

# 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>7/1/2023</b>				Qtrly BIMS score:			27.08%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			4.12	2.0%	Quarterly Medicaid:			1.5576	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$9,970,481	\$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 Adjstmtns	(\$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	FY21 Audited C/R Days	47,089										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,089	FY21 GL-PL Ins Rpt Days								47,089			
9	Net Per Diems prior to Model Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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>1.5576</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.48									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.99	\$134.48	\$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 ([Stdnd - 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	\$1.29	\$1.29									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.57	\$2.57									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.27	\$4.39	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$262.26</b>	<b>\$138.87</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>\$183.87</b>										

PDPM Shadow Rates. This is not your rate.

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Provider: <b>NEWNAN 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>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>7/1/2023</b>				Qtrly BIMS score:			24.49%		1.0%								
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.43		4.0%		Quarterly Medicaid:			1.3571		1.4181	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$5,591,179	\$3,072,701	\$0	\$558,360	\$664,202	\$0	\$1,078,904		\$217,012	\$0					
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$122,057)	(\$2,796)	\$0	(\$684)	\$0	(\$729)	(\$100,987)		(\$16,861)						
	As Filed Cost Center Costs (GL/PL)	<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	FY21 Audited C/R Days	23,962														
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								23,962							
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.66													
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3571</b>													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.47													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.20	\$128.47	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.25	\$1.25													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.01	\$5.01													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.52	\$6.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00					
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$259.72</b>	<b>\$135.26</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>\$181.97</b>														

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Provider: <b>RIVERVIEW HEALTH &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>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>7/1/2023</b>				Qtrly BIMS score:			23.14%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.01	2.0%	Quarterly Medicaid:			1.3794	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$584,980)	\$0	\$0	\$0	\$0	\$0	(\$483,548)		(\$101,432)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$483,548			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Adjstmnt to Routine Svcs	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		<b>1.4415</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$101.55									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$222.37	\$99.82	\$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	\$222.37	\$99.82	\$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		<b>1.3794</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.69									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$260.24	\$137.69	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.41	\$1.41									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.83	\$2.83									
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$5.77	\$4.77	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$266.01</b>	<b>\$142.46</b>	<b>\$0.00</b>	<b>\$25.01</b>	<b>\$22.59</b>	<b>\$0.00</b>	<b>\$33.61</b>	<b>\$9.42</b>	<b>\$30.94</b>	<b>\$1.98</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$199.51</b>										

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Provider: THE WILLIAM BREMAN JEWISH HOME				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide		
Prvdr ID: 00040752A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.4272	1.4210
PDPM Per Diem Rate Effective Date: 7/1/2023				Qtrly BIMS score:			45.45%		5.5%								
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23				Nurse Hrs per On-Site Day/Q			5.43		4.0%		Quarterly Medicaid:			1.5367	1.4181		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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  Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%								
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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	\$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 Adjstmts	(\$174,615)	\$0	\$0	\$0	\$0	\$0	(\$137,727)		(\$36,888)						
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$137,727							
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,888					
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,817,629	\$4,610,927	\$0	\$1,501,114	\$1,278,081	\$0	\$1,342,339	\$137,727	\$910,553	\$36,888					
8	Total Nursing Facility Days	As Filed Days = 25,930	25,930														
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,930								25,930							
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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		1.4272													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$124.60													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$230.58	\$99.82	\$0.00	\$26.82	\$33.28		\$36.91	\$5.31	27.02 (FRV)	\$1.42					
Quarterly Per Diem Rate Prior to Add-ons																	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$230.58	\$99.82	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.31	\$27.02	\$1.42					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5367													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$153.39													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$284.15	\$153.39	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.31	\$27.02	\$1.42					
Quarterly Per Diem Add-on Amounts																	
20	Efficiency Add-on Per Diem ([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	\$7.46	\$7.46													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	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	\$29.99	\$12.89	\$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	\$314.14	\$166.28	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$5.31	\$27.02	\$1.42					
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$222.78														

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> Prvdr ID: <b>00040763A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 28.40% Nurse Hrs per On-Site Day/Q: 3.23	<u>Facility Score</u> 0.00% 1.0% 4.0%	<u>Add-on Percent</u> 0.00% 1.0% 4.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3709 Quarterly Medicaid: 1.4821	<u>PDPM Facility</u> 1.3709 1.4821	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$12,334,893	\$6,862,583	\$0	\$800,971	\$1,151,661	\$0	\$2,682,727		\$836,951	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$268,651)	(\$27,263)	\$0	(\$3,054)	\$2,719	\$4,408	(\$155,961)		(\$89,500)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$144,202		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$97,786
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,308,230	\$6,835,320	\$0	\$797,917	\$1,154,380	\$4,408	\$2,526,766	\$144,202	\$747,451	\$97,786
8	Total Nursing Facility Days	FY21 Audited C/R Days	44,926									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								44,926		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$273.97	\$152.15	\$0.00	\$17.76	\$25.79	(with L&H)	\$56.24	\$3.21	\$16.64	\$2.18
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.3709</b>								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$110.98								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$110.98	\$0.00	\$17.76	\$25.79		\$56.24	\$3.21	\$16.64	\$2.18
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$196.64	\$99.82	\$0.00	\$17.76	\$25.79		\$36.91	\$3.21	10.97 (FRV)	\$2.18
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$196.64	\$99.82	\$0.00	\$17.76	\$25.79	\$0.00	\$36.91	\$3.21	\$10.97	\$2.18
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		<b>1.4821</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.76	\$147.94	\$0.00	\$17.76	\$25.79	\$0.00	\$36.91	\$3.21	\$10.97	\$2.18
<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 = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.51	\$1.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine 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	\$25.80	\$8.07	\$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>\$270.56</b>	<b>\$156.01</b>	<b>\$0.00</b>	<b>\$17.98</b>	<b>\$26.20</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$3.21</b>	<b>\$10.97</b>	<b>\$2.18</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$190.10</b>									

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Calculation

Demonstration Only

Provider: <b>Magnolia Manor Methodist Nursing Center</b>			<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Facility Model (PDPM) Data</u>			Facility Specific	State-wide	
Prvdr ID: <b>00040785A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your rate</b>			Growth Allowance:		N/A	0.00%	Base Period Overall:			1.6434	1.4210	
H/B ? : No      Case Mix Per Diem Rate Effective Date: <b>07/01/23</b>			BIMS:		30.2%	2.5%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b> Nurse Hours per On-Site Day/Quality Incentive: <b>5.08</b>						4.0%	Qtrly Mcaid:			1.7658	1.4181	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs												
Total Nursing Facility Days GL-PL Ins. Rpt												
Standard Per Diem (After CMA for Routine Svcs)												
<u>Allowed @ 95% of Std</u>												
Growth Allowance                      0.0%												
CMA Allowed Per Diem (After Growth Allowance)												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem =                      2.5%                      (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem =                      4.0%												
Nursing Home Provider Fee												
<b>Total Quarterly Per Diem Add-On Amounts</b>												
<b>Quarterly Case Mix Based Per Diem Rate</b>												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

