59	\$0.00	\$15.48	\$24.39	\$0.00	\$35.47	\$12.69	\$10.63	\$1.33
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3927</b>								
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.02	\$115.02	\$0.00	\$15.48	\$24.39	\$0.00	\$35.47	\$12.69	\$10.63	\$1.33
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.90	\$6.90								
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	\$25.53	\$7.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$240.55</b>	<b>\$122.45</b>	<b>\$0.00</b>	<b>\$15.70</b>	<b>\$24.80</b>	<b>\$0.00</b>	<b>\$52.94</b>	<b>\$12.69</b>	<b>\$10.63</b>	<b>\$1.33</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$167.59</b>									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>LAGRANGE HEALTH AND REHAB</b>				<u>Add-on Data and Percentage</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00270245A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.5972	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:		24.14%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q		2.89	3.0%	Quarterly Medicaid:			1.3117	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>PDPM BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmts	(\$117,853)	(\$3,163)	\$0	\$0	\$0	\$0	(\$69,414)		(\$45,276)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 26,582	FY21 Audited C/R Days	26,582									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,582	FY21 GL-PL Ins Rpt Days								26,582		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5972</b>								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.68								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.68	\$0.00	\$19.38	\$22.52		\$32.70	\$0.00	\$44.20	\$1.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.58	\$69.68	\$0.00	\$19.38	\$22.52		\$32.70	\$0.00	10.60 (FRV)	\$1.70
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.58	\$69.68	\$0.00	\$19.38	\$22.52	\$0.00	\$32.70	\$0.00	\$10.60	\$1.70
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3117</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.30	\$91.40	\$0.00	\$19.38	\$22.52	\$0.00	\$32.70	\$0.00	\$10.60	\$1.70
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.28	\$4.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$200.58</b>	<b>\$95.58</b>	<b>\$0.00</b>	<b>\$19.60</b>	<b>\$22.93</b>	<b>\$0.00</b>	<b>\$50.17</b>	<b>\$0.00</b>	<b>\$10.60</b>	<b>\$1.70</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$137.61</b>									

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>LUMBER CITY NURSING &amp; REHABILITATION CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00270256A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.2619 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 33.93% 2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 2.92 3.0%				Quarterly Medicaid: 1.2122 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base 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 Model 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 Model for All Residents	from 2 qtrs of FY21		1.2619									
11	Routine Srvc Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.92									
12	Net Per Diems after Model Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.92	\$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		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.94	\$78.92	\$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 = 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	\$154.94	\$78.92	\$0.00	\$16.14	\$19.07	\$0.00	\$27.06	\$2.63	\$9.96	\$1.16	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2122									
18	Qtrly Routine Srvc Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.67									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.69	\$95.67	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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 Model Based Per Diem Rate	Ln 19 + Ln 24	\$195.58	\$101.46	\$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	\$133.86										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>WILLOWWOOD HEALTHCARE AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00271829A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4759	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			27.91%	1.0%	Quarterly Medicaid:			1.3849	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			2.88	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$210,772			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4759</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.03									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.03	\$0.00	\$19.20	\$14.88		\$26.87	\$7.39	\$22.06	\$1.26	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.26	\$62.03	\$0.00	\$19.20	\$14.88		\$26.87	\$7.39	8.63 (FRV)	\$1.26	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.26	\$62.03	\$0.00	\$19.20	\$14.88	\$0.00	\$26.87	\$7.39	\$8.63	\$1.26	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3849</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.91									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.13	\$85.91	\$0.00	\$19.20	\$14.88	\$0.00	\$26.87	\$7.39	\$8.63	\$1.26	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$22.07	\$3.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$186.20</b>	<b>\$89.88</b>	<b>\$0.00</b>	<b>\$19.42</b>	<b>\$15.29</b>	<b>\$0.00</b>	<b>\$44.34</b>	<b>\$7.39</b>	<b>\$8.63</b>	<b>\$1.26</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$126.83</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>CRESTVIEW HEALTH &amp; REHAB CTR</b>				<u>Add-on Data and Percentag</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>	
Prvdr ID: <b>00273567A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.4475		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				34.70%		2.5%								
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				1.94		1.0%		Quarterly Medicaid:			1.4444		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes									
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$100,000								
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4475</b>														
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.48														
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.48	\$0.00	\$25.92	\$30.96		\$38.08	\$0.94	\$14.88	\$0.03						
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.89	\$85.48	\$0.00	\$25.92	\$30.96		\$36.91	\$0.94	10.65 (FRV)	\$0.03						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.89	\$85.48	\$0.00	\$25.92	\$30.96	\$0.00	\$36.91	\$0.94	\$10.65	\$0.03						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4444</b>														
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.47														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.88	\$123.47	\$0.00	\$25.92	\$30.96	\$0.00	\$36.91	\$0.94	\$10.65	\$0.03						
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00							
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.09	\$3.09														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.23	\$1.23														
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	\$5.48	\$4.85	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$234.36</b>	<b>\$128.32</b>	<b>\$0.00</b>	<b>\$26.14</b>	<b>\$31.37</b>	<b>\$0.00</b>	<b>\$36.91</b>	<b>\$0.94</b>	<b>\$10.65</b>	<b>\$0.03</b>						
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$175.77</b>															