**PDPM Shadow Rates. 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> Prvdr ID: <b>00040796A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 32.98% Nurse Hrs per On-Site Day/Q: 2.70	<u>Facility Score</u> 0.00% 2.5% 4.0%	<u>Add-on Percent</u> 0.00% 2.5% 4.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5089 Quarterly Medicaid: 1.5951	<u>PDPM Facility</u> 1.5089 1.5951	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,075,621	\$2,042,973	\$0	\$416,222	\$488,572	\$0	\$867,207		\$260,647	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$307,720)	\$0	\$0	\$0	\$0	\$0	(\$271,189)		(\$36,531)	
	As Filed Cost Center Costs (GL/PL)	<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	19,797									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,797								19,797		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.40								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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 = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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 <u>Model</u> for Medicaid Residents	per Current Qtr End		<b>1.5951</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.66	\$109.11	\$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 ([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 Svcs)	Ln 19 Col b x CPS Add-on	\$3.61	\$3.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.77	\$5.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.01	\$9.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$237.67</b>	<b>\$119.02</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>\$165.43</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> Prvdr ID: <b>00040807A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 30.36% Nurse Hrs per On-Site Day/Q 3.00	<u>Facility Score</u> 0.00% 2.5% 4.0%	<u>Add-on Percent</u> 0.00% 2.5% 4.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3634 Quarterly Medicaid: 1.4404	<u>PDPM Facility</u> 1.3634 1.4404	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$5,361,961	\$2,374,556	\$0	\$381,315	\$513,520	\$0	\$1,458,229		\$634,341	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$86,456)	\$0	\$0	\$0	\$0	\$0	(\$42,319)		(\$44,137)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$42,319		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$44,137
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,361,961	\$2,374,556	\$0	\$381,315	\$513,520	\$0	\$1,415,910	\$42,319	\$590,204	\$44,137
8	Total Nursing Facility Days	As Filed Days = 31,639	31,639									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,639										
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$169.47	\$75.05	\$0.00	\$12.05	\$16.23	(with L&H)	\$44.75	\$1.34	\$18.65	\$1.40
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.3634</b>								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.05								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.05	\$0.00	\$12.05	\$16.23		\$44.75	\$1.34	\$18.65	\$1.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.37	\$55.05	\$0.00	\$12.05	\$16.23		\$36.91	\$1.34	9.39 (FRV)	\$1.40
<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	\$132.37	\$55.05	\$0.00	\$12.05	\$16.23	\$0.00	\$36.91	\$1.34	\$9.39	\$1.40
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4404</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.61	\$79.29	\$0.00	\$12.05	\$16.23	\$0.00	\$36.91	\$1.34	\$9.39	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.11	\$2.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.38	\$3.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.75	\$6.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$180.36</b>	<b>\$85.31</b>	<b>\$0.00</b>	<b>\$12.27</b>	<b>\$16.64</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$1.34</b>	<b>\$9.39</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>\$122.45</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 WESLEY WOODS</b>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide		
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>7/1/2023</b>				Qtrly BIMS score: 40.28%			2.5%											
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q 4.33			5.0%					Quarterly Medicaid:			1.5068		1.4181	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$13,482,790	\$7,228,606	\$0	\$1,422,061	\$1,457,962	\$0	\$2,879,146		\$495,015	\$0						
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$312,440)	(\$67,765)	\$0	\$0	\$0	(\$2,930)	(\$191,886)		(\$49,859)							
	As Filed Cost Center Costs (GL/PL)	<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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.65														
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.5068</b>														
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147.14														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$265.96	\$147.14	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.57	\$3.57														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.15	\$7.15														
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10									
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.35	\$11.25	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$294.31</b>	<b>\$158.39</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>\$207.91</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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide	
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>7/1/2023</b>				Qtrly BIMS score:			28.77%		1.0%								
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.99		6.0%		Quarterly Medicaid:			1.3929		1.4181	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$8,107,137	\$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	39,749														
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,749								39,749							
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.40													
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3929</b>													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.63													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.99	\$103.63	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.68	\$6.68													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.42	\$8.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00					
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$230.41</b>	<b>\$111.95</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>\$159.98</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 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>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>7/1/2023</b>				Qtrly BIMS score:			25.00%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.48	4.0%	Quarterly Medicaid:			1.2929	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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	28,402										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,402								28,402			
9	Net Per Diems prior to Model Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.29	\$91.11	\$0.00	\$22.19	\$30.16		\$34.36	\$3.06	16.97 (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	\$198.29	\$91.11	\$0.00	\$22.19	\$30.16	\$0.00	\$34.36	\$3.06	\$16.97	\$0.44	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2929</b>									
18	Qtrtly 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	\$224.98	\$117.80	\$0.00	\$22.19	\$30.16	\$0.00	\$34.36	\$3.06	\$16.97	\$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 Srvs)	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	\$4.63	\$4.63									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.42	\$6.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$249.40</b>	<b>\$124.12</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>\$16.97</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>\$174.23</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>THE BELL MINOR HOME</b> Prvdr ID: <b>00059397A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 33.33% Nurse Hrs per On-Site Day/Q 3.94	<u>Facility Score</u> 0.00% 2.5% 3.0%	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4586 Quarterly Medicaid: 1.4348	<u>PDPM Facility</u> 1.4586 1.4348	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$7,703,141	\$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	FY21 Audited C/R Days	28,745									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								28,745		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.21								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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>1.4348</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.79	\$113.65	\$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 =	Ln 19 Col b x CPS Add-on	\$2.78	\$2.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.34	\$3.34								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.38	\$6.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$235.17</b>	<b>\$120.30</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>\$163.55</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 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>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>7/1/2023</b>				Qtrly BIMS score:			30.91%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.60	2.0%	Quarterly Medicaid:			1.4964	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,477,747	\$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 Adjstmtns	\$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 Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.88									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4964</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.00									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.37	\$130.00	\$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 ([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	\$3.66	\$3.66									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.92	\$2.92									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.84	\$7.11	\$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>\$250.21</b>	<b>\$137.11</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>\$174.83</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>7/1/2023</b>				Qtrly BIMS score:			25.93%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.06	2.0%	Quarterly Medicaid:			1.4452	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,881,579	\$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	21,028										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,028								21,028			
9	Net Per Diems prior to Model Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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>1.4452</b>									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.50									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.84	\$115.50	\$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 = 1.0% (to Routine Svcs)	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 Svcs)	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	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$237.58</b>	<b>\$119.51</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>\$165.36</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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide			
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>7/1/2023</b>				Qtrly BIMS score:		21.95%		1.0%											
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q		2.82		5.0%					Quarterly Medicaid:			1.4140		1.4181	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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	27,419																
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,419								27,419									
9	Net Per Diems prior to Model Adjstmtn to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.03															
12	Net Per Diems after Model Adjstmtn to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4140</b>															
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.82															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.04	\$118.82	\$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 Svcs)	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 Svcs)	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	\$25.30	\$7.20	\$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>\$259.34</b>	<b>\$126.02</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>\$181.68</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> Prvdr ID: <b>00059485A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 28.00% Nurse Hrs per On-Site Day/Q 3.48	<u>Facility Score</u> 0.00% 1.0% 5.0%	<u>Add-on Percent</u> 0.00% 1.0% 5.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3400 Quarterly Medicaid: 1.3746	<u>PDPM Facility</u> 1.3400 1.3746	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.84								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.42	\$96.84	\$0.00	\$25.72	\$27.92		\$36.91	\$5.04	10.50 (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	\$203.42	\$96.84	\$0.00	\$25.72	\$27.92	\$0.00	\$36.91	\$5.04	\$10.50	\$0.49
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3746</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.70	\$133.12	\$0.00	\$25.72	\$27.92	\$0.00	\$36.91	\$5.04	\$10.50	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.29	\$1.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.45	\$6.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.00	\$8.27	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$265.70</b>	<b>\$141.39</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>\$10.50</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>\$186.45</b>									

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>BROWN 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>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>7/1/2023</b>				Qtrly BIMS score:		31.67%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q		3.32	5.0%	Quarterly Medicaid:			1.6113	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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  <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	\$6,372,178	\$3,384,168	\$0	\$601,357	\$958,424	\$0	\$1,139,741		\$288,488	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$146,026)	(\$3,234)	\$0	(\$799)	\$0	(\$1,083)	(\$115,441)		(\$25,469)	
	As Filed Cost Center Costs (GL/PL)	<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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.54								
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.6113</b>								
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$252.82	\$137.83	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.99	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.24		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.86	\$2.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.72	\$5.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.67	\$9.11	\$0.00	\$0.22	\$0.00	\$0.00	\$17.34	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$279.49</b>	<b>\$146.94</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>\$196.79</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> Prvdr ID: <b>00059661A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 25.00% Nurse Hrs per On-Site Day/Q: 2.71	<u>Facility Score</u> 0.00% 1.0% 3.0%	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3303 Quarterly Medicaid: 1.3763	<u>PDPM Facility</u> 1.3303 1.3763	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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	34,428									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,428								34,428		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.35								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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 = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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 <u>Model</u> for Medicaid Residents	per Current Qtr End		<b>1.3763</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.78	\$100.95	\$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 = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.95	\$2.95								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.19	\$4.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$208.97</b>	<b>\$105.41</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>\$143.90</b>									

PDPM Shadow Rates. This is not your rate.



# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>CHAPLINWOOD NURSING HOME</b>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide			
Prvdr ID: <b>00059694A</b>				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.3601		1.4210	
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			Qtrly BIMS score:		25.37%		1.0%								
							Nurse Hrs per On-Site Day/Q		3.61		5.0%		Quarterly Medicaid:			1.3451		1.4181	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmts	(\$204,151)	(\$5,892)	\$0	(\$735)	(\$17,060)	(\$4,950)	(\$146,115)		(\$29,399)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$105,351									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$29,390							
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,842,300	\$2,735,761	\$0	\$721,635	\$606,250	(\$4,950)	\$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	\$226.76	\$106.18	\$0.00	\$28.01	\$23.34	(with L&H)	\$31.78	\$4.09	\$32.22	\$1.14							
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.3601</u>															
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	\$23.34		\$31.78	\$4.09	\$32.22	\$1.14							
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A								
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.97	\$78.07	\$0.00	\$26.82	\$23.34		\$31.78	\$4.09	11.73 (FRV)	\$1.14							
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.97	\$78.07	\$0.00	\$26.82	\$23.34	\$0.00	\$31.78	\$4.09	\$11.73	\$1.14							
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3451</u>															
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.01															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.91	\$105.01	\$0.00	\$26.82	\$23.34	\$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 = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.15	\$5.15															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.59	\$6.71	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00							
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$228.50	\$111.72	\$0.00	\$26.82	\$23.75	\$0.00	\$49.25	\$4.09	\$11.73	\$1.14							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.55																

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>				<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>00059705A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3030	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			22.45%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.01	3.0%	Quarterly Medicaid:			1.3933	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,730,251	\$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								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		\$99.82		\$26.82	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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>1.3933</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.65									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.48	\$101.65	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$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>\$193.22</b>	<b>\$106.29</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>\$132.09</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 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>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>7/1/2023</b>				Qtrly BIMS score:			48.44%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			4.04	3.0%	Quarterly Medicaid:			1.5445	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$8,115,461	\$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 Adjstmtns	(\$30,264)	\$0	\$0	\$0	\$0	\$0	(\$18,221)		(\$12,043)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$15,867			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	33,254										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,254								33,254			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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		<b>1.3761</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.28									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$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	\$187.66	\$99.82	\$0.00	\$32.01	\$19.72		\$10.60	\$0.48	24.67 (FRV)	\$0.36	
<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	\$187.66	\$99.82	\$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		<b>1.5445</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$154.18									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$242.01	\$154.18	\$0.00	\$32.01	\$19.72	\$0.00	\$10.60	\$0.48	\$24.67	\$0.36	
<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)	\$1.00	\$0.00	\$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	\$7.31	\$7.31									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$29.40	\$11.30	\$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>\$271.41</b>	<b>\$165.48</b>	<b>\$0.00</b>	<b>\$32.23</b>	<b>\$20.13</b>	<b>\$0.00</b>	<b>\$28.07</b>	<b>\$0.48</b>	<b>\$24.67</b>	<b>\$0.36</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$190.73</b>										