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>CRISP REGIONAL NSG &amp; REHAB CTR</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00274128A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				Base Period Overall:		1.6900		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				Quarterly Medicaid:		1.5024		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$71,384			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.6900</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.56									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$102.56	\$0.00	\$28.93	\$28.84		\$49.45	\$3.63	\$18.72	\$0.65	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$214.38	\$102.56	\$0.00	\$28.93	\$28.84		\$36.91	\$3.63	12.86 (FRV)	\$0.65	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$214.38	\$102.56	\$0.00	\$28.93	\$28.84	\$0.00	\$36.91	\$3.63	\$12.86	\$0.65	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.5024</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$154.09									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$265.91	\$154.09	\$0.00	\$28.93	\$28.84	\$0.00	\$36.91	\$3.63	\$12.86	\$0.65	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.85	\$3.85									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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	\$25.19	\$7.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$291.10</b>	<b>\$161.55</b>	<b>\$0.00</b>	<b>\$29.15</b>	<b>\$29.25</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$3.63</b>	<b>\$12.86</b>	<b>\$0.65</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$205.50</b>										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>THOMASVILLE HEALTH &amp; REHAB, LLC</b>				<u>Add-on Data and Percentag</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>		
Prvdr ID: <b>00277604A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.3257		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				41.94%		2.5%		Quarterly Medicaid:			1.4600		1.3706		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.09		2.0%									
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts			(\$52,525)	(\$4,942)	\$0	\$0	\$0	\$0	(\$29,869)		(\$17,714)				
	As Filed Cost Center Costs (GL/PL)			<b>As Filed FY21 GL/PL Rpt</b>										\$0					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>												\$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 As Filed Days = 13,719			FY21 Audited C/R Days			13,719												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 13,719			FY21 GL-PL Ins Rpt Days										13,719					
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.3257</b>											
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$71.90											
12	Net Per Diems after Model Adjstmt to Routine Srvcs			RS = Ln 11, AllOthr = Ln 9				\$71.90	\$0.00	\$23.27	\$20.80		\$37.72	\$0.00	\$27.77	\$1.29			
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)			per Peer Group Limits				\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$164.72	\$71.90	\$0.00	\$23.27	\$20.80		\$36.91	\$0.00	10.55 (FRV)	\$1.29			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$164.72	\$71.90	\$0.00	\$23.27	\$20.80	\$0.00	\$36.91	\$0.00	\$10.55	\$1.29			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.4600</b>											
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$104.97											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$197.79	\$104.97	\$0.00	\$23.27	\$20.80	\$0.00	\$36.91	\$0.00	\$10.55	\$1.29			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)			Ln 19 Col b x CPS Add-on			\$2.62	\$2.62											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)			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			\$22.98	\$5.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$220.77</b>	<b>\$110.22</b>	<b>\$0.00</b>	<b>\$23.49</b>	<b>\$21.21</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$0.00</b>	<b>\$10.55</b>	<b>\$1.29</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$152.75</b>												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>DELMAR GARDENS OF SMYRNA</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00296271A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.4908 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 20.59% 1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 4.00 3.0%				Quarterly Medicaid: 1.4445 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>PDPM BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$83,100			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 32,894	FY21 Audited C/R Days	32,894										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,894	FY21 GL-PL Ins Rpt Days								32,894			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4908</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.69									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$83.69	\$0.00	\$26.09	\$27.65		\$36.49	\$2.53	\$10.32	\$2.13	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.96	\$83.69	\$0.00	\$26.09	\$27.65		\$36.49	\$2.53	12.38 (FRV)	\$2.13	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.96	\$83.69	\$0.00	\$26.09	\$27.65	\$0.00	\$36.49	\$2.53	\$12.38	\$2.13	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4445</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.89									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.16	\$120.89	\$0.00	\$26.09	\$27.65	\$0.00	\$36.49	\$2.53	\$12.38	\$2.13	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.47	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.31		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$23.41	\$5.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.41	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$251.57</b>	<b>\$126.26</b>	<b>\$0.00</b>	<b>\$26.31</b>	<b>\$28.06</b>	<b>\$0.00</b>	<b>\$53.90</b>	<b>\$2.53</b>	<b>\$12.38</b>	<b>\$2.13</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$175.85</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>NHC HEALTHCARE FT OGLETHORPE</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00344759A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.2763 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 21.18% 1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.77 3.0%				Quarterly Medicaid: 1.4416 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.2763									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.11									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.11	\$0.00	\$20.59	\$20.29		\$31.76	\$4.90	\$7.22	\$1.49	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.65	\$90.11	\$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 = 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	\$181.65	\$90.11	\$0.00	\$20.59	\$20.29	\$0.00	\$31.76	\$4.90	\$12.51	\$1.49	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4416									
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.90									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.44	\$129.90	\$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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$23.83	\$5.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$245.27	\$135.63	\$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	\$171.13										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>PRESBYTERIAN VILLAGE</b>				<u>Add-on Data and Percentag</u>			<u>Facility</u>	<u>Add-on</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM</u>	<u>PDPM</u>
Prvdr ID: <b>00362832A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4470	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			46.67%	5.5%	Quarterly Medicaid:			1.4350	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			4.82	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$164,404)	\$0	\$0	\$0	\$0	\$0	(\$144,638)		(\$19,766)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$129,346			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 27,539	FY21 Audited C/R Days	27,539										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,539	FY21 GL-PL Ins Rpt Days								27,539			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4470</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$132.24									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$132.24	\$0.00	\$28.38	\$37.05		\$66.47	\$4.70	\$22.68	\$0.72	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.48	\$104.63	\$0.00	\$26.82	\$33.28		\$36.91	\$4.70	22.42 (FRV)	\$0.72	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$229.48	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.70	\$22.42	\$0.72	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4350</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$150.14									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$274.99	\$150.14	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.70	\$22.42	\$0.72	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$8.26	\$8.26									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.50	\$4.50									
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$12.76	\$12.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$287.75</b>	<b>\$162.90</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$36.91</b>	<b>\$4.70</b>	<b>\$22.42</b>	<b>\$0.72</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$215.81</b>										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>CAMELLIA GARDENS OF LIFE CARE</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00366341A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.2743	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				20.93%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.13	5.0%	Quarterly Medicaid:			1.2118	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$130,188)	(\$1,054)	\$0	(\$2,317)	(\$1,431)	\$1,435	(\$80,827)		(\$45,994)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$80,827				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2743</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$104.63										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$104.63	\$0.00	\$21.71	\$21.71		\$34.96	\$3.78	\$6.19	\$2.13		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.66	\$104.63	\$0.00	\$21.71	\$21.71		\$34.96	\$3.78	9.74 (FRV)	\$2.13		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.66	\$104.63	\$0.00	\$21.71	\$21.71	\$0.00	\$34.96	\$3.78	\$9.74	\$2.13		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2118</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.79										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.82	\$126.79	\$0.00	\$21.71	\$21.71	\$0.00	\$34.96	\$3.78	\$9.74	\$2.13		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.27	\$1.27										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.34	\$6.34										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.71	\$7.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$246.53</b>	<b>\$134.40</b>	<b>\$0.00</b>	<b>\$21.93</b>	<b>\$22.12</b>	<b>\$0.00</b>	<b>\$52.43</b>	<b>\$3.78</b>	<b>\$9.74</b>	<b>\$2.13</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$172.07</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>QUIET OAKS HEALTH CARE CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00370851A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 2.0248 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 59.62% 5.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.50 5.0%				Quarterly Medicaid: 1.5227 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$144,493)	(\$4,429)	\$0	\$1,176	\$984	\$5,112	(\$106,590)		(\$40,746)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$110,444			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>2.0248</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.27									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.27	\$0.00	\$20.85	\$34.44		\$36.70	\$5.71	\$2.75	\$2.17	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.25	\$59.27	\$0.00	\$20.85	\$33.28		\$36.70	\$5.71	12.27 (FRV)	\$2.17	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.25	\$59.27	\$0.00	\$20.85	\$33.28	\$0.00	\$36.70	\$5.71	\$12.27	\$2.17	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.5227</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.25									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.23	\$90.25	\$0.00	\$20.85	\$33.28	\$0.00	\$36.70	\$5.71	\$12.27	\$2.17	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.91	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.16		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$4.96	\$4.96									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.51	\$4.51									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.48	\$10.00	\$0.00	\$0.22	\$0.00	\$0.00	\$17.26	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$228.71</b>	<b>\$100.25</b>	<b>\$0.00</b>	<b>\$21.07</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$53.96</b>	<b>\$5.71</b>	<b>\$12.27</b>	<b>\$2.17</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$158.71</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>WESTWOOD HEALTHCARE AND REHABILITATION</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00370862A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5529	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			33.96%	2.5%	Quarterly Medicaid:			1.2559	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.25	2.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$119,552			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 14,406	FY21 Audited C/R Days	14,406										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,406	FY21 GL-PL Ins Rpt Days								14,406			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5529</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.16									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73.16	\$0.00	\$21.15	\$17.10		\$36.43	\$8.30	\$16.03	\$2.27	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.86	\$73.16	\$0.00	\$21.15	\$17.10		\$36.43	\$8.30	10.45 (FRV)	\$2.27	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.86	\$73.16	\$0.00	\$21.15	\$17.10	\$0.00	\$36.43	\$8.30	\$10.45	\$2.27	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2559</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.88									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.58	\$91.88	\$0.00	\$21.15	\$17.10	\$0.00	\$36.43	\$8.30	\$10.45	\$2.27	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.52	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.36		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.30	\$2.30									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.84	\$1.84									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.76	\$4.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.46	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$210.34</b>	<b>\$96.55</b>	<b>\$0.00</b>	<b>\$21.37</b>	<b>\$17.51</b>	<b>\$0.00</b>	<b>\$53.89</b>	<b>\$8.30</b>	<b>\$10.45</b>	<b>\$2.27</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$144.93</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>LIFE CARE CENTER OF GWINNETT</b>				<u>Add-on Data and Percentage</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00370873A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.3823	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:		24.59%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q		2.74	4.0%	Quarterly Medicaid:			1.4945	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>PDPM BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$161,998		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 22,099	FY21 Audited C/R Days	22,099									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,099	FY21 GL-PL Ins Rpt Days								22,099		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3823</b>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$103.41								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$103.41	\$0.00	\$30.66	\$36.20		\$50.09	\$7.33	\$14.33	\$4.57
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$224.06	\$103.41	\$0.00	\$26.82	\$33.28		\$36.91	\$7.33	11.74 (FRV)	\$4.57
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$224.06	\$103.41	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$7.33	\$11.74	\$4.57
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4945</b>								
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$154.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$275.20	\$154.55	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$7.33	\$11.74	\$4.57
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.55	\$1.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	\$25.36	\$8.26	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$300.56</b>	<b>\$162.81</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$7.33</b>	<b>\$11.74</b>	<b>\$4.57</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$212.60</b>									

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>DELMAR GARDENS OF GWINNETT</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00395161A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:      N/A      0.00%				Base Period Overall:		1.5003		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:      3.33%      0.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q      3.46      3.0%				Quarterly Medicaid:		1.2828		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$63,000			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5003</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.76									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.76	\$0.00	\$45.50	\$41.36		\$52.37	\$3.26	\$21.82	\$6.72	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.10	\$86.76	\$0.00	\$26.82	\$33.28		\$36.91	\$3.26	10.35 (FRV)	\$6.72	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.10	\$86.76	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$3.26	\$10.35	\$6.72	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2828</b>									
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.30									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.64	\$111.30	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$3.26	\$10.35	\$6.72	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.34	\$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	\$20.97	\$3.87	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$249.61</b>	<b>\$115.17</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$3.26</b>	<b>\$10.35</b>	<b>\$6.72</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$174.38</b>										

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Rate Calculations

DEMONSTRATION ONLY

Provider: <b>CONDOR HEALTH LAFAYETTE</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00399737A</b>		<b>PDPM Shadow Rate For informational use only. This is NOT your rate</b>		Growth Allowance:		N/A	0.00%	Base Period Overall PDPM:			1.4559	1.5740
H/B ? : No		Case Mix Per Diem Rate Effective Date: <b>04/01/24</b>		BIMS		19.6%	0.0%					
		MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		2.76	5.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.4126	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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	j
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
<b>Base Period Per Diem Allowed Amounts</b>												
Net Historical Cost 2020												
FY2020 C/R -FY 2020 GL-PL Rpt												
Inflation (July 2021) @ 4.30%												
Patient Days												
FY 2020 Cost Rpt												
Inflated NHC/ Patient Days												
FY 20 GL-PL Ins Rpt Days												
Base Period Facility CMI for all Residents												
Routine Services Case Mix Adjusted Net Per Diem												
Net Per Diems After Case Mix Adjustments												
Per Diem Standards												
Base Period Case Mix Adjusted Allowed Per Diem												
<b>Quarterly Per Diem Rate Prior to Add-Ons</b>												
Growth Allowance 0.000%												
CMA Allowed Per Diem After Growth Allowance												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
<b>Quarterly Per Diem Add-On Amounts</b>												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
BIMS Add-on Per Diem = 0.0% (to Routine Srvs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
<b>Quarterly Case Mix Based Per Diem Rate</b>												
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>												

PDPM Shadow Rate. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>LAKE CROSSING HEALTH CENTER</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00403939A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3338	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			57.63%	5.5%	Quarterly Medicaid:			1.1978	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			2.50	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$229,705			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3338</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.80									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.80	\$0.00	\$15.96	\$23.61		\$26.81	\$8.23	\$53.19	\$1.60	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.49	\$63.80	\$0.00	\$15.96	\$23.61		\$26.81	\$8.23	11.48 (FRV)	\$1.60	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.49	\$63.80	\$0.00	\$15.96	\$23.61	\$0.00	\$26.81	\$8.23	\$11.48	\$1.60	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.1978</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.42									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.11	\$76.42	\$0.00	\$15.96	\$23.61	\$0.00	\$26.81	\$8.23	\$11.48	\$1.60	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.20	\$4.20									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.29	\$2.29									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.12	\$7.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$189.23</b>	<b>\$83.44</b>	<b>\$0.00</b>	<b>\$16.18</b>	<b>\$24.02</b>	<b>\$0.00</b>	<b>\$44.28</b>	<b>\$8.23</b>	<b>\$11.48</b>	<b>\$1.60</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$129.10</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>TOWNSEND PARK HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00404995A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.3200	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				46.67%	5.5%	Quarterly Medicaid:			1.2996	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.65	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$128,960				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 32,134	FY21 Audited C/R Days	32,134											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,134	FY21 GL-PL Ins Rpt Days								32,134				
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3200</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.07										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.07	\$0.00	\$19.41	\$27.56		\$49.58	\$4.01	\$12.47	\$0.46		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.71	\$87.07	\$0.00	\$19.41	\$27.56		\$36.91	\$4.01	14.29 (FRV)	\$0.46		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.71	\$87.07	\$0.00	\$19.41	\$27.56	\$0.00	\$36.91	\$4.01	\$14.29	\$0.46		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2996</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.16										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.80	\$113.16	\$0.00	\$19.41	\$27.56	\$0.00	\$36.91	\$4.01	\$14.29	\$0.46		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$6.22	\$6.22										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$30.14	\$12.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$245.94</b>	<b>\$125.57</b>	<b>\$0.00</b>	<b>\$19.63</b>	<b>\$27.97</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$4.01</b>	<b>\$14.29</b>	<b>\$0.46</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$171.63</b>											

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
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Provider: <b>FOUR COUNTY HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00405292A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.2793	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				47.92%	5.5%	Quarterly Medicaid:			1.3082	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.84	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$150,678)	(\$15,075)	\$0	(\$611)	\$0	(\$462)	(\$99,697)		(\$34,833)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$89,505				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2793</b>										
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.89										
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$88.89	\$0.00	\$23.26	\$24.10		\$32.24	\$4.14	\$20.80	\$1.56		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.66	\$88.89	\$0.00	\$23.26	\$24.10		\$32.24	\$4.14	10.47 (FRV)	\$1.56		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.66	\$88.89	\$0.00	\$23.26	\$24.10	\$0.00	\$32.24	\$4.14	\$10.47	\$1.56		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3082</b>										
18	Qtrly Routine Svcs Model 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	\$212.05	\$116.29	\$0.00	\$23.26	\$24.10	\$0.00	\$32.24	\$4.14	\$10.47	\$1.56		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.40	\$6.40										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$30.84	\$12.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$242.89</b>	<b>\$129.03</b>	<b>\$0.00</b>	<b>\$23.48</b>	<b>\$24.51</b>	<b>\$0.00</b>	<b>\$49.71</b>	<b>\$4.14</b>	<b>\$10.47</b>	<b>\$1.56</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$169.34</b>											

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Provider: <b>SOUTHLAND HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00409054A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.3843	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				23.53%	1.0%	Quarterly Medicaid:			1.3349	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.83	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$161,200				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 36,118	FY21 Audited C/R Days	36,118											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,118	FY21 GL-PL Ins Rpt Days								36,118				
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3843</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.25										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$88.25	\$0.00	\$22.52	\$28.81		\$37.22	\$4.46	\$57.14	\$1.99		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.38	\$88.25	\$0.00	\$22.52	\$28.81		\$36.91	\$4.46	14.44 (FRV)	\$1.99		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.38	\$88.25	\$0.00	\$22.52	\$28.81	\$0.00	\$36.91	\$4.46	\$14.44	\$1.99		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3349</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.80										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.94	\$117.80	\$0.00	\$22.52	\$28.81	\$0.00	\$36.91	\$4.46	\$14.44	\$1.99		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$25.33	\$7.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$252.27</b>	<b>\$125.40</b>	<b>\$0.00</b>	<b>\$22.74</b>	<b>\$29.22</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$4.46</b>	<b>\$14.44</b>	<b>\$1.99</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$176.38</b>											

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Provider: <b>PRUITTHEALTH - TOOMSBORO</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00409494A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.4514 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 41.30% 2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.37 5.0%				Quarterly Medicaid: 1.3550 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$308,087)	(\$12,861)	\$0	\$0	(\$2,718)	(\$2,965)	(\$264,089)		(\$25,454)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$268,711			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4514</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.42									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.42	\$0.00	\$18.01	\$24.57		\$30.76	\$14.54	\$11.42	\$1.36	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.01	\$68.42	\$0.00	\$18.01	\$24.57		\$30.76	\$14.54	13.35 (FRV)	\$1.36	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.01	\$68.42	\$0.00	\$18.01	\$24.57	\$0.00	\$30.76	\$14.54	\$13.35	\$1.36	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3550</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.71									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.30	\$92.71	\$0.00	\$18.01	\$24.57	\$0.00	\$30.76	\$14.54	\$13.35	\$1.36	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.64	\$4.64									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.59	\$7.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$220.89</b>	<b>\$100.20</b>	<b>\$0.00</b>	<b>\$18.23</b>	<b>\$24.98</b>	<b>\$0.00</b>	<b>\$48.23</b>	<b>\$14.54</b>	<b>\$13.35</b>	<b>\$1.36</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$152.84</b>										

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# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>CHERRY BLOSSOM HEALTH AND REHABILITATION</b> Prvdr ID: <b>00413509A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>4/1/2024</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 31.15% Nurse Hrs per On-Site Day/Q 3.35	<u>Facility Score</u> 0.00% 2.5% 5.0%	<u>Add-on Percent</u> 0.00% 2.5% 5.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3368 Quarterly Medicaid: 1.3245	<u>PDPM Facility</u> 1.3368 1.3245	<u>PDPM Statewide</u> 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>PDPM BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b> 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$132,276)	(\$2,174)	\$0	(\$532)	\$0	(\$491)	(\$93,083)		(\$35,996)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$86,501		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	FY21 Audited C/R Days	18,633									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								18,633		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3368</b>								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.09								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.09	\$0.00	\$21.73	\$27.92		\$40.07	\$4.64	\$20.88	\$1.93
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.68	\$91.09	\$0.00	\$21.73	\$27.92		\$36.91	\$4.64	11.46 (FRV)	\$1.93
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.68	\$91.09	\$0.00	\$21.73	\$27.92	\$0.00	\$36.91	\$4.64	\$11.46	\$1.93
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3245</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.24	\$120.65	\$0.00	\$21.73	\$27.92	\$0.00	\$36.91	\$4.64	\$11.46	\$1.93
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.02	\$3.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$27.31	\$9.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$252.55</b>	<b>\$130.23</b>	<b>\$0.00</b>	<b>\$21.95</b>	<b>\$28.33</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$4.64</b>	<b>\$11.46</b>	<b>\$1.93</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$176.59</b>									

PDPM Shadow Rates. This is not your rate.



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Provider: <b>LEGACY HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>	
Prvdr ID: <b>00415522A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.1970		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				25.00%		1.0%								
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.57		4.0%		Quarterly Medicaid:			1.1110		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<b>PDPM BASED RATE CALCULATIONS</b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes									
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$52,000								
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.1970</b>														
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$124.01														
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$124.01	\$0.00	\$24.58	\$30.61		\$46.89	\$4.15	\$15.00	\$0.68						
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$238.53	\$104.63	\$0.00	\$24.58	\$30.61		\$36.91	\$4.15	36.97 (FRV)	\$0.68						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$238.53	\$104.63	\$0.00	\$24.58	\$30.61	\$0.00	\$36.91	\$4.15	\$36.97	\$0.68						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.1110</b>														
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.24														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$250.14	\$116.24	\$0.00	\$24.58	\$30.61	\$0.00	\$36.91	\$4.15	\$36.97	\$0.68						
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00							
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	\$23.54	\$5.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$273.68</b>	<b>\$122.05</b>	<b>\$0.00</b>	<b>\$24.80</b>	<b>\$31.02</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$4.15</b>	<b>\$36.97</b>	<b>\$0.68</b>						
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$192.44</b>															

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Provider: <b>FOUNTAINVIEW CTR FOR ALZHEIMER</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00421429A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.4987	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				80.70%	5.5%	Quarterly Medicaid:			1.2836	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				4.01	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$503,560)	(\$38,081)	\$0	\$0	(\$1,864)	(\$1,679)	(\$159,028)		(\$302,908)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$197,109				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4987</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.82										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.82	\$0.00	\$24.84	\$28.85		\$36.32	\$5.76	\$13.13	\$8.82		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.43	\$87.82	\$0.00	\$24.84	\$28.85		\$36.32	\$5.76	14.02 (FRV)	\$8.82		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$206.43	\$87.82	\$0.00	\$24.84	\$28.85	\$0.00	\$36.32	\$5.76	\$14.02	\$8.82		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2836</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.73										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.34	\$112.73	\$0.00	\$24.84	\$28.85	\$0.00	\$36.32	\$5.76	\$14.02	\$8.82		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.20	\$6.20										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.38	\$3.38										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.21	\$10.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$259.55</b>	<b>\$122.84</b>	<b>\$0.00</b>	<b>\$25.06</b>	<b>\$29.26</b>	<b>\$0.00</b>	<b>\$53.79</b>	<b>\$5.76</b>	<b>\$14.02</b>	<b>\$8.82</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$181.84</b>											

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Provider: <b>SANDY SPRINGS HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>	
Prvdr ID: <b>00426214A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.3803		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				38.54%		2.5%								
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.41		2.0%		Quarterly Medicaid:			1.2594		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<b>PDPM BASED RATE CALCULATIONS</b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes									
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	\$291,773	(\$7,404)	\$0	\$0	(\$3,219)	(\$4,619)	\$419,193		(\$112,178)							
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$97,412								
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	FY21 Audited C/R Days	38,333															
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,333	FY21 GL-PL Ins Rpt Days								38,333								
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3803</b>														
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.18														
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.18	\$0.00	\$19.81	\$26.97		\$51.27	\$2.54	\$51.91	\$2.90						
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.82	\$87.18	\$0.00	\$19.81	\$26.97		\$36.91	\$2.54	12.51 (FRV)	\$2.90						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.82	\$87.18	\$0.00	\$19.81	\$26.97	\$0.00	\$36.91	\$2.54	\$12.51	\$2.90						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2594</b>														
18	Qtrly Routine Srvcs Model 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	\$211.44	\$109.79	\$0.00	\$19.81	\$26.97	\$0.00	\$36.91	\$2.54	\$12.51	\$2.90						
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00							
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.20	\$2.20														
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10									
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.20	\$5.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$234.64</b>	<b>\$115.26</b>	<b>\$0.00</b>	<b>\$20.03</b>	<b>\$27.38</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$2.54</b>	<b>\$12.51</b>	<b>\$2.90</b>						
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$163.16</b>															