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>				Add-on Data and Percentag			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			20.41%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.94	3.0%	Quarterly Medicaid:			1.4727	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$6,323,383	\$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 Adjstrmts	(\$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 Adjstrmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$120.81									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$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	\$199.82	\$99.82	\$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	\$199.82	\$99.82	\$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>1.4727</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147.00									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.01	\$147.00	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.93	\$1.93									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.79	\$5.79									
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	\$25.45	\$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>\$272.46</b>	<b>\$154.72</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>\$191.52</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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide		
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>7/1/2023</b>				Qtrly BIMS score:			38.16%		2.5%								
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.16		3.0%		Quarterly Medicaid:			1.4357	1.4181		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,723,633	\$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 Adjstmtns	(\$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 Adjstmrnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.87													
12	Net Per Diems after Model Adjstmrnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4357</b>													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.92													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.93	\$108.92	\$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 ([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	\$2.54	\$2.54													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.05	\$3.05													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.85	\$6.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00					
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$222.78</b>	<b>\$115.04</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>\$154.26</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 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>00082684A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.8756	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			20.56%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.71	2.0%	Quarterly Medicaid:			1.8671	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$8,985,902	\$4,829,017	\$0	\$664,958	\$579,286	\$0	\$1,803,360		\$1,109,281	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmtns	(\$306,534)	(\$75,593)	\$0	\$0	(\$10,418)	(\$8,885)	(\$137,926)		(\$73,712)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$200,258			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$71,256	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,950,882	\$4,753,424	\$0	\$664,958	\$568,868	(\$8,885)	\$1,665,434	\$200,258	\$1,035,569	\$71,256	
8	Total Nursing Facility Days	As Filed Days = 39,612	39,612										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,612											
9	Net Per Diems prior to Model Adjstmtn to Routine Svcs	Ln 7 / Ln 8 Col a	\$225.97	\$120.00	\$0.00	\$16.79	\$14.14	(with L&H)	\$42.04	\$5.06	\$26.14	\$1.80	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.8756</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.98									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.98	\$0.00	\$16.79	\$14.14		\$42.04	\$5.06	\$26.14	\$1.80	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.97	\$63.98	\$0.00	\$16.79	\$14.14		\$36.91	\$5.06	8.29 (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	\$146.97	\$63.98	\$0.00	\$16.79	\$14.14	\$0.00	\$36.91	\$5.06	\$8.29	\$1.80	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.8671</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.46									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.44	\$119.46	\$0.00	\$16.79	\$14.14	\$0.00	\$36.91	\$5.06	\$8.29	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.36	\$1.36									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (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	\$22.35	\$4.62	\$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>\$224.79</b>	<b>\$124.08</b>	<b>\$0.00</b>	<b>\$17.01</b>	<b>\$14.55</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$5.06</b>	<b>\$8.29</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>\$155.77</b>										

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 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>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>7/1/2023</b>				Qtrly BIMS score:			20.45%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.02	3.0%	Quarterly Medicaid:			1.2568	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$2,822,690	\$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 Adjstmtns	(\$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	15,257										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,257								15,257			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.58									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.2568</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.88									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.32	\$74.88	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.80	\$0.80									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.39	\$2.39									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.82	\$3.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$183.14</b>	<b>\$78.60</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>\$124.53</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>7/1/2023</b>				Qtrly BIMS score:			29.41%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.54	5.0%	Quarterly Medicaid:			1.2732	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,875,249	\$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 Adjstmts	(\$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 Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.54									
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.2732</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.46									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.46	\$111.46	\$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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$5.35	\$5.35									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.68	\$6.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$265.14</b>	<b>\$118.41</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>\$186.03</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 Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</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>7/1/2023</b>				Qtrly BIMS score:			22.41%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.70	2.0%	Quarterly Medicaid:			1.7584	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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)	<b>As Filed FY21 GL/PL Rpt</b>								\$142,704			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	40,590										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,589								40,590			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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		<b>1.4525</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.12									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.72	\$99.82	\$0.00	\$19.38	\$18.28		\$36.91	\$3.52	10.66 (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	\$190.72	\$99.82	\$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		<b>1.7584</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$175.53									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$266.42	\$175.53	\$0.00	\$19.38	\$18.28	\$0.00	\$36.91	\$3.52	\$10.66	\$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)	\$1.16	\$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	\$1.18	\$1.18									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.36	\$2.36									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.80	\$4.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$288.22</b>	<b>\$179.60</b>	<b>\$0.00</b>	<b>\$19.60</b>	<b>\$18.69</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$3.52</b>	<b>\$10.66</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>\$203.34</b>										

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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide	
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>7/1/2023</b>				Qtrly BIMS score:			30.00%		2.5%								
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			4.02		5.0%		Quarterly Medicaid:			1.3889		1.4181	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,134,826	\$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 Adjstmts	(\$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 Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.41													
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3889</b>													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.73													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.15	\$104.73	\$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 = 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	\$4.80	\$4.80													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.46	\$7.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00					
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$228.61</b>	<b>\$112.46</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>\$158.63</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 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>00083025A</b> <b>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>7/1/2023</b>				Qtrly BIMS score:			27.54%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.38	5.0%	Quarterly Medicaid:			1.3071	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,104,821	\$2,734,122	\$0	\$429,826	\$448,449	\$0	\$1,179,121		\$1,313,303	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmtns	(\$287,323)	(\$92,131)	\$0	\$0	\$610	\$694	(\$124,540)		(\$71,956)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$213,308			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$72,167	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,102,973	\$2,641,991	\$0	\$429,826	\$449,059	\$694	\$1,054,581	\$213,308	\$1,241,347	\$72,167	
8	Total Nursing Facility Days As Filed Days = 25,214	FY21 Audited C/R Days	25,214										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,214	FY21 GL-PL Ins Rpt Days								25,214			
9	Net Per Diems prior to Model Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$242.05	\$104.78	\$0.00	\$17.05	\$17.84	(with L&H)	\$41.83	\$8.46	\$49.23	\$2.86	
10	Base Period Facility 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		\$78.96									
12	Net Per Diems after Model Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.96	\$0.00	\$17.05	\$17.84		\$41.83	\$8.46	\$49.23	\$2.86	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.54	\$78.96	\$0.00	\$17.05	\$17.84		\$36.91	\$8.46	11.46 (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	\$173.54	\$78.96	\$0.00	\$17.05	\$17.84	\$0.00	\$36.91	\$8.46	\$11.46	\$2.86	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3071</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.21									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.79	\$103.21	\$0.00	\$17.05	\$17.84	\$0.00	\$36.91	\$8.46	\$11.46	\$2.86	
<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	\$0.97	\$0.97									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (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	\$24.07	\$6.34	\$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>\$221.86</b>	<b>\$109.55</b>	<b>\$0.00</b>	<b>\$17.27</b>	<b>\$18.25</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$8.46</b>	<b>\$11.46</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>\$153.57</b>										

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> Prvdr ID: <b>00083036A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 51.16% Nurse Hrs per On-Site Day/Q: 3.53	<u>Facility Score</u> 0.00% 5.5% 5.0%	<u>Add-on Percent</u> 0.00% 5.5% 5.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3570 Quarterly Medicaid: 1.2874	<u>PDPM Facility</u> 1.3570 1.2874	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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)	<b>As Filed FY21 GL/PL Rpt</b>								\$80,080		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	FY21 Audited C/R Days	20,533									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								20,533		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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		<b>1.3570</b>								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.62								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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
<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	\$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		<b>1.2874</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.56	\$116.67	\$0.00	\$22.65	\$33.28	\$0.00	\$36.91	\$3.90	\$13.56	\$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)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$6.80	\$6.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$6.18	\$6.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.83	\$13.51	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$259.39</b>	<b>\$130.18</b>	<b>\$0.00</b>	<b>\$22.87</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$3.90</b>	<b>\$13.56</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>\$181.72</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 - 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>7/1/2023</b>				Qtrly BIMS score:			34.52%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			5.85	4.0%	Quarterly Medicaid:			1.6493	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$8,519,756	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.50									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.6493</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.63									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.19	\$114.63	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.39	\$4.39									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.17	\$7.66	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$247.36</b>	<b>\$122.29</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>\$172.70</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 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>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>7/1/2023</b>				Qtrly BIMS score:			26.03%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.60	3.0%	Quarterly Medicaid:			1.9968	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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>1.9968</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.04									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.44	\$124.04	\$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	\$1.19	\$1.19									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.58	\$3.58									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.03	\$5.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$253.47</b>	<b>\$129.34</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>\$177.28</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>7/1/2023</b>				Qtrly BIMS score:			43.33%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.54	4.0%	Quarterly Medicaid:			1.5261	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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 As Filed Days = 36,741	FY21 Audited C/R Days	36,741										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,741	FY21 GL-PL Ins Rpt Days								36,741			
9	Net Per Diems prior to 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		\$99.82		\$26.82	\$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>1.5261</b>									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.34									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.36	\$100.34	\$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	\$2.28	\$2.28									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.65	\$3.65									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.56	\$6.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$221.92</b>	<b>\$106.80</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>\$153.62</b>										

PDPM Shadow Rates. This is not your rate.



# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>PIONEER HEALTH OF CENTRAL 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>00083135A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.1195	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			32.14%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.35	1.0%	Quarterly Medicaid:			1.1898	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,912,583	\$2,523,225	\$0	\$372,332	\$438,565	\$0	\$753,002		\$825,459	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmtns	(\$100,583)	(\$2,646)	\$0	\$0	\$0	\$0	(\$76,309)		(\$21,628)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$62,786			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$21,628	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,896,414	\$2,520,579	\$0	\$372,332	\$438,565	\$0	\$676,693	\$62,786	\$803,831	\$21,628	
8	Total Nursing Facility Days As Filed Days = 26,733	FY21 Audited C/R Days	26,733										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,733	FY21 GL-PL Ins Rpt Days								26,733			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$183.17	\$94.29	\$0.00	\$13.93	\$16.41	(with L&H)	\$25.31	\$2.35	\$30.07	\$0.81	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.1195</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.22									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$84.22	\$0.00	\$13.93	\$16.41		\$25.31	\$2.35	\$30.07	\$0.81	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.93	\$84.22	\$0.00	\$13.93	\$16.41		\$25.31	\$2.35	9.90 (FRV)	\$0.81	
<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	\$152.93	\$84.22	\$0.00	\$13.93	\$16.41	\$0.00	\$25.31	\$2.35	\$9.90	\$0.81	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.1898</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.21									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.92	\$100.21	\$0.00	\$13.93	\$16.41	\$0.00	\$25.31	\$2.35	\$9.90	\$0.81	
<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	\$2.23	\$2.23									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.89	\$0.89									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.75	\$3.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$190.67</b>	<b>\$103.86</b>	<b>\$0.00</b>	<b>\$14.15</b>	<b>\$16.82</b>	<b>\$0.00</b>	<b>\$42.78</b>	<b>\$2.35</b>	<b>\$9.90</b>	<b>\$0.81</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$130.18</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>				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			29.49%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.53	3.0%	Quarterly Medicaid:			1.3076	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$7,071,352	\$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 Adjstmtns	(\$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	31,938										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,938								31,938			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.06									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.49	\$99.82	\$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	\$190.49	\$99.82	\$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>1.3076</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.52									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.19	\$130.52	\$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)	\$1.53	\$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	\$1.21	\$1.21									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.64	\$3.64									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.48	\$5.38	\$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>\$244.67</b>	<b>\$135.90</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>\$170.68</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 SAVANNAH</b> Prvdr ID: <b>00083157A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 16.16% Nurse Hrs per On-Site Day/Q: 2.48	<u>Facility Score</u> 0.00% 0.0% 3.0%	<u>Add-on Percent</u> 0.00% 0.0% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4390 Quarterly Medicaid: 1.4603	<u>PDPM Facility</u> 1.4390 1.4603	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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	FY21 Audited C/R Days	37,322									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								37,322		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.03								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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 = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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 <u>Model</u> for Medicaid Residents	per Current Qtr End		<b>1.4603</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.21	\$115.41	\$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 = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.23	\$3.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.49	\$3.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$223.70</b>	<b>\$119.17</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>\$154.95</b>									

PDPM Shadow Rates. This is not your rate.