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: <b>TAYLOR COUNTY HEALTH AND REHABILITATION</b>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: <b>00432924A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.2969	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			38.10%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.03		6.0%		Quarterly Medicaid:			1.3645	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<b><u>PDPM BASED RATE CALCULATIONS</u></b>															
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>						
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>															
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$82,355					
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	21,384												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,384								21,384					
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2969</b>											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.82											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.82	\$0.00	\$21.10	\$22.32		\$36.04	\$3.85	\$20.30	\$2.00			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.06	\$82.82	\$0.00	\$21.10	\$22.32		\$36.04	\$3.85	10.93 (FRV)	\$2.00			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>															
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.06	\$82.82	\$0.00	\$21.10	\$22.32	\$0.00	\$36.04	\$3.85	\$10.93	\$2.00			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3645</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.01											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.25	\$113.01	\$0.00	\$21.10	\$22.32	\$0.00	\$36.04	\$3.85	\$10.93	\$2.00			
<b>Quarterly Per Diem Add-on Amounts</b>															
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.83	\$2.83											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.78	\$6.78											
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	\$28.24	\$10.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$237.49</b>	<b>\$123.15</b>	<b>\$0.00</b>	<b>\$21.32</b>	<b>\$22.73</b>	<b>\$0.00</b>	<b>\$53.51</b>	<b>\$3.85</b>	<b>\$10.93</b>	<b>\$2.00</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$165.29</b>												

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>HILL HAVEN NURSING HOME</b>				<u>Add-on Data and Percentag</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>	
Prvdr ID: <b>00448456A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.2836		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				53.45%		5.5%								
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.36		3.0%		Quarterly Medicaid:			1.3722		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes									
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$96,964								
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$193.08	\$103.77	\$0.00	\$15.79	\$24.01	(with L&H)	\$27.37	\$4.79	\$16.14	\$1.21						
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.2836</b>														
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.84														
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.84	\$0.00	\$15.79	\$24.01		\$27.37	\$4.79	\$16.14	\$1.21						
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.17	\$80.84	\$0.00	\$15.79	\$24.01		\$27.37	\$4.79	11.16 (FRV)	\$1.21						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.17	\$80.84	\$0.00	\$15.79	\$24.01	\$0.00	\$27.37	\$4.79	\$11.16	\$1.21						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3722</b>														
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.93														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.26	\$110.93	\$0.00	\$15.79	\$24.01	\$0.00	\$27.37	\$4.79	\$11.16	\$1.21						
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00							
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$6.10	\$6.10														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.33	\$3.33														
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10									
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.06	\$9.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$223.32</b>	<b>\$120.89</b>	<b>\$0.00</b>	<b>\$16.01</b>	<b>\$24.42</b>	<b>\$0.00</b>	<b>\$44.84</b>	<b>\$4.79</b>	<b>\$11.16</b>	<b>\$1.21</b>						
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$154.67</b>															

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>A.G. RHODES HOME, INC - COBB</b>				<u>Add-on Data and Percentage</u>				<u>Facility Model (PDPM) Data</u>				<u>PDPM</u>	<u>PDPM</u>
Prvdr ID: <b>00493292A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:      N/A      0.00%				Base Period Overall:				1.5435	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:      44.29%      2.5%				Quarterly Medicaid:				1.4058	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q      3.77      5.0%									
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>PDPM BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$172,149			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 32,781	FY21 Audited C/R Days	32,781										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,781	FY21 GL-PL Ins Rpt Days								32,781			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5435</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$116.67									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$116.67	\$0.00	\$35.77	\$37.67		\$61.09	\$5.25	\$9.67	\$1.35	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$223.57	\$104.63	\$0.00	\$26.82	\$33.28		\$36.91	\$5.25	15.33 (FRV)	\$1.35	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$223.57	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.25	\$15.33	\$1.35	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4058</b>									
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147.09									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$266.03	\$147.09	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.25	\$15.33	\$1.35	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.68	\$3.68									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.35	\$7.35									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.13	\$11.03	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$294.16</b>	<b>\$158.12</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$5.25</b>	<b>\$15.33</b>	<b>\$1.35</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$207.80</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: CAMBRIDGE POST ACUTE CARE CENTER				Add-on Data and Percentag				Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide						
Prvdr ID: 00494139A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:				N/A		0.00%		Base Period Overall:				1.5400		1.4210	
PDPM Per Diem Rate Effective Date: 4/1/2024				MDS & Nurse Hrs Data per Quarter Ending: 12/31/23				Qtrly BIMS score:				38.30%		2.5%									
								Nurse Hrs per On-Site Day/Q				3.26		2.0%		Quarterly Medicaid:				1.3609		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance											
			a	b	c	d	e	f	g	g	h	i											
PDPM BASED RATE CALCULATIONS																							
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1														
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities														
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes														
Peer Group Standards & Efficiency Measure Limits																							
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
Base Period Per Diem Allowed Amounts																							
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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	As Filed Days = 41,130	41,130																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,130								41,130													
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.5400																			
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.70																			
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.70	\$0.00	\$17.66	\$20.29		\$32.20	\$6.88	\$55.81	\$3.42											
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A												
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.75	\$66.70	\$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 = 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	\$158.75	\$66.70	\$0.00	\$17.66	\$20.29	\$0.00	\$32.20	\$6.88	\$11.60	\$3.42											
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3609																			
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.77																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.82	\$90.77	\$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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.27	\$2.27																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.82	\$1.82																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10														
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.72	\$4.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00											
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$205.54	\$95.39	\$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	\$141.33																				

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>POWDER SPRINGS CENTER FOR NURSING &amp; HEALING</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00530824A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4568	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			28.45%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.49	3.0%	Quarterly Medicaid:			1.3944	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$392,028)	(\$57,539)	\$0	\$0	\$5,747	\$8,309	(\$299,325)		(\$49,220)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$356,864			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	FY21 Audited C/R Days	29,721										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								29,721			
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4568</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.41									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.41	\$0.00	\$18.80	\$18.21		\$42.17	\$12.01	\$17.86	\$1.70	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.26	\$78.41	\$0.00	\$18.80	\$18.21		\$36.91	\$12.01	13.22 (FRV)	\$1.70	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.26	\$78.41	\$0.00	\$18.80	\$18.21	\$0.00	\$36.91	\$12.01	\$13.22	\$1.70	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3944</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.33									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.18	\$109.33	\$0.00	\$18.80	\$18.21	\$0.00	\$36.91	\$12.01	\$13.22	\$1.70	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.28	\$3.28									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.63	\$4.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$232.81</b>	<b>\$114.23</b>	<b>\$0.00</b>	<b>\$19.02</b>	<b>\$18.62</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$12.01</b>	<b>\$13.22</b>	<b>\$1.70</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$161.78</b>										

PDPM Shadow Rates. This is not your rate.



# PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: <b>JONESBORO NURSING AND REHABILITATION CENTER</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00531033A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3066	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			17.00%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.59	2.0%	Quarterly Medicaid:			1.3122	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$95,359)	(\$39,860)	\$0	(\$1,500)	(\$1,008)	(\$1,345)	\$34,921		(\$86,567)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$0			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3066</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.03									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.03	\$0.00	\$14.81	\$13.40		\$36.78	\$0.00	\$16.78	\$2.11	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.50	\$77.03	\$0.00	\$14.81	\$13.40		\$36.78	\$0.00	13.37 (FRV)	\$2.11	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.50	\$77.03	\$0.00	\$14.81	\$13.40	\$0.00	\$36.78	\$0.00	\$13.37	\$2.11	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3122</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.08									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.55	\$101.08	\$0.00	\$14.81	\$13.40	\$0.00	\$36.78	\$0.00	\$13.37	\$2.11	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stdnd - 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 = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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	\$20.38	\$2.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.20	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$201.93</b>	<b>\$103.63</b>	<b>\$0.00</b>	<b>\$15.03</b>	<b>\$13.81</b>	<b>\$0.00</b>	<b>\$53.98</b>	<b>\$0.00</b>	<b>\$13.37</b>	<b>\$2.11</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.62</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>MAPLE RIDGE HEALTH CARE CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00534619A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.3685		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 43.24% 2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 4.05 3.0%				Quarterly Medicaid:		1.3150		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
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	\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3685									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.32									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.32	\$0.00	\$23.24	\$18.53		\$30.25	\$6.48	\$55.08	\$6.97	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.98	\$69.32	\$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 = 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	\$168.98	\$69.32	\$0.00	\$23.24	\$18.53	\$0.00	\$30.25	\$6.48	\$14.19	\$6.97	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3150									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.16									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.81	\$91.16	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.28	\$2.28									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$23.64	\$5.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$214.45	\$96.70	\$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	\$148.01										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>ROSEMONT AT STONE MOUNTAIN</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00587331A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.4160	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				64.41%	5.5%	Quarterly Medicaid:			1.6059	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				2.88	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Svcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$303,595				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4160</b>										
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.80										
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.80	\$0.00	\$18.14	\$16.32		\$23.56	\$6.43	\$35.11	\$8.64		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.98	\$74.80	\$0.00	\$18.14	\$16.32		\$23.56	\$6.43	12.09 (FRV)	\$8.64		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.98	\$74.80	\$0.00	\$18.14	\$16.32	\$0.00	\$23.56	\$6.43	\$12.09	\$8.64		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.6059</b>										
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.12										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.30	\$120.12	\$0.00	\$18.14	\$16.32	\$0.00	\$23.56	\$6.43	\$12.09	\$8.64		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.61	\$6.61										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.60	\$3.60										
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	\$28.84	\$10.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$234.14</b>	<b>\$130.86</b>	<b>\$0.00</b>	<b>\$18.36</b>	<b>\$16.73</b>	<b>\$0.00</b>	<b>\$41.03</b>	<b>\$6.43</b>	<b>\$12.09</b>	<b>\$8.64</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$162.78</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>BAYVIEW NURSING HOME</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00624951A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:									

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>BRIARWOOD HEALTH AND REHABILITATION CENTER</b>				<u>Add-on Data and Percentage</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00706813A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:      N/A      0.00%				Base Period Overall:		1.5085		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:      32.50%      2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q      3.58      3.0%				Quarterly Medicaid:		1.3889		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$6,547			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5085</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.97									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.97	\$0.00	\$18.61	\$18.85		\$38.78	\$0.22	\$43.57	\$4.00	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.97	\$90.97	\$0.00	\$18.61	\$18.85		\$36.91	\$0.22	11.41 (FRV)	\$4.00	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.97	\$90.97	\$0.00	\$18.61	\$18.85	\$0.00	\$36.91	\$0.22	\$11.41	\$4.00	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3889</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.35									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.35	\$126.35	\$0.00	\$18.61	\$18.85	\$0.00	\$36.91	\$0.22	\$11.41	\$4.00	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.16	\$3.16									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.79	\$3.79									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.21	\$7.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$241.56</b>	<b>\$133.83</b>	<b>\$0.00</b>	<b>\$18.83</b>	<b>\$19.26</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$0.22</b>	<b>\$11.41</b>	<b>\$4.00</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$168.35</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>LEE COUNTY HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00712665A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4029	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			25.53%	1.0%	Quarterly Medicaid:			1.1840	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.58	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$62,985			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 17,605	FY21 Audited C/R Days	17,605										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,605	FY21 GL-PL Ins Rpt Days								17,605			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4029</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.47									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.47	\$0.00	\$24.71	\$25.69		\$35.99	\$3.58	\$23.73	\$2.34	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.02	\$80.47	\$0.00	\$24.71	\$25.69		\$35.99	\$3.58	15.24 (FRV)	\$2.34	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.02	\$80.47	\$0.00	\$24.71	\$25.69	\$0.00	\$35.99	\$3.58	\$15.24	\$2.34	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.1840</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.28									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.82	\$95.28	\$0.00	\$24.71	\$25.69	\$0.00	\$35.99	\$3.58	\$15.24	\$2.34	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.76	\$4.76									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.34	\$6.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$227.16</b>	<b>\$101.52</b>	<b>\$0.00</b>	<b>\$24.93</b>	<b>\$26.10</b>	<b>\$0.00</b>	<b>\$53.46</b>	<b>\$3.58</b>	<b>\$15.24</b>	<b>\$2.34</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$157.55</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>BRYAN COUNTY HLTH &amp; REHAB CTR</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00715569A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.6879		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 49.33% 5.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 4.50 5.0%				Quarterly Medicaid:		1.5822		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.6879									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.42									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.42	\$0.00	\$24.50	\$26.36		\$31.70	\$6.67	\$12.86	\$4.59	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.34	\$78.42	\$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 = 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	\$185.34	\$78.42	\$0.00	\$24.50	\$26.36	\$0.00	\$31.70	\$6.67	\$13.10	\$4.59	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5822									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.08									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.00	\$124.08	\$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 = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$6.82	\$6.82									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$31.65	\$13.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$262.65	\$137.63	\$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	\$184.16										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>THUNDERBOLT TRANSITIONAL CARE &amp; REHAB CENTER</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00727801A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3672	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			23.61%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.14	2.0%	Quarterly Medicaid:			1.3467	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$365,784)	\$0	\$0	\$0	\$0	\$0	(\$234,529)		(\$131,255)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$234,529			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 19,400	FY21 Audited C/R Days	19,400										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,400	FY21 GL-PL Ins Rpt Days								19,400			
9	Net Per Diems prior to Model Adjstmtn to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3672</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.46									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.46	\$0.00	\$17.41	\$19.23		\$33.96	\$12.09	\$0.65	\$6.77	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.14	\$77.46	\$0.00	\$17.41	\$19.23		\$33.96	\$12.09	18.22 (FRV)	\$6.77	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.14	\$77.46	\$0.00	\$17.41	\$19.23	\$0.00	\$33.96	\$12.09	\$18.22	\$6.77	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3467</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.32									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.99	\$104.32	\$0.00	\$17.41	\$19.23	\$0.00	\$33.96	\$12.09	\$18.22	\$6.77	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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	\$21.76	\$3.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$233.75</b>	<b>\$107.98</b>	<b>\$0.00</b>	<b>\$17.63</b>	<b>\$19.64</b>	<b>\$0.00</b>	<b>\$51.43</b>	<b>\$12.09</b>	<b>\$18.22</b>	<b>\$6.77</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$162.49</b>										

PDPM Shadow Rates. This is not your rate.



# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>DUNWOODY HEALTH AND REHABILITATION CENTER</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00815295A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5474	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			23.68%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			2.99	2.0%	Quarterly Medicaid:			1.5450	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<u>1.5474</u>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.00									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$97.00	\$0.00	\$22.26	\$35.74		\$56.11	\$1.20	\$80.60	\$2.99	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.96	\$97.00	\$0.00	\$22.26	\$33.28		\$36.91	\$1.20	15.32 (FRV)	\$2.99	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$208.96	\$97.00	\$0.00	\$22.26	\$33.28	\$0.00	\$36.91	\$1.20	\$15.32	\$2.99	
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		<u>1.5450</u>									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$149.87									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$261.82	\$149.87	\$0.00	\$22.26	\$33.28	\$0.00	\$36.91	\$1.20	\$15.32	\$2.99	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.50	\$1.50									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.00	\$3.00									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.35	\$5.03	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$284.17</b>	<b>\$154.90</b>	<b>\$0.00</b>	<b>\$22.48</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$1.20</b>	<b>\$15.32</b>	<b>\$2.99</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$200.30</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>THE D. SCOTT HUDGENS CENTER FOR SKILLED NURSING</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>000815493B</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.3106	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				55.56%	5.5%	Quarterly Medicaid:			1.3744	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				4.17	2.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$8,924				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3106</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$115.53										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$115.53	\$0.00	\$28.96	\$33.45		\$46.59	\$0.80	\$13.81	\$1.69		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$226.59	\$104.63	\$0.00	\$26.82	\$33.28		\$36.91	\$0.80	22.46 (FRV)	\$1.69		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$226.59	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$0.80	\$22.46	\$1.69		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3744</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.80										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$265.76	\$143.80	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$0.80	\$22.46	\$1.69		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$7.91	\$7.91										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.88	\$2.88										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.89	\$10.79	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$293.65</b>	<b>\$154.59</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$0.80</b>	<b>\$22.46</b>	<b>\$1.69</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$207.41</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>LIFE CARE CTR OF LAWRENCEVILLE</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00818914A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2984	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			20.93%	1.0%	Quarterly Medicaid:			1.3897	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			4.08	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>PDPM BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$303,606)	(\$1,888)	\$0	(\$2,980)	\$0	\$4,868	(\$162,550)		(\$141,056)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$128,113			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2984</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$119.50									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$119.50	\$0.00	\$28.74	\$28.45		\$47.75	\$5.29	\$15.53	\$7.25	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$225.89	\$104.63	\$0.00	\$26.82	\$28.45		\$36.91	\$5.29	16.54 (FRV)	\$7.25	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$225.89	\$104.63	\$0.00	\$26.82	\$28.45	\$0.00	\$36.91	\$5.29	\$16.54	\$7.25	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3897</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$145.40									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$266.66	\$145.40	\$0.00	\$26.82	\$28.45	\$0.00	\$36.91	\$5.29	\$16.54	\$7.25	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.45	\$1.45									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.36	\$4.36									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.32	\$5.81	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$289.98</b>	<b>\$151.21</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$28.86</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$5.29</b>	<b>\$16.54</b>	<b>\$7.25</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$204.66</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>SENIOR CARE CENTER - BRUNSWICK</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>		
Prvdr ID: <b>000830827B</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.3319		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				26.88%		1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.61		2.0%		Quarterly Medicaid:			1.3391		1.3706		
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b>PDPM BASED RATE CALCULATIONS</b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)			<b>As Filed FY21 GL/PL Rpt</b>										\$339,582					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>												\$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 Model Adjstmt to Routine Srvcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.3319</b>											
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$168.89											
12	Net Per Diems after Model Adjstmt to Routine Srvcs			RS = Ln 11, AllOthr = Ln 9				\$168.89	\$0.00	\$26.26	\$22.44		\$58.42	\$5.97	\$27.29	\$0.59			
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)			per Peer Group Limits				\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$211.83	\$104.63	\$0.00	\$26.26	\$22.44		\$36.91	\$5.97	15.03 (FRV)	\$0.59			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$211.83	\$104.63	\$0.00	\$26.26	\$22.44	\$0.00	\$36.91	\$5.97	\$15.03	\$0.59			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.3391</b>											
18	Qtrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$140.11											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$247.31	\$140.11	\$0.00	\$26.26	\$22.44	\$0.00	\$36.91	\$5.97	\$15.03	\$0.59			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)			Ln 19 Col b x CPS Add-on			\$1.40	\$1.40											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)			Ln 19 Col b x Stfng Add-on			\$2.80	\$2.80											
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			\$4.83	\$4.20	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$252.14</b>	<b>\$144.31</b>	<b>\$0.00</b>	<b>\$26.48</b>	<b>\$22.85</b>	<b>\$0.00</b>	<b>\$36.91</b>	<b>\$5.97</b>	<b>\$15.03</b>	<b>\$0.59</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$189.11</b>												