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

Provider: <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b> Prvdr ID: <b>00083223A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				<u>Add-on Data and Percentag</u> Growth Allowance: N/A      0.00% Qtrly BIMS score: 38.00%      2.5% Nurse Hrs per On-Site Day/Q 4.93      3.0%			<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.6463      1.4210  Quarterly Medicaid: 1.5535      1.4181				<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$10,954,006	\$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	39,808									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,808										
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$106.60								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.31	\$99.82	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$217.31	\$99.82	\$0.00	\$25.86	\$33.28	\$0.00	\$29.58	\$5.22	\$22.82	\$0.73
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.5535</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$155.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$272.56	\$155.07	\$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 =	Ln 19 Col b x CPS Add-on	\$3.74	\$3.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$4.49	\$4.49								
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	\$25.92	\$8.23	\$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>\$298.48</b>	<b>\$163.30</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>\$211.04</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>7/1/2023</b>				Qtrly BIMS score:			23.68%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.81	5.0%	Quarterly Medicaid:			1.5478	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$7,070,033	\$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 Adjstmtns	(\$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	33,937										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,937								33,937			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.42									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.5478</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.11									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.71	\$129.11	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.24	\$1.24									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.18	\$6.18									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.68	\$7.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$251.39</b>	<b>\$137.06</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>\$175.72</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>MADISON HEALTH AND REHAB</b> Prvdr ID: <b>00083278A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 57.14% Nurse Hrs per On-Site Day/Q: 3.85	<u>Facility Score</u> 0.00% 5.5% 5.0%	<u>Add-on Percent</u> 0.00% 5.5% 5.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.7047 Quarterly Medicaid: 1.9198	<u>PDPM Facility</u> 1.7047 1.9198	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$4,000,179	\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,729										
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.29								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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>1.9198</b>								
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.40	\$111.91	\$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 =	Ln 19 Col b x CPS Add-on	\$6.25	\$6.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$5.69	\$5.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.16	\$12.47	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$244.56</b>	<b>\$124.38</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>\$170.60</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>7/1/2023</b>				Qtrly BIMS score:			29.46%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.12	3.0%	Quarterly Medicaid:			1.3684	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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		\$99.82		\$26.82	\$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>1.3684</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.94									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.04	\$80.94	\$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 ([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 = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.66	\$4.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$193.70</b>	<b>\$85.50</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>\$132.45</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: ROSE CITY HEALTH AND REHABILITATION CENTER				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide		
Prvdr ID: 00083311A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.5158	1.4210
PDPM Per Diem Rate Effective Date: 7/1/2023				Qtrly BIMS score:			25.93%		1.0%		Quarterly Medicaid:			1.3363	1.4181		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23				Nurse Hrs per On-Site Day/Q			2.90		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					
PDPM BASED RATE CALCULATIONS																	
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group  Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%								
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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	\$4,514,758	\$2,471,133	\$0	\$464,076	\$398,482	\$0	\$674,599		\$506,468	\$0					
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$131,622	(\$34,416)	\$0	(\$1,425)	\$974	\$3,038	\$185,541		(\$22,090)						
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$43,107							
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,227					
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,711,714	\$2,436,717	\$0	\$462,651	\$399,456	\$3,038	\$860,140	\$43,107	\$484,378	\$22,227					
8	Total Nursing Facility Days	As Filed Days = 19,399	19,399														
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,399								19,399							
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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		1.5158													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.87													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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					
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	\$179.74	\$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		1.3363													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.74													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.61	\$110.74	\$0.00	\$23.85	\$20.75	\$0.00	\$36.91	\$2.22	\$11.99	\$1.15					
Quarterly Per Diem Add-on Amounts																	
20	Efficiency Add-on Per Diem ([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	\$1.22	\$1.22													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.67	\$3.67													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.15	\$5.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00					
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$230.76	\$116.16	\$0.00	\$24.07	\$21.16	\$0.00	\$54.01	\$2.22	\$11.99	\$1.15					
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.25														

PDPM Shadow Rates. This is not your rate.



# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: THE A.G. RHODES HOME, INC.				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00140005A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.6663	1.4210
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23				Qtrly BIMS score:			61.70%		5.5%		Quarterly Medicaid:			1.4820	1.4181
Line #	Description			Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 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 Adjstmtns	(\$189,616)	(\$2,061)	\$0	\$0	\$3,658	\$4,566	(\$153,193)		(\$42,586)		
	As Filed Cost Center Costs (GL/PL)			As Filed FY21 GL/PL Rpt								\$171,553			
	As Filed Cost Center Costs (Taxes and Insurance)			As Filed FY21 C/R										\$22,879	
7	Cost Center Costs After Audit Adjustments			FY21 Audited C/R	\$11,899,400	\$6,552,705	\$0	\$1,196,908	\$1,459,470	\$4,566	\$2,201,582	\$171,553	\$289,737	\$22,879	
8	Total Nursing Facility Days As Filed Days = 39,966			FY21 Audited C/R Days	39,972										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,966			FY21 GL-PL Ins Rpt Days								39,972			
9	Net Per Diems prior to Model Adjstmnt 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		1.6663									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10		\$98.38									
12	Net Per Diems after Model Adjstmnt 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		\$99.82		\$26.82	\$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	
	Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = 0.00%			Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15	\$219.46	\$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		1.4820									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17		\$145.80									
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16	\$266.88	\$145.80	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.29	\$19.21	\$0.57	
	Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ([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	\$9.35	\$9.35									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)			Ln 19 Col b x Stfng Add-on	\$8.50	\$8.50									
23	Nursing Home Provider Fee			(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts			Sum of Lns 20 thru 23	\$35.48	\$18.38	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate			Ln 19 + Ln 24	\$302.36	\$164.18	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$4.29	\$19.21	\$0.57	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days			(Ln 25 - Ln 23) * 0.75	\$213.95										

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 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>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>7/1/2023</b>				Qtrly BIMS score:			30.61%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.81	2.0%	Quarterly Medicaid:			1.4431	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,558,257	\$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		20,352									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,352								20,352			
9	Net Per Diems prior to Model Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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>1.4431</b>									
18	Qtrtly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.83									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.73	\$102.83	\$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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.02	\$2.02									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.80	\$5.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$208.53</b>	<b>\$107.90</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>\$143.57</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>PRUITTHEALTH - GREENVILLE</b>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide			
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>7/1/2023</b>				Qtrly BIMS score:			23.21%		1.0%										
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.44		4.0%		Quarterly Medicaid:			1.2923		1.4181			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,648,351	\$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 Adjstmtns	(\$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 Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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>1.2923</b>															
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.02															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.23	\$91.02	\$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 ([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	\$0.88	\$0.88															
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.52	\$3.52															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.03	\$4.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00							
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$213.26</b>	<b>\$95.95</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>\$147.12</b>																

PDPM Shadow Rates. This is not your rate.

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

Provider: <b>AMARA HEALTHCARE &amp; REHAB</b> Prvdr ID: <b>00140049A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: #N/A Nurse Hrs per On-Site Day/Q: N/A	<u>Facility Score</u> N/A #N/A N/A	<u>Add-on Percent</u> 0.00% #N/A 0.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5012 Quarterly Medicaid: 1.4181	<u>PDPM Facility</u> 1.5012 1.4181	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$6,363,324	\$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	28,327									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,327										
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.37								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.56	\$80.37	\$0.00	\$16.53	\$24.32		\$18.94	\$4.86	11.00 (FRV)	\$0.54
<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	\$156.56	\$80.37	\$0.00	\$16.53	\$24.32	\$0.00	\$18.94	\$4.86	\$11.00	\$0.54
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4181</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.16	\$113.97	\$0.00	\$16.53	\$24.32	\$0.00	\$18.94	\$4.86	\$11.00	\$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 =	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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>\$208.79</b>	<b>\$114.50</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>\$11.00</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>\$143.77</b>									

PDPM Shadow Rates. This is not your rate.



# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: BRENTWOOD HEALTH AND REHABILITATION				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00140071A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.4337	1.4210
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23				Qtrly BIMS score:			12.00%		0.0%		Quarterly Medicaid:			1.4324	1.4181
Line #	Description			Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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	\$4,521,695	\$2,262,606	\$0	\$429,224	\$394,510	\$0	\$874,768		\$560,587	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs			FY21 C/R Audit Adjstmnts	(\$146,300)	(\$2,508)	\$0	(\$614)	\$0	(\$636)	(\$115,948)		(\$26,594)		
	As Filed Cost Center Costs (GL/PL)			As Filed FY21 GL/PL Rpt								\$108,355			
	As Filed Cost Center Costs (Taxes and Insurance)			As Filed FY21 C/R										\$26,594	
7	Cost Center Costs After Audit Adjustments			FY21 Audited C/R	\$4,510,344	\$2,260,098	\$0	\$428,610	\$394,510	(\$636)	\$758,820	\$108,355	\$533,993	\$26,594	
8	Total Nursing Facility Days As Filed Days = 21,496			FY21 Audited C/R Days	21,496										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,496			FY21 GL-PL Ins Rpt Days								21,496			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs			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		1.4337									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10		\$73.33									
12	Net Per Diems after Model Adjstmnt to Routine Svcs			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 Svcs)			per Peer Group Limits		\$99.82		\$26.82	\$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	
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	\$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		1.4324									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17		\$105.04									
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16	\$196.66	\$105.04	\$0.00	\$19.94	\$18.32	\$0.00	\$35.30	\$5.04	\$11.78	\$1.24	
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)			(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 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	\$5.10	\$5.10									
23	Nursing Home Provider Fee			(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts			Sum of Lns 20 thru 23	\$23.73	\$5.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate			Ln 19 + Ln 24	\$220.39	\$110.67	\$0.00	\$20.16	\$18.73	\$0.00	\$52.77	\$5.04	\$11.78	\$1.24	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days			(Ln 25 - Ln 23) * 0.75	\$152.47										

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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			34.38%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.64		3.0%		Quarterly Medicaid:			1.2236	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$254,409)	\$0	\$0	\$0	\$0	\$0	(\$178,652)		(\$75,757)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$178,652					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$75,757			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,768,985	\$3,099,678	\$0	\$379,122	\$564,028	\$0	\$792,500	\$178,652	\$679,248	\$75,757			
8	Total Nursing Facility Days 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 Adjstmnt to Routine Svcs	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		<u>1.2659</u>											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.47											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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 = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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		<u>1.2236</u>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.26											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.93	\$119.26	\$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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.25	\$3.25											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.89	\$3.89											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.77	\$7.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$232.70</b>	<b>\$126.93</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>\$161.70</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>7/1/2023</b>				Qtrly BIMS score:			25.81%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			4.09	3.0%	Quarterly Medicaid:			1.1994	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$8,378,522	\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.03									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$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>1.1994</b>									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.57									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$250.04	\$117.57	\$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 = 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	\$3.26	\$3.26									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.61	\$4.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$272.65</b>	<b>\$122.45</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>\$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>PRUITTHEALTH - ASHBURN</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>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>7/1/2023</b>				Qtrly BIMS score:			37.04%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.34	5.0%	Quarterly Medicaid:			1.4772	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,185,511	\$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 Adjstmtns	(\$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 Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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>1.4772</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.80									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.10	\$105.80	\$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	\$2.45	\$2.45									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.90	\$4.90									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.98	\$7.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$232.08</b>	<b>\$113.68</b>	<b>\$0.00</b>	<b>\$17.37</b>	<b>\$23.68</b>	<b>\$0.00</b>	<b>\$49.60</b>	<b>\$15.79</b>	<b>\$10.60</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>\$161.24</b>										

PDPM Shadow Rates. This is not your rate.



# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>PRUITTHEALTH - BROOKHAVEN</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>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>7/1/2023</b>				Qtrly BIMS score:			20.73%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.09	5.0%	Quarterly Medicaid:			1.4851	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.10									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4851</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.44									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.76	\$120.44	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.71	\$5.71									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.11	\$7.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$253.87</b>	<b>\$127.82</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>\$177.58</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 - ATHENS 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>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>7/1/2023</b>				Qtrly BIMS score:			15.38%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.92	5.0%	Quarterly Medicaid:			1.5286	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$951,398)	(\$193,291)	\$0	\$0	(\$11,888)	(\$9,285)	(\$407,021)		(\$329,913)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$592,783			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	36,062										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,062								36,062			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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		<b>1.4814</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.60									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$247.62	\$99.82	\$0.00	\$24.07	\$33.28		\$36.91	\$16.44	28.05 (FRV)	\$9.05	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$247.62	\$99.82	\$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		<b>1.5286</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$152.59									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$300.38	\$152.59	\$0.00	\$24.07	\$33.28	\$0.00	\$36.91	\$16.44	\$28.05	\$9.05	
<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 = 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	\$7.95	\$7.95									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.80	\$8.48	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$326.18</b>	<b>\$161.07</b>	<b>\$0.00</b>	<b>\$24.29</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$16.44</b>	<b>\$28.05</b>	<b>\$9.05</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$231.81</b>										

PDPM Shadow Rates. This is not your rate.

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

Provider: <b>EAST LAKE ARBOR</b> Prvdr ID: <b>00140137A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 28.75% Nurse Hrs per On-Site Day/Q: 3.28	<u>Facility Score</u> 0.00% 1.0% 3.0%	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5165 Quarterly Medicaid: 1.5250	<u>PDPM Facility</u> 1.5165 1.5250	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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		\$99.82		\$26.82	\$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>1.5250</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.71	\$116.78	\$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	\$1.18	\$1.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.54	\$3.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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>\$234.69</b>	<b>\$122.03</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>\$163.19</b>									

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# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>AUTUMN BREEZE HEALTH AND REHAB</b> Prvdr ID: <b>00140159A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 30.86% Nurse Hrs per On-Site Day/Q 3.39	<u>Facility Score</u> 0.00% 2.5% 3.0%	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5004 Quarterly Medicaid: 1.6154	<u>PDPM Facility</u> 1.5004 1.6154	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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	FY21 Audited C/R Days	29,376									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								29,376		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.48								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.6154</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.92	\$94.47	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.11	\$2.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.53	\$2.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.27	\$5.17	\$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>\$200.19</b>	<b>\$99.64</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>\$137.32</b>									

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# 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 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>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>7/1/2023</b>				Qtrly BIMS score:			30.00%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.57	5.0%	Quarterly Medicaid:			1.3525	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,471,814	\$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 Adjstmts	(\$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	FY21 Audited C/R Days	11,841										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								11,841			
9	Net Per Diems prior to Model Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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 Model for Medicaid Residents	per Current Qtr End		<b>1.3525</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.31									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$263.24	\$131.31	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.19	\$3.19									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.37	\$6.37									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.82	\$10.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$291.06</b>	<b>\$141.40</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>\$205.47</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>BAPTIST VILLAGE, 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>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>7/1/2023</b>				Qtrly BIMS score:			30.71%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			4.22	3.0%	Quarterly Medicaid:			1.4297	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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	FY21 Audited C/R Days	62,767										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								62,767			
9	Net Per Diems prior to Model Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$218.97	\$99.82	\$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	\$218.97	\$99.82	\$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>1.4297</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.71									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$261.86	\$142.71	\$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)	\$0.62	\$0.53	\$0.00	\$0.00	\$0.09	\$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	\$3.63	\$3.63									
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	\$8.60	\$8.51	\$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>\$270.46</b>	<b>\$151.22</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>\$202.85</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>7/1/2023</b>				Qtrly BIMS score:			38.14%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.07	5.0%	Quarterly Medicaid:			1.4581	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$8,717,501	\$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 Adjstmtns	(\$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	38,250										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,250								38,250			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.02									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4581</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.51									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.27	\$122.51	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.68	\$2.68									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.37	\$5.37									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.68	\$8.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$262.95</b>	<b>\$131.09</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>\$184.39</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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			47.22%		5.5%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.47		5.0%		Quarterly Medicaid:			1.4342	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$5,528,326	\$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 Adjstrmts	(\$481,433)	(\$114,470)	\$0	\$0	\$0	\$1,345	(\$325,558)		(\$42,750)				
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$437,605					
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Adjstrmt to Routine Svcs	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		<b>1.3529</b>											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.84											
12	Net Per Diems after Model Adjstrmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>															
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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		<b>1.4342</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.85											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.62	\$128.85	\$0.00	\$18.80	\$23.20	\$0.00	\$33.66	\$17.76	\$13.98	\$1.37			
<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)	\$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	\$6.88	\$6.88											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.26	\$6.26											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.77	\$13.67	\$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>\$269.39</b>	<b>\$142.52</b>	<b>\$0.00</b>	<b>\$19.02</b>	<b>\$23.61</b>	<b>\$0.00</b>	<b>\$51.13</b>	<b>\$17.76</b>	<b>\$13.98</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>\$189.22</b>												

PDPM Shadow Rates. This is not your rate.



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

Provider: <b>CUMMING HEALTH &amp; REHAB</b>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide	
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>7/1/2023</b>				Qtrly BIMS score:			45.65%		5.5%								
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.72		3.0%		Quarterly Medicaid:			1.6665		1.4181	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,231,841	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$110.34													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$221.80	\$99.82	\$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	\$221.80	\$99.82	\$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>1.6665</b>													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$166.35													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$288.33	\$166.35	\$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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.67	\$7.67													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$28.96	\$11.86	\$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>\$317.29</b>	<b>\$178.21</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>\$225.14</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 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>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>7/1/2023</b>				Qtrly BIMS score:			37.19%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.77	3.0%	Quarterly Medicaid:			1.4237	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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>1.4237</b>									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.20									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.18	\$133.20	\$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 ([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	\$3.40	\$3.40									
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	\$26.11	\$8.01	\$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>\$257.29</b>	<b>\$141.21</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>\$180.14</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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			28.85%		1.0%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.18		6.0%		Quarterly Medicaid:			1.2865	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,337,615	\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.31											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.2865</b>											
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.33											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.37	\$112.33	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.70	\$5.70											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.91	\$7.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$241.28</b>	<b>\$119.51</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>\$168.14</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>7/1/2023</b>				Qtrly BIMS score:			30.19%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.10	2.0%	Quarterly Medicaid:			1.3492	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$7,568,733	\$3,744,904	\$0	\$615,602	\$641,094	\$0	\$1,353,021		\$1,214,112	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$281,122)	(\$105,636)	\$0	\$0	\$0	\$0	(\$117,027)		(\$58,459)		
	As Filed Cost Center Costs (GL/PL)	<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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.08									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3492</b>									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.30									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.59	\$101.30	\$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 ([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	\$2.62	\$2.62									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.10	\$2.10									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.35	\$5.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$211.94</b>	<b>\$106.55</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>\$146.13</b>										

PDPM Shadow Rates. This is not your rate.



# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>ANDERSON MILL HEALTH AND REHABILITATION CENTER</b>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			24.47%		1.0%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.34		3.0%		Quarterly Medicaid:			1.4924	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.65											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4924</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.34											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.32	\$126.34	\$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 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	\$4.34	\$4.34											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.05	\$6.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$238.37</b>	<b>\$132.66</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>\$165.95</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>7/1/2023</b>				Qtrly BIMS score:			32.95%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.33	5.0%	Quarterly Medicaid:			1.4791	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$7,961,153	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.56									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4791</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.24									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.08	\$113.24	\$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 ([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	\$2.64	\$2.64									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.28	\$5.28									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.55	\$8.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$244.63</b>	<b>\$121.69</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>\$170.65</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 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>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>7/1/2023</b>				Qtrly BIMS score:			33.80%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.89	3.0%	Quarterly Medicaid:			1.3068	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$9,596,126	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$103.09									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$225.81	\$99.82	\$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	\$225.81	\$99.82	\$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>1.3068</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.44									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$256.43	\$130.44	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$3.02	\$3.02									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.63	\$3.63									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.65	\$7.18	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$281.08</b>	<b>\$137.62</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>\$197.99</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 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>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>7/1/2023</b>				Qtrly BIMS score:			12.50%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.01	2.0%	Quarterly Medicaid:			1.4648	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,494,237	\$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 Adjstmtns	(\$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	FY21 Audited C/R Days	19,705										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								19,705			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.12									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4648</b>									
18	Qtrly Routine Svcs 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	\$189.17	\$108.57	\$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 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	\$1.95	\$1.95									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.58	\$2.48	\$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>\$209.75</b>	<b>\$111.05</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>\$144.49</b>										

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# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>PRUITTHEALTH - LANIER</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>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>7/1/2023</b>				Qtrly BIMS score:			36.17%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.92	5.0%	Quarterly Medicaid:			1.4796	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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)	<b>As Filed FY21 GL/PL Rpt</b>								\$508,343			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Adjstmnt to Routine Svcs	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		<b>1.3601</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.40									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$220.21	\$99.82	\$0.00	\$18.41	\$31.89		\$36.91	\$23.50	8.06 (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	\$220.21	\$99.82	\$0.00	\$18.41	\$31.89	\$0.00	\$36.91	\$23.50	\$8.06	\$1.62	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4796</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147.69									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$268.08	\$147.69	\$0.00	\$18.41	\$31.89	\$0.00	\$36.91	\$23.50	\$8.06	\$1.62	
<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	\$3.66	\$3.66									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.32	\$7.32									
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	\$29.24	\$11.51	\$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>\$297.32</b>	<b>\$159.20</b>	<b>\$0.00</b>	<b>\$18.63</b>	<b>\$32.30</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$23.50</b>	<b>\$8.06</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>\$210.17</b>										

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# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>CHURCH HOME REHABILITATION AND HEALTHCARE</b> Prvdr ID: <b>00140467A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 24.32% Nurse Hrs per On-Site Day/Q 4.16	<u>Facility Score</u> 0.00% 1.0% 4.0%	<u>Add-on Percent</u> 0.00% 1.0% 4.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.6184 Quarterly Medicaid: 1.8027	<u>PDPM Facility</u> 1.6184 1.8027	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,650,815	\$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	FY21 Audited C/R Days	21,474									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								21,474		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.17								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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>1.8027</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.73	\$122.89	\$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 =	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$4.88	\$4.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.14	\$6.63	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$261.87</b>	<b>\$129.52</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>\$183.58</b>									

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# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>CALHOUN NURSING HOME</b>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide	
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>7/1/2023</b>				Qtrly BIMS score:			48.21%		5.5%								
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.77		4.0%		Quarterly Medicaid:			1.7638		1.4181	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,863,425	\$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	19,676														
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,676								19,676							
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.38													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.90	\$83.38	\$0.00	\$23.28	\$24.07		\$23.10	\$6.12	15.89 (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	\$176.90	\$83.38	\$0.00	\$23.28	\$24.07	\$0.00	\$23.10	\$6.12	\$15.89	\$1.06					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.7638</b>													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147.06													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.58	\$147.06	\$0.00	\$23.28	\$24.07	\$0.00	\$23.10	\$6.12	\$15.89	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$8.38	\$8.38													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.09	\$6.09													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$33.10	\$15.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00					
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$273.68</b>	<b>\$162.06</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>\$15.89</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>\$192.44</b>														

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

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>7/1/2023</b>				Qtrly BIMS score:			22.00%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.82	2.0%	Quarterly Medicaid:			1.3770	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,135,629	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.17									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3770</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.38									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.36	\$99.38	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.47	\$1.47									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.26	\$4.94	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$234.62</b>	<b>\$104.32</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>\$163.14</b>										

PDPM Shadow Rates. This is not your rate.



# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: UNIVERSITY NURSING & REHAB CTR				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00140533A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3312	1.4210
PDPM Per Diem Rate Effective Date: 7/1/2023				Qtrly BIMS score:			22.62%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23				Nurse Hrs per On-Site Day/Q			2.89	1.0%	Quarterly Medicaid:			1.4163	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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  Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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	\$6,972,415	\$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 Adjstmtns	(\$69,277)	(\$79,539)	\$0	(\$14,665)	\$0	\$16,726	\$63,332		(\$55,131)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$12,462			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$55,131	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,970,731	\$3,600,272	\$0	\$542,249	\$627,638	\$16,726	\$1,355,662	\$12,462	\$760,591	\$55,131	
8	Total Nursing Facility Days As Filed Days = 30,853	FY21 Audited C/R Days	30,853										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,853	FY21 GL-PL Ins Rpt Days								30,853			
9	Net Per Diems prior to Model Adjstmtn 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		1.3312									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.66									
12	Net Per Diems after Model Adjstmtn 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		\$99.82		\$26.82	\$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	
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	\$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		1.4163									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.15									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.73	\$124.15	\$0.00	\$17.58	\$20.88	\$0.00	\$36.91	\$0.40	\$8.01	\$1.79	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([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	\$1.23	\$1.23									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.23	\$1.23									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.72	\$2.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$230.45	\$127.14	\$0.00	\$17.80	\$21.29	\$0.00	\$54.01	\$0.40	\$8.01	\$1.79	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.01										

PDPM Shadow Rates. This is not your rate.

**Demonstration Only**

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

Reimbursement Services - DCH/DFM

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>CALHOUN HEALTH 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>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>7/1/2023</b>				Qtrly BIMS score:			45.45%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.46	2.0%	Quarterly Medicaid:			1.6375	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,956,310	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.63									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.6375</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.18									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.58	\$86.18	\$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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.42	\$5.42									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.97	\$1.97									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.02	\$7.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$203.60</b>	<b>\$94.10</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>\$139.88</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> Prvdr ID: <b>00140588A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 37.50% Nurse Hrs per On-Site Day/Q 3.02	<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: 1.4342 Quarterly Medicaid: 1.3592	<u>PDPM Facility</u> 1.4342 1.3592	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,668,198	\$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 Adjstmts	(\$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 Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.67								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3592</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.16	\$111.00	\$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 ([Std - 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	\$2.93	\$2.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.86	\$5.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.20	\$9.32	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$242.36</b>	<b>\$120.32</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>\$168.95</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> Prvdr ID: <b>00140599A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 32.35% Nurse Hrs per On-Site Day/Q 3.11	<u>Facility Score</u> 0.00% 2.5% 4.0%	<u>Add-on Percent</u> 0.00% 2.5% 4.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4005 Quarterly Medicaid: 1.5124	<u>PDPM Facility</u> 1.4005 1.5124	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$4,121,894	\$1,561,068	\$0	\$367,087	\$420,282	\$0	\$1,403,579		\$369,878	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$83,203)	(\$3,220)	\$0	\$0	\$1,287	\$1,559	(\$29,459)		(\$53,370)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$22,250		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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		17,093								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,093										
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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		<b>1.4005</b>								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.08								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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
<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	\$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		<b>1.5124</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.87	\$98.42	\$0.00	\$21.48	\$24.75	\$0.00	\$36.91	\$1.30	\$23.86	\$3.14
<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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.06	\$2.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.30	\$3.30								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.62	\$5.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$233.49</b>	<b>\$104.31</b>	<b>\$0.00</b>	<b>\$21.70</b>	<b>\$25.16</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$1.30</b>	<b>\$23.86</b>	<b>\$3.14</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$162.29</b>									