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>ROSELANE HEALTH AND REHABILITATION CENTER</b>				<u>Add-on Data and Percentage</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00831751A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.4614	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:		22.73%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q		3.92	3.0%	Quarterly Medicaid:			1.6587	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>PDPM BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	\$373,408	(\$6,300)	\$0	(\$444)	\$1,191	\$4,599	\$473,315		(\$98,953)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$64,495		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4614</b>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.58								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$95.58	\$0.00	\$16.51	\$18.60		\$41.65	\$1.53	\$42.19	\$2.35
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.08	\$95.58	\$0.00	\$16.51	\$18.60		\$36.91	\$1.53	13.60 (FRV)	\$2.35
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.08	\$95.58	\$0.00	\$16.51	\$18.60	\$0.00	\$36.91	\$1.53	\$13.60	\$2.35
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.6587</b>								
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$158.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.03	\$158.54	\$0.00	\$16.51	\$18.60	\$0.00	\$36.91	\$1.53	\$13.60	\$2.35
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.59	\$1.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.76	\$4.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.61	\$6.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$272.64</b>	<b>\$165.42</b>	<b>\$0.00</b>	<b>\$16.73</b>	<b>\$19.01</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$1.53</b>	<b>\$13.60</b>	<b>\$2.35</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$191.66</b>									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>REGENCY PARK HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentage</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00837207A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.2638	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:		23.40%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q		5.88	3.0%	Quarterly Medicaid:			1.1002	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>PDPM BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$50,977		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2638</b>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$131.24								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$131.24	\$0.00	\$29.53	\$26.93		\$62.46	\$2.07	\$16.13	\$0.42
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$218.20	\$104.63	\$0.00	\$26.82	\$26.93		\$36.91	\$2.07	20.42 (FRV)	\$0.42
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$218.20	\$104.63	\$0.00	\$26.82	\$26.93	\$0.00	\$36.91	\$2.07	\$20.42	\$0.42
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.1002</b>								
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.68	\$115.11	\$0.00	\$26.82	\$26.93	\$0.00	\$36.91	\$2.07	\$20.42	\$0.42
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.45	\$3.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.11	\$4.60	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$250.79</b>	<b>\$119.71</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$27.34</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$2.07</b>	<b>\$20.42</b>	<b>\$0.42</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$175.27</b>									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>ROCKDALE HEALTHCARE CENTER</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00838252A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.5987	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				18.46%	0.0%	Quarterly Medicaid:			1.5091	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.84	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$196,225				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 32,552	FY21 Audited C/R Days	32,552											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,552	FY21 GL-PL Ins Rpt Days								32,552				
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5987</b>										
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.32										
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.32	\$0.00	\$18.94	\$20.53		\$35.65	\$6.03	\$58.12	\$3.80		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.73	\$82.32	\$0.00	\$18.94	\$20.53		\$35.65	\$6.03	13.46 (FRV)	\$3.80		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.73	\$82.32	\$0.00	\$18.94	\$20.53	\$0.00	\$35.65	\$6.03	\$13.46	\$3.80		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.5091</b>										
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.23										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.64	\$124.23	\$0.00	\$18.94	\$20.53	\$0.00	\$35.65	\$6.03	\$13.46	\$3.80		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.73	\$3.73										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.36	\$4.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$245.00</b>	<b>\$128.49</b>	<b>\$0.00</b>	<b>\$19.16</b>	<b>\$20.94</b>	<b>\$0.00</b>	<b>\$53.12</b>	<b>\$6.03</b>	<b>\$13.46</b>	<b>\$3.80</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$170.93</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>COASTAL MANOR</b>			Add-on Data and Percentage			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00856028A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>			Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3253	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>			Qtrly BIMS score:			38.03%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>			Nurse Hrs per On-Site Day/Q			5.20	3.0%	Quarterly Medicaid:			1.3043	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>PDPM BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special 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 Adjstmts	(\$168,797)	(\$104,612)	\$0	\$104,612	\$0	\$0	(\$141,837)		(\$26,960)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$136,765		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model 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 Model for All Residents	from 2 qtrs of FY21		<b>1.3253</b>								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.65								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$72.65	\$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		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.89	\$72.65	\$0.00	\$30.01	\$27.30		\$31.06	\$3.81	15.31 (FRV)	\$0.75
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.89	\$72.65	\$0.00	\$30.01	\$27.30	\$0.00	\$31.06	\$3.81	\$15.31	\$0.75
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3043</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.99	\$94.76	\$0.00	\$30.01	\$27.30	\$0.00	\$31.06	\$3.81	\$15.31	\$0.75
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.84	\$5.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$226.83</b>	<b>\$100.50</b>	<b>\$0.00</b>	<b>\$30.23</b>	<b>\$27.71</b>	<b>\$0.00</b>	<b>\$48.53</b>	<b>\$3.81</b>	<b>\$15.31</b>	<b>\$0.75</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$157.30</b>									

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>CANDLER SKILLED NURSING UNIT</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00870911A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4125	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			0.00%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			7.01	0.0%	Quarterly Medicaid:			1.4200	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>PDPM BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,097,258	\$1,987,273	\$0	\$148,084	\$200,430	\$257,276	\$841,719		\$662,476	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$25,061)	\$0	\$0	\$0	(\$1,795)	(\$2,281)	(\$3,419)		(\$17,566)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$3,419			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$17,418	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,093,034	\$1,987,273	\$0	\$148,084	\$198,635	\$254,995	\$838,300	\$3,419	\$644,910	\$17,418	
8	Total Nursing Facility Days As Filed Days = 6,745	FY21 Audited C/R Days	6,745										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 6,745	FY21 GL-PL Ins Rpt Days								6,745			
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$606.81	\$294.63	\$0.00	\$21.95	\$67.25	(with L&H)	\$124.28	\$0.51	\$95.61	\$2.58	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.4125</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$208.59									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$208.59	\$0.00	\$21.95	\$67.25		\$124.28	\$0.51	\$95.61	\$2.58	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.29	\$104.63	\$0.00	\$21.95	\$33.28		\$36.91	\$0.51	11.43 (FRV)	\$2.58	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$211.29	\$104.63	\$0.00	\$21.95	\$33.28	\$0.00	\$36.91	\$0.51	\$11.43	\$2.58	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4200</b>									
18	Qtrly Routine Srvcs Model 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	\$255.23	\$148.57	\$0.00	\$21.95	\$33.28	\$0.00	\$36.91	\$0.51	\$11.43	\$2.58	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.32	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$272.55</b>	<b>\$148.57</b>	<b>\$0.00</b>	<b>\$22.17</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$0.51</b>	<b>\$11.43</b>	<b>\$2.58</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$191.59</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>LAUREL PARK AT HENRY MED CTR</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>00908553A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.4897 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 17.86% 0.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.70 6.0%				Quarterly Medicaid: 1.3310 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
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	\$6,734,441	\$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 Adjstmts	(\$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 As Filed Days = 25,472	FY21 Audited C/R Days	25,472										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,472	FY21 GL-PL Ins Rpt Days								25,472			
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4897									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.14									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$96.14	\$0.00	\$22.82	\$33.91		\$41.42	\$15.04	\$6.80	\$0.61	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$224.92	\$96.14	\$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 = 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	\$224.92	\$96.14	\$0.00	\$22.82	\$33.28	\$0.00	\$36.91	\$15.04	\$20.12	\$0.61	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3310									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.96									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$256.75	\$127.96	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.68	\$7.68									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.53	\$8.21	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$282.28	\$136.17	\$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	\$198.89										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>ATRIUM HEALTH NAVICENT BALDWIN</b>				<u>Add-on Data and Percentag</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>	
Prvdr ID: <b>00947658A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.2333		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				0.00%		0.0%								
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				7.19		0.0%		Quarterly Medicaid:			0.9300		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes									
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$71,985								
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	FY21 Audited C/R Days	3,032															
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 3,032	FY21 GL-PL Ins Rpt Days								3,032								
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.2333</b>														
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$344.00														
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$344.00	\$0.00	\$40.62	\$52.98		\$91.79	\$23.74	\$37.83	\$0.00						
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$255.29	\$104.63	\$0.00	\$37.13	\$33.28		\$36.91	\$23.74	19.60 (FRV)	\$0.00						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$255.29	\$104.63	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$23.74	\$19.60	\$0.00						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>0.9300</b>														
18	Qtrtrly Routine Srvcs Model 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	\$247.97	\$97.31	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$23.74	\$19.60	\$0.00						
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00							
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00														
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10									
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$265.07</b>	<b>\$97.31</b>	<b>\$0.00</b>	<b>\$37.13</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$23.74</b>	<b>\$19.60</b>	<b>\$0.00</b>						
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$185.98</b>															

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>ZEBULON PARK HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>003125041B</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.4144 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 23.53% 1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 4.16 4.0%				Quarterly Medicaid: 1.3070 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$69,498			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4144</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.48									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.48	\$0.00	\$20.08	\$25.92		\$40.17	\$3.47	\$30.31	\$0.99	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.21	\$86.48	\$0.00	\$20.08	\$25.92		\$36.91	\$3.47	34.36 (FRV)	\$0.99	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$208.21	\$86.48	\$0.00	\$20.08	\$25.92	\$0.00	\$36.91	\$3.47	\$34.36	\$0.99	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3070</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.03									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.76	\$113.03	\$0.00	\$20.08	\$25.92	\$0.00	\$36.91	\$3.47	\$34.36	\$0.99	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.13	\$1.13									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	\$23.91	\$6.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$258.67</b>	<b>\$119.21</b>	<b>\$0.00</b>	<b>\$20.30</b>	<b>\$26.33</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$3.47</b>	<b>\$34.36</b>	<b>\$0.99</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$181.18</b>										

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>ANSLEY PARK HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>003136416A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall: 1.4704 1.4210					
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 12.50% 0.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 4.26 5.0%				Quarterly Medicaid: 1.4097 1.3706					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$68,640			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4704</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.62									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$99.62	\$0.00	\$24.86	\$29.80		\$53.88	\$4.18	\$21.66	\$1.21	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$232.82	\$99.62	\$0.00	\$24.86	\$29.80		\$36.91	\$4.18	36.24 (FRV)	\$1.21	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$232.82	\$99.62	\$0.00	\$24.86	\$29.80	\$0.00	\$36.91	\$4.18	\$36.24	\$1.21	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4097</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.43									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$273.63	\$140.43	\$0.00	\$24.86	\$29.80	\$0.00	\$36.91	\$4.18	\$36.24	\$1.21	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$25.28	\$7.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$298.91</b>	<b>\$147.98</b>	<b>\$0.00</b>	<b>\$25.08</b>	<b>\$30.21</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$4.18</b>	<b>\$36.24</b>	<b>\$1.21</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$211.36</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>STEVENS PARK HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>003143404A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4505	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			4.00%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			4.12	4.0%	Quarterly Medicaid:			1.2708	1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$13,454)	(\$1,355)	\$0	(\$331)	\$0	(\$548)	(\$1,462)		(\$9,758)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$43,680			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4505</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.03									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.03	\$0.00	\$27.24	\$31.35		\$59.10	\$3.76	\$13.94	\$0.84	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$221.85	\$90.03	\$0.00	\$26.82	\$31.35		\$36.91	\$3.76	32.14 (FRV)	\$0.84	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$221.85	\$90.03	\$0.00	\$26.82	\$31.35	\$0.00	\$36.91	\$3.76	\$32.14	\$0.84	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2708</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.41									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.23	\$114.41	\$0.00	\$26.82	\$31.35	\$0.00	\$36.91	\$3.76	\$32.14	\$0.84	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.58	\$4.58									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.62	\$5.11	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$268.85</b>	<b>\$119.52</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$31.76</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$3.76</b>	<b>\$32.14</b>	<b>\$0.84</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$188.81</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>CHELSEY PARK HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>003165720A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance: N/A 0.00%				Base Period Overall:		1.3337		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score: 10.26% 0.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q 3.46 4.0%				Quarterly Medicaid:		1.3210		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$67,017)	(\$4,246)	\$0	(\$498)	\$1,848	\$3,863	(\$42,387)		(\$25,597)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$62,400			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3337</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.12									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.12	\$0.00	\$24.45	\$27.36		\$41.61	\$3.58	\$24.46	\$1.48	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$219.99	\$91.12	\$0.00	\$24.45	\$27.36		\$36.91	\$3.58	35.09 (FRV)	\$1.48	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$219.99	\$91.12	\$0.00	\$24.45	\$27.36	\$0.00	\$36.91	\$3.58	\$35.09	\$1.48	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3210</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.37									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.24	\$120.37	\$0.00	\$24.45	\$27.36	\$0.00	\$36.91	\$3.58	\$35.09	\$1.48	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	\$23.07	\$5.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$272.31</b>	<b>\$125.71</b>	<b>\$0.00</b>	<b>\$24.67</b>	<b>\$27.77</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$3.58</b>	<b>\$35.09</b>	<b>\$1.48</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$191.41</b>										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
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Provider: <b>HARRINGTON PARK HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>003165726A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.5225	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				36.36%	2.5%	Quarterly Medicaid:			1.2714	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				4.07	5.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b><u>PDPM BASED RATE CALCULATIONS</u></b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$21,165)	(\$5,140)	\$0	(\$446)	\$1,522	\$5,462	\$2,689		(\$25,252)			
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$60,320				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5225</b>										
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.74										
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$84.74	\$0.00	\$27.84	\$29.14		\$56.54	\$3.86	\$26.51	\$1.63		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$219.77	\$84.74	\$0.00	\$26.82	\$29.14		\$36.91	\$3.86	36.67 (FRV)	\$1.63		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$219.77	\$84.74	\$0.00	\$26.82	\$29.14	\$0.00	\$36.91	\$3.86	\$36.67	\$1.63		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2714</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.74										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$242.77	\$107.74	\$0.00	\$26.82	\$29.14	\$0.00	\$36.91	\$3.86	\$36.67	\$1.63		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.69	\$2.69										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.39	\$5.39										
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	\$26.12	\$8.61	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$268.89</b>	<b>\$116.35</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$29.55</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$3.86</b>	<b>\$36.67</b>	<b>\$1.63</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$188.84</b>											

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>BUDD TERRACE AT WESLEY WOODS</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>003167547A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>MEADOWS PARK HEALTH AND REHABILITATION</b>				<u>Add-on Data and Percentag</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>	
Prvdr ID: <b>003167911A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.4435		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				21.57%		1.0%								
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.82		5.0%		Quarterly Medicaid:			1.2393		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes									
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$78,000								
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.4435</b>														
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.87														
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$97.87	\$0.00	\$21.55	\$25.24		\$44.07	\$3.77	\$20.67	\$1.18						
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.00	\$97.87	\$0.00	\$21.55	\$25.24		\$36.91	\$3.77	30.48 (FRV)	\$1.18						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$217.00	\$97.87	\$0.00	\$21.55	\$25.24	\$0.00	\$36.91	\$3.77	\$30.48	\$1.18						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2393</b>														
18	Qtrtrly Routine Srvcs Model 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	\$240.43	\$121.29	\$0.00	\$21.55	\$25.24	\$0.00	\$36.91	\$3.77	\$30.48	\$1.18						
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00							
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.06	\$6.06														
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10									
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.53	\$7.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$265.96</b>	<b>\$129.09</b>	<b>\$0.00</b>	<b>\$21.77</b>	<b>\$25.65</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$3.77</b>	<b>\$30.48</b>	<b>\$1.18</b>						
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$186.65</b>															

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>ROCKMART HEALTH</b>				<u>Add-on Data and Percentag</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>	
Prvdr ID: <b>003182988A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.1556		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				37.78%		2.5%								
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				4.05		5.0%		Quarterly Medicaid:			1.2814		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes									
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$61,517								
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	As Filed Days = 13,852	13,852															
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 13,852								13,852								
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.1556</b>														
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$104.57														
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$104.57	\$0.00	\$26.69	\$28.80		\$38.45	\$4.44	\$14.54	\$1.57						
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.23	\$104.57	\$0.00	\$26.69	\$28.80		\$36.91	\$4.44	9.25 (FRV)	\$1.57						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.23	\$104.57	\$0.00	\$26.69	\$28.80	\$0.00	\$36.91	\$4.44	\$9.25	\$1.57						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2814</b>														
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.00														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.66	\$134.00	\$0.00	\$26.69	\$28.80	\$0.00	\$36.91	\$4.44	\$9.25	\$1.57						
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.56	\$0.05	\$0.00	\$0.10	\$0.41	\$0.00	\$0.00		\$0.00							
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.35	\$3.35														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.70	\$6.70														
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	\$27.71	\$10.10	\$0.00	\$0.10	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$269.37</b>	<b>\$144.10</b>	<b>\$0.00</b>	<b>\$26.79</b>	<b>\$29.21</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$4.44</b>	<b>\$9.25</b>	<b>\$1.57</b>						
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$189.20</b>															

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>ADVANCED HEALTH AND REHAB OF TWIGGS COUNTY</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>003185378A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:									

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>ARCHWAY TRANSITIONAL CARE CENTER</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>003185502A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>OCEANSIDE HEALTH AND REHAB</b>				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>003188970A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.3607	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				23.73%	1.0%	Quarterly Medicaid:			1.1629	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				2.83	3.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>PDPM BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes					
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Svcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$89,356				
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 As Filed Days = 23,106	FY21 Audited C/R Days	23,106											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,106	FY21 GL-PL Ins Rpt Days								23,106				
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3607</b>										
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.03										
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.03	\$0.00	\$15.42	\$27.11		\$34.90	\$3.87	\$27.44	\$4.62		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.66	\$78.03	\$0.00	\$15.42	\$27.11		\$34.90	\$3.87	16.71 (FRV)	\$4.62		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.66	\$78.03	\$0.00	\$15.42	\$27.11	\$0.00	\$34.90	\$3.87	\$16.71	\$4.62		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.1629</b>										
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.74										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.37	\$90.74	\$0.00	\$15.42	\$27.11	\$0.00	\$34.90	\$3.87	\$16.71	\$4.62		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.72	\$2.72										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.26	\$4.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$215.63</b>	<b>\$94.90</b>	<b>\$0.00</b>	<b>\$15.64</b>	<b>\$27.52</b>	<b>\$0.00</b>	<b>\$52.37</b>	<b>\$3.87</b>	<b>\$16.71</b>	<b>\$4.62</b>		
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$148.90</b>											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>BOSTICK NURSING CENTER</b>				<u>Add-on Data and Percentage</u>				<u>Facility</u> <u>Score</u>		<u>Add-on</u> <u>Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM</u> <u>Facility</u>		<u>PDPM</u> <u>Statewide</u>		
Prvdr ID: <b>003192286A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.0717		1.4210		
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				14.69%		0.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				2.47		2.0%		Quarterly Medicaid:			1.0975		1.3706		
Line #	Description			Sources / Calculations			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
							a	b	c	d	e	f	g	g	h	i			
<b>PDPM BASED RATE CALCULATIONS</b>																			
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)				<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																			
2	Peer Group Standards: Percentile			(see Policy Manual)				90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier			(see Policy Manual)				100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>																			
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts			(\$503,468)	(\$67,584)	\$0	\$499	\$2,080	\$3,854	(\$149,423)		(\$292,894)				
	As Filed Cost Center Costs (GL/PL)			<b>As Filed FY21 GL/PL Rpt</b>										\$82,202					
	As Filed Cost Center Costs (Taxes and Insurance)			<b>As Filed FY21 C/R</b>													\$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 Model Adjstmt to Routine Srvcs			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 Model for All Residents			from 2 qtrs of FY21				<b>1.0717</b>											
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10				\$94.30											
12	Net Per Diems after Model Adjstmt to Routine Srvcs			RS = Ln 11, AllOthr = Ln 9				\$94.30	\$0.00	\$25.09	\$25.90		\$17.01	\$1.06	\$19.35	\$3.73			
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)			per Peer Group Limits				\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13			\$187.00	\$94.30	\$0.00	\$25.09	\$25.90		\$17.01	\$1.06	19.91 (FRV)	\$3.73			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %			\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15			\$187.00	\$94.30	\$0.00	\$25.09	\$25.90	\$0.00	\$17.01	\$1.06	\$19.91	\$3.73			
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End				<b>1.0975</b>											
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17				\$103.49											
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16			\$196.20	\$103.49	\$0.00	\$25.09	\$25.90	\$0.00	\$17.01	\$1.06	\$19.91	\$3.73			
<b>Quarterly Per Diem Add-on Amounts</b>																			
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)			(see Policy Manual)			\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvcs)			Ln 19 Col b x CPS Add-on			\$0.00	\$0.00											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)			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			\$20.70	\$2.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>			Ln 19 + Ln 24			<b>\$216.90</b>	<b>\$106.09</b>	<b>\$0.00</b>	<b>\$25.31</b>	<b>\$26.31</b>	<b>\$0.00</b>	<b>\$34.48</b>	<b>\$1.06</b>	<b>\$19.91</b>	<b>\$3.73</b>			
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>			(Ln 25 - Ln 23) * 0.75			<b>\$149.85</b>												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>GLEN EAGLE HEALTHCARE AND REHAB</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>003214231A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:									

PDPM Shadow Rates. This is not your rate.



Quarterly Case Mix Per Diem Calculation

DEMONSTRATION ONLY

Provider: <b>MeSun Health and Rehabilitation Center</b> Prvdr ID: <b>003245344A</b> <b>PDPM Shadow Rate For informational use only. This is NOT your rate</b> H/B ? : No      Case Mix Per Diem Rate Effective Date: <b>04/01/24</b> MDS & Nurse Hrs Data per Quarter Ending: 12/31/23      Nurse Hours per On-Site Day/Quality Incentive:				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: <b>66.7%</b> <b>5.25</b>		Facility Score N/A <b>66.7%</b> <b>5.25</b>	Add-on Percent 0.00% <b>5.5%</b> <b>0.0%</b>	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific <b>1.6257</b> <b>1.3671</b> <b>1.3943</b>	State-wide 1.5751 1.5195 1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> <b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measures (Maximums)</i> <b>Per Diem Costs and Add-ons</b> GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) <u>Allowed @ 90% of Std</u> Growth Allowance 0.00% CMA Allowed Per Diem (After Growth Allowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem <b>Quarterly Per Diem Add-On Amounts</b> BIMS Add-on Per Diem = 5.5% to Routine Srvcs) Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% Nursing Home Provider Fee <b>Total Quarterly Per Diem Add-On Amounts</b>												
		FY2021 GL-PL Ins. Rpt FY2021 GL-PL Ins. Rpt FY 2021 Peer Group Limit		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>  90.0% 100.0% \$0.53	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>  90.0% 100.0% \$0.00	<b>2</b> <i>Freestanding</i> <i>All Bed Sizes</i>  90.0% 100.0% \$0.22	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>  85.0% 100.0% \$0.41	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>  50.0% 105.0% \$0.37				
			\$211.77	\$104.63		\$26.82	\$33.28		\$36.91	\$0.00		
			\$0.00	\$94.17		\$24.14	\$29.95		\$33.22	0	\$30.29	\$0.00
			\$211.77	\$94.17		\$24.14	\$29.95		\$33.22		\$30.29	\$0.00
				\$131.30							(FRV Rate)	
			\$253.09	\$131.30		\$24.14	\$29.95		\$33.22	4.19	\$30.29	\$0.00
			\$7.22	\$7.22								
			\$0.00	\$0.00								
			\$17.10						17.10			
			\$24.32									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$277.41</b>	<b>\$138.52</b>		<b>\$24.14</b>	<b>\$29.95</b>		<b>\$50.32</b>	<b>\$4.19</b>	<b>\$30.29</b>	<b>\$0.00</b>
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$195.23										

PDPM Shadow Rate. This is not your rate.

Quarterly Case Mix Per Diem Calculation

DEMONSTRATION ONLY

Provider: <b>Archbold Living Cairo</b> Prvdr ID: <b>003294668A</b> H/B ?: <b>No</b>			<b>PDPM Shadow Rate For informational use only. This is NOT your rate</b> Case Mix Per Diem Rate Effective Date: <b>04/01/24</b> MDS & Nurse Hrs Data per Quarter Ending: 12/31/23			<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: <b>0.0%</b> Nurse Hours per On-Site Day/Quality Incentive: <b>92.90</b>			Facility Score N/A <b>0.0%</b> <b>0.0%</b> <b>1.0%</b>	Add-on Percent 0.00% <b>0.0%</b> <b>1.0%</b>	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific <b>Use Stwd</b> <b>1.3439</b> <b>1.3706</b>	State-wide 1.5751 1.5195 1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g		h	i			
<b>CASE MIX BASED RATE CALCULATIONS</b>															
<b>Cost Center Peer Groups per Selected Options</b>				<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>						
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities						
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes						
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>															
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%						
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%						
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Per Diem Costs and Add-ons</b>															
GL-PL- Insurance Costs		FY2021 GL-PL Ins. Rpt								\$0.00					
Total Nursing Facility Days GL-PL Ins. Rpt		FY2021 GL-PL Ins. Rpt								0					
Standard Per Diem (After CMA for Routine Srvc)		FY 2021 Peer Group Limit													
<u>Allowed @ 90% of Std</u>			\$220.28	\$104.63		\$26.82	\$33.28		\$36.91		\$38.80	\$0.00			
Growth Allowance 0.00%			\$0.00	\$0.00		\$0.00	\$0.00		\$0.00						
CMA Allowed Per Diem (After Growth Allowance)			\$220.28	\$94.17		\$24.14	\$29.95		\$33.22						
Quarterly Facility Case Mix Index for Medicaid Residents				<b>1.3706</b>											
Qrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem				\$129.07							(FRV Rate)				
Quarterly Medicaid CMA Allowed Per Diem			\$259.37	\$129.07		\$24.14	\$29.95		\$33.22						
<b>Quarterly Per Diem Add-On Amounts</b>															
BIMS Add-on Per Diem = 0.0% to Routine Srvc)			\$0.00	\$0.00											
Nurse Staff Hrs / Quality Add-on Per Diem = 1.0%			\$1.29	\$1.29											
Nursing Home Provider Fee			\$17.10						17.10						
<b>Total Quarterly Per Diem Add-On Amounts</b>			\$18.39												
<b>Quarterly Case Mix Based Per Diem Rate</b>			<b>\$277.76</b>	<b>\$130.36</b>		<b>\$24.14</b>	<b>\$29.95</b>		<b>\$50.32</b>	<b>\$4.19</b>	<b>\$38.80</b>	<b>\$0.00</b>			
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		<b>\$195.50</b>													

PDPM Shadow Rate. This is not your rate.

Quarterly Case Mix Per Diem Calculation

DEMONSTRATION ONLY

Provider: <b>PruittHealth - Rome</b> Prvdr ID: <b>299031876A</b> H/B ? : No				<b>PDPM Shadow Rate For informational use only. This is NOT your rate</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 26.6% Nurse Hours per On-Site Day/Quality Incentive: 4.01		<u>Case Mix Index (CMI) Data</u> Base Period Overall PDPM: 1.3871 Qtrly Mcaid PDPM w RUG Wght Options: 1.3689		Facility Score: 26.6% Add-on Percent: 1.0% Facility Specific: 1.3871 State-wide: 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		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>				<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs		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		\$104.63		\$26.82	\$33.28		\$36.91		\$28.49	\$1.31
Allowed @ 95% of Std			\$221.36	\$99.40		\$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)			\$227.59	\$99.40		\$25.48	\$31.62		\$35.06	\$ 6.23	\$28.49	\$1.31
Quarterly Facility Case Mix Index for Medicaid Residents				<b>1.3689</b>							(FRV Rate)	
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$136.07								
Quarterly Medicaid CMA Allowed Per Diem			\$262.22	\$136.07		\$25.48	\$31.62		\$35.06	\$ 4.19	\$28.49	\$1.31
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)			\$1.36	\$1.36								
Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%			\$6.80	\$6.80								
Nursing Home Provider Fee			\$17.10						17.10			
<b>Total Quarterly Per Diem Add-On Amounts</b>			\$25.26									
<b>Quarterly Case Mix Based Per Diem Rate</b>			<b>\$287.48</b>	<b>\$144.23</b>		<b>\$25.48</b>	<b>\$31.62</b>		<b>\$52.16</b>	<b>\$4.19</b>	<b>\$28.49</b>	<b>\$1.31</b>
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%			\$202.79									

PDPM Shadow Rate. This is not your rate.

\* 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.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>RELIABLE HEALTH &amp; REHAB AT LAKEWOOD</b>				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>		<u>PDPM Statewide</u>	
Prvdr ID: <b>321026473A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A		0.00%		Base Period Overall:			1.3537		1.4210	
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:				30.00%		2.5%								
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q				3.31		3.0%		Quarterly Medicaid:			1.2951		1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<b><u>PDPM BASED RATE CALCULATIONS</u></b>																		
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes									
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
<b>Base Period Per Diem Allowed Amounts</b>																		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$155,807								
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.3537</b>														
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$101.27														
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$101.27	\$0.00	\$20.46	\$35.71		\$47.04	\$5.75	\$23.24	\$3.46						
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$213.01	\$101.27	\$0.00	\$20.46	\$33.28		\$36.91	\$5.75	11.88 (FRV)	\$3.46						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$213.01	\$101.27	\$0.00	\$20.46	\$33.28	\$0.00	\$36.91	\$5.75	\$11.88	\$3.46						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2951</b>														
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.15														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$242.89	\$131.15	\$0.00	\$20.46	\$33.28	\$0.00	\$36.91	\$5.75	\$11.88	\$3.46						
<b>Quarterly Per Diem Add-on Amounts</b>																		
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00							
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.28	\$3.28														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.93	\$3.93														
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10									
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.06	\$7.74	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$267.95</b>	<b>\$138.89</b>	<b>\$0.00</b>	<b>\$20.68</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$5.75</b>	<b>\$11.88</b>	<b>\$3.46</b>						
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$188.14</b>															

PDPM Shadow Rates. This is not your rate.



PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>GLENWOOD HEALTHCARE</b>				<u>Add-on Data and Percentag</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</u>	
Prvdr ID: <b>701562744A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.  
For informational use only.

Provider: <b>EVERGREEN HEALTH AND REHABILITATION CENTER</b>				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>835154999A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5628	1.4210
PDPM Per Diem Rate Effective Date: <b>4/1/2024</b>				Qtrly BIMS score:			38.24%	2.5%	Quarterly Medicaid:			1.3297	1.3706
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/23</b>				Nurse Hrs per On-Site Day/Q			3.01	4.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>PDPM BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$164,520			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<b>1.5628</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.01									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.01	\$0.00	\$17.16	\$20.02		\$30.32	\$5.46	\$8.38	\$0.75	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.40	\$59.01	\$0.00	\$17.16	\$20.02		\$30.32	\$5.46	7.68 (FRV)	\$0.75	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.40	\$59.01	\$0.00	\$17.16	\$20.02	\$0.00	\$30.32	\$5.46	\$7.68	\$0.75	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3297</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.47									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.86	\$78.47	\$0.00	\$17.16	\$20.02	\$0.00	\$30.32	\$5.46	\$7.68	\$0.75	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.96	\$1.96									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.14	\$3.14									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.73	\$5.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$183.59</b>	<b>\$84.10</b>	<b>\$0.00</b>	<b>\$17.38</b>	<b>\$20.43</b>	<b>\$0.00</b>	<b>\$47.79</b>	<b>\$5.46</b>	<b>\$7.68</b>	<b>\$0.75</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$124.87</b>										

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