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>				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			20.59%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.33	1.0%	Quarterly Medicaid:			1.4271	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,717,130	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.64									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4271</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.25									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.58	\$92.25	\$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 ([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	\$1.12	\$1.12									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.12	\$1.12									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.87	\$2.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$188.45</b>	<b>\$95.02</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>\$128.51</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 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>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>7/1/2023</b>				Qtrly BIMS score:			25.76%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.97	3.0%	Quarterly Medicaid:			1.3477	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$7,139,629	\$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 Adjstmtns	\$195,402	(\$14,676)	\$0	\$0	\$639	\$839	\$268,765		(\$60,165)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$106,243			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Adjstmnt to Routine Svcs	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		<b>1.4804</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.38									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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		<b>1.3477</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.55									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.27	\$128.55	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.49	\$1.49									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.46	\$4.46									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.21	\$6.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$244.48</b>	<b>\$135.03</b>	<b>\$0.00</b>	<b>\$16.08</b>	<b>\$19.66</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$3.57</b>	<b>\$14.10</b>	<b>\$2.03</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>HEALTHCARE AT COLLEGE PARK, LLC</b> Prvdr ID: <b>00140654A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 27.42% Nurse Hrs per On-Site Day/Q: 2.94	<u>Facility Score</u> 0.00% 1.0% 3.0%	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3209 Quarterly Medicaid: 1.2481	<u>PDPM Facility</u> 1.3209 1.2481	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,602,735	\$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 Adjstmts	(\$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	FY21 Audited C/R Days	27,762									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								27,762		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.11								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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>1.2481</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$70.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$143.81	\$70.03	\$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 ([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 =	Ln 19 Col b x CPS Add-on	\$0.56	\$0.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$1.69	\$1.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.88	\$2.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$164.69</b>	<b>\$72.81</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>\$110.69</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> Prvdr ID: <b>00140665A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 40.00% Nurse Hrs per On-Site Day/Q 3.36	<u>Facility Score</u> 0.00% 2.5% 4.0%	<u>Add-on Percent</u> 0.00% 2.5% 4.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.1891 Quarterly Medicaid: 1.2145	<u>PDPM Facility</u> 1.1891 1.2145	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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		\$99.82		\$26.82	\$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>1.2145</b>								
18	Qtrly Routine Svcs 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	\$179.05	\$103.72	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see 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	\$2.93	\$2.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.69	\$4.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.25	\$8.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$205.30</b>	<b>\$111.87</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>\$141.15</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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			40.30%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.60		5.0%		Quarterly Medicaid:			1.4021	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.16											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4021</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.42											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.94	\$133.42	\$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 ([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	\$2.75	\$2.75											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.50	\$5.50											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.88	\$8.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$258.82</b>	<b>\$142.20</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>\$181.29</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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			22.95%		1.0%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.04		3.0%		Quarterly Medicaid:			1.4648	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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 Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,389,020	\$3,606,145	\$0	\$522,581	\$518,572	\$0	\$917,721		\$1,824,001	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmtns	\$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 Adjstmnt to Routine Srvc	Ln 7 / Ln 8 Col a	\$297.33	\$137.17	\$0.00	\$19.81	\$19.65	(with L&H)	\$51.97	\$0.16	\$67.75	\$0.82			
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.3889</b>											
11	Routine Srvc Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.76											
12	Net Per Diems after Model Adjstmnt to Routine Srvc	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 Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4648</b>											
18	Qtrly Routine Srvc Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.66											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.85	\$144.66	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$1.27	\$1.27											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.82	\$3.82											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.35	\$5.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$259.20</b>	<b>\$150.28</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>\$181.58</b>												

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>PRUITTHEALTH - CRESTWOOD, 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>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>7/1/2023</b>				Qtrly BIMS score:			50.00%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.75	4.0%	Quarterly Medicaid:			1.4004	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,731,627	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.69									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4004</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.00									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.26	\$120.00	\$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 ([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 = 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 = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.65	\$4.65									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.68	\$11.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$252.94</b>	<b>\$131.58</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>\$176.88</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> Prvdr ID: <b>00140786A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 28.57% Nurse Hrs per On-Site Day/Q: 2.65	<u>Facility Score</u> 0.00% 1.0% 3.0%	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3911 Quarterly Medicaid: 1.2590	<u>PDPM Facility</u> 1.3911 1.2590	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,816,748	\$2,220,290	\$0	\$339,604	\$418,630	\$0	\$586,622		\$251,602	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$98,306)	(\$215)	\$0	\$0	\$0	\$0	(\$89,285)		(\$8,806)	
	As Filed Cost Center Costs (GL/PL)	<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	FY21 Audited C/R Days	15,216									
	Total Nursing Facility Days GL-PL Ins. Rpt	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		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$196.98	\$99.82	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$196.98	\$99.82	\$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>1.2590</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.83	\$125.68	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$1.52	\$1.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$4.56	\$4.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.71	\$6.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$247.54</b>	<b>\$132.29</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>\$172.83</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 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>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>7/1/2023</b>				Qtrly BIMS score:			38.10%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.31	4.0%	Quarterly Medicaid:			1.4207	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,035,241	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.83									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4207</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.78									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.92	\$124.78	\$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 ([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	\$2.78	\$2.78									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.45	\$4.45									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.86	\$7.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$251.78</b>	<b>\$132.54</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>\$176.01</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 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>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>7/1/2023</b>				Qtrly BIMS score:			23.38%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.73	3.0%	Quarterly Medicaid:			1.3391	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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	29,737										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,737								29,737			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.91									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3391</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.99									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.78	\$102.99	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.55	\$4.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$209.33</b>	<b>\$107.44</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>\$144.17</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>EARLY MEMORIAL 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>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>7/1/2023</b>				Qtrly BIMS score:			14.63%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.45	2.0%	Quarterly Medicaid:			1.4064	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$5,393,189	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.43									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$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>1.4064</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.37									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.67	\$124.37	\$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 = 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	\$1.73	\$1.73									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.95	\$2.26	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$209.62</b>	<b>\$126.63</b>	<b>\$0.00</b>	<b>\$30.80</b>	<b>\$4.93</b>	<b>\$0.00</b>	<b>\$35.18</b>	<b>\$1.48</b>	<b>\$10.60</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>\$144.39</b>										

PDPM Shadow Rates. This is not your rate.



# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>EASTVIEW NURSING CENTER</b>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			32.73%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.17		3.0%		Quarterly Medicaid:			1.5893	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,436,068	\$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 Adjstmtns	(\$192,223)	(\$8,683)	\$0	\$173	\$499	\$623	(\$133,453)		(\$51,382)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$95,629					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$50,507			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,389,981	\$1,643,769	\$0	\$466,753	\$570,678	\$623	\$524,477	\$95,629	\$37,545	\$50,507			
8	Total Nursing Facility Days As Filed Days = 18,919	FY21 Audited C/R Days	18,919												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,919	FY21 GL-PL Ins Rpt Days								18,919					
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.83											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.5893</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.68											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.96	\$96.68	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.25	\$2.25											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.70	\$2.70											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.58	\$5.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$219.54	\$102.16	\$0.00	\$24.89	\$30.61	\$0.00	\$45.19	\$5.05	\$8.97	\$2.67			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.83												

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>EFFINGHAM CARE &amp; REHABILITATION CENTER</b>				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			29.33%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			4.75	7.0%	Quarterly Medicaid:			1.3282	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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 Adjstmnt 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 Adjstmnt 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		\$99.82		\$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	\$214.63	\$99.82	\$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	\$214.63	\$99.82	\$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>1.3282</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.58									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.39	\$132.58	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.40	\$1.40									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 7.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$9.83	\$9.83									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.96	\$11.23	\$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>\$276.35</b>	<b>\$143.81</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>\$194.44</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> Prvdr ID: <b>00140918A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 8.57% Nurse Hrs per On-Site Day/Q 3.34	<u>Facility Score</u> 0.00% 0.0% 3.0%	<u>Add-on Percent</u> 0.00% 0.0% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5520 Quarterly Medicaid: 1.5817	<u>PDPM Facility</u> 1.5520 1.5817	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,849,570	\$1,987,441	\$0	\$374,773	\$555,680	\$0	\$749,144		\$182,532	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$192,599)	\$0	\$0	\$0	(\$436)	(\$443)	(\$98,230)		(\$93,490)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$92,553		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$93,342
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,842,866	\$1,987,441	\$0	\$374,773	\$555,244	(\$443)	\$650,914	\$92,553	\$89,042	\$93,342
8	Total Nursing Facility Days	As Filed Days = 16,384	16,384									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,384										
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$234.54	\$121.30	\$0.00	\$22.87	\$33.86	(with L&H)	\$39.73	\$5.65	\$5.43	\$5.70
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.5520</b>								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.16								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.16	\$0.00	\$22.87	\$33.86		\$39.73	\$5.65	\$5.43	\$5.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.69	\$78.16	\$0.00	\$22.87	\$33.28		\$36.91	\$5.65	35.12 (FRV)	\$5.70
<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	\$217.69	\$78.16	\$0.00	\$22.87	\$33.28	\$0.00	\$36.91	\$5.65	\$35.12	\$5.70
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.5817</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$263.16	\$123.63	\$0.00	\$22.87	\$33.28	\$0.00	\$36.91	\$5.65	\$35.12	\$5.70
<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)	\$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 = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.62	\$3.30	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$283.78</b>	<b>\$126.93</b>	<b>\$0.00</b>	<b>\$23.09</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$5.65</b>	<b>\$35.12</b>	<b>\$5.70</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$200.01</b>									

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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide				
Prvdr ID: <b>00140929A</b>				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:			N/A		0.00%		Base Period Overall:			1.4172		1.4210	
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			Qtrly BIMS score:			25.00%		1.0%								
							Nurse Hrs per On-Site Day/Q			4.15		3.0%		Quarterly Medicaid:			1.3565		1.4181	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$4,057,979	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.28																
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$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	\$224.34	\$99.82	\$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	\$224.34	\$99.82	\$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>1.3565</b>																
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.41																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$259.93	\$135.41	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.27	\$1.27																
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.81	\$3.81																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.18	\$5.08	\$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>\$282.11</b>	<b>\$140.49</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>\$198.76</b>																	

PDPM Shadow Rates. This is not your rate.



# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>PRUITTHEALTH - 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>7/1/2023</b>				Qtrly BIMS score:			34.09%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.76	5.0%	Quarterly Medicaid:			1.6616	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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	22,881										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,881								22,881			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.58									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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 Model for Medicaid Residents	per Current Qtr End		<b>1.6616</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$160.48									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$276.19	\$160.48	\$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 ([Std - 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 Svcs)	Ln 19 Col b x CPS Add-on	\$3.27	\$3.27									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.55	\$6.55									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.04	\$10.35	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$304.23</b>	<b>\$170.83</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>\$215.35</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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			26.67%		1.0%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.10		3.0%		Quarterly Medicaid:			1.2516	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmtn to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.54											
12	Net Per Diems after Model Adjstmtn to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.68	\$99.82	\$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	\$204.68	\$99.82	\$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>1.2516</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.93											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.79	\$124.93	\$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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$3.32	\$3.32											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.06	\$4.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$252.85</b>	<b>\$129.89</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>\$176.81</b>												

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>PRUITTHEALTH - FITZGERALD</b> Prvdr ID: <b>00140995A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Add-on Data and Percentag	Facility Score	Add-on Percent	Facility Model (PDPM) Data				PDPM Facility	PDPM Statewide
				Growth Allowance:	N/A	0.00%	Base Period Overall:				1.4242	1.4210
				Qtrly BIMS score:	23.44%	1.0%						
				Nurse Hrs per On-Site Day/Q	2.77	5.0%	Quarterly Medicaid:				1.4330	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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)		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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$4,832,856	\$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 Adjstrmts	(\$364,340)	(\$105,060)	\$0	\$0	\$0	\$1,040	(\$235,242)		(\$25,078)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$337,481		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,078
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,831,075	\$2,466,553	\$0	\$377,959	\$635,141	\$1,040	\$802,809	\$337,481	\$185,014	\$25,078
8	Total Nursing Facility Days As Filed Days = 22,670	FY21 Audited C/R Days	22,670									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,670	FY21 GL-PL Ins Rpt Days								22,670		
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	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		1.4242								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.39								
12	Net Per Diems after Model Adjstrmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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		1.4330								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.84	\$109.46	\$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 ([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 = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.20	\$5.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.87	\$6.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$242.71	\$116.23	\$0.00	\$16.89	\$28.47	\$0.00	\$52.88	\$14.89	\$12.24	\$1.11
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.21									

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>FOLKSTON PARK CARE 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>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>7/1/2023</b>				Qtrly BIMS score:			27.42%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.20	2.0%	Quarterly Medicaid:			1.3090	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,838,739	\$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 Adjstmtns	(\$99,488)	(\$922)	\$0	(\$2,386)	(\$1,601)	\$3,325	(\$72,051)		(\$25,853)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$55,877			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	27,366										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,366								27,366			
9	Net Per Diems prior to Model Adjstmnt 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		<b>1.2675</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.73									
12	Net Per Diems after Model Adjstmnt 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		\$99.82		\$26.82	\$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	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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		<b>1.3090</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.61									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.79	\$109.61	\$0.00	\$15.06	\$15.11	\$0.00	\$23.86	\$2.04	\$9.17	\$0.94	
<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	\$1.12	\$1.12									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.24	\$2.24									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.99	\$3.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$197.78</b>	<b>\$113.50</b>	<b>\$0.00</b>	<b>\$15.28</b>	<b>\$15.52</b>	<b>\$0.00</b>	<b>\$41.33</b>	<b>\$2.04</b>	<b>\$9.17</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>\$135.51</b>										

PDPM Shadow Rates. This is not your rate.



# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>PRUITTHEALTH - FORSYTH</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>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>7/1/2023</b>				Qtrly BIMS score:			26.53%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.67	4.0%	Quarterly Medicaid:			1.4843	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,576											
9	Net Per Diems prior to Model Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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>1.4843</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.24									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.11	\$134.24	\$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 = 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 = 4.0% (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	\$24.97	\$6.87	\$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>\$268.08</b>	<b>\$141.11</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>\$188.24</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>FORT VALLEY HEALTH AND REHAB</b> Prvdr ID: <b>00141028A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 31.58% Nurse Hrs per On-Site Day/Q: 2.71	<u>Facility Score</u> 0.00% 2.5% 3.0%	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5163 Quarterly Medicaid: 1.5474	<u>PDPM Facility</u> 1.5163 1.5474	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,142,395	\$1,705,446	\$0	\$332,714	\$360,456	\$0	\$1,085,380		\$658,399	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$99,711)	(\$11,070)	\$0	\$0	\$0	\$0	(\$43,878)		(\$44,763)	
	As Filed Cost Center Costs (GL/PL)	<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	18,587									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,587								18,587		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.12								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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 Model for Medicaid Residents	per Current Qtr End		<b>1.5474</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.45	\$93.03	\$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 =	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.78	\$2.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.36	\$5.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$204.81</b>	<b>\$98.66</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>\$140.78</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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			23.08%		1.0%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.93		5.0%		Quarterly Medicaid:			1.4592	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,598,729	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.47											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4592</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.64											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.79	\$127.64	\$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 ([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	\$1.22	\$1.22											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.12	\$6.12											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.97	\$7.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$247.76</b>	<b>\$135.51</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>\$173.00</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 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>00141072A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.9212	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			18.82%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.07	3.0%	Quarterly Medicaid:			1.5996	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.91									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$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>1.5996</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.43									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$260.88	\$129.43	\$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)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine 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	\$3.80	\$3.80									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.90	\$3.80	\$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>\$281.78</b>	<b>\$133.23</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>\$198.51</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 Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</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>7/1/2023</b>				Qtrly BIMS score:			45.21%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.76	2.0%	Quarterly Medicaid:			1.6897	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmtn to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.32									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.6897</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.17									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.49	\$144.17	\$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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.63	\$7.63									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.77									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.03	\$10.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$253.52</b>	<b>\$155.10</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>\$177.32</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 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>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>7/1/2023</b>				Qtrly BIMS score:			38.30%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.11	5.0%	Quarterly Medicaid:			1.4147	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,857,963	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.27									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4147</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.31									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.47	\$109.31	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see 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	\$2.66	\$2.66									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.31	\$5.31									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.60	\$8.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$228.07</b>	<b>\$117.81</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>\$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>PARKSIDE CENTER FOR NURSING AND REHAB AT ELLIJAY</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>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>7/1/2023</b>				Qtrly BIMS score:			14.06%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.53	5.0%	Quarterly Medicaid:			1.9213	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,438,715	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.82									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$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>1.9213</b>									
18	Qtrly Routine Svcs 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	\$210.77	\$109.17	\$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 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	\$5.31	\$5.31									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.57	\$5.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$234.34</b>	<b>\$115.01</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>\$162.93</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>COMFORT CREEK 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>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>7/1/2023</b>				Qtrly BIMS score:			29.51%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.77	3.0%	Quarterly Medicaid:			1.3148	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.02									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3148</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.32									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.98	\$97.32	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.55	\$4.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$183.53</b>	<b>\$101.77</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>\$124.82</b>										

PDPM Shadow Rates. This is not your rate.



# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>GLENN-MOR 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>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>7/1/2023</b>				Qtrly BIMS score:			25.00%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.34	3.0%	Quarterly Medicaid:			1.4342	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$5,934,848	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.48									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$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	\$212.05	\$99.82	\$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	\$212.05	\$99.82	\$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>1.4342</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.16									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.39	\$143.16	\$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)	\$0.68	\$0.46	\$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	\$1.34	\$1.34									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.02	\$4.02									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.14	\$5.82	\$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>\$278.53</b>	<b>\$148.98</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>\$196.07</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 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>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>7/1/2023</b>				Qtrly BIMS score:			19.05%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.01	3.0%	Quarterly Medicaid:			1.3839	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$8,037,880	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.17									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3839</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.18									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.47	\$108.18	\$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 ([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	\$3.17	\$3.17									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.80	\$3.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$215.27</b>	<b>\$111.88</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>\$148.63</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 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>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>7/1/2023</b>				Qtrly BIMS score:			45.45%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.55	3.0%	Quarterly Medicaid:			1.4085	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,201,032	\$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 Adjstmtns	(\$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 Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.59	\$99.82	\$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	\$211.59	\$99.82	\$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>1.4085</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.59									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$252.36	\$140.59	\$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)	\$0.53	\$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	\$7.45	\$7.45									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.06	\$4.06									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.14	\$12.04	\$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>\$281.50</b>	<b>\$152.63</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>\$198.30</b>										

PDPM Shadow Rates. This is not your rate.

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

Provider: <b>PRUITTHEALTH - GRANDVIEW</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>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>7/1/2023</b>				Qtrly BIMS score:			10.20%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.98	5.0%	Quarterly Medicaid:			1.5047	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.71									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.5047</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.01									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.22	\$144.01	\$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 ([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 = 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	\$7.24	\$7.24									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.87	\$7.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$281.09</b>	<b>\$151.78</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>\$197.99</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 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>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>7/1/2023</b>				Qtrly BIMS score:			15.69%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.74	2.0%	Quarterly Medicaid:			1.6133	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,521,942	\$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 Adjstmtns	(\$146,880)	(\$46,341)	\$0	\$0	\$0	\$0	(\$47,870)		(\$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>										\$52,669	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,521,942	\$2,031,654	\$0	\$426,984	\$306,371	\$0	\$810,000	\$94,211	\$800,053	\$52,669	
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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$233.95	\$105.11	\$0.00	\$22.09	\$15.85	(with L&H)	\$41.91	\$4.87	\$41.39	\$2.73	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.7526</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.97									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.97	\$0.00	\$22.09	\$15.85		\$41.91	\$4.87	\$41.39	\$2.73	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.44	\$59.97	\$0.00	\$22.09	\$15.85		\$36.91	\$4.87	12.02 (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	\$154.44	\$59.97	\$0.00	\$22.09	\$15.85	\$0.00	\$36.91	\$4.87	\$12.02	\$2.73	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.6133</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.75									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.23	\$96.75	\$0.00	\$22.09	\$15.85	\$0.00	\$36.91	\$4.87	\$12.02	\$2.73	
<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)	\$1.16	\$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	\$2.48	\$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	\$20.74	\$3.01	\$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>\$211.97</b>	<b>\$99.76</b>	<b>\$0.00</b>	<b>\$22.31</b>	<b>\$16.26</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$4.87</b>	<b>\$12.02</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>\$146.15</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>7/1/2023</b>				Qtrly BIMS score:			67.44%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.93	4.0%	Quarterly Medicaid:			1.6265	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,778,899	\$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	24,829										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,829								24,829			
9	Net Per Diems prior to Model Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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>1.6265</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.51									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$254.79	\$143.51	\$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	\$7.87	\$7.87									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.73	\$5.73									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.64	\$14.13	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$286.43</b>	<b>\$157.64</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>\$202.00</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>7/1/2023</b>				Qtrly BIMS score:			39.60%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.04	2.0%	Quarterly Medicaid:			1.4580	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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 Srvcs 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	As Filed Days = 65,953	65,953										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 65,953								65,953			
9	Net Per Diems prior to Model Adjstmnt to Routine Srvcs	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 Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.67									
12	Net Per Diems after Model Adjstmnt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4580</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.36									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.95	\$126.36	\$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 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	\$2.42	\$2.42									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.71	\$5.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$238.66</b>	<b>\$132.34</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>\$166.17</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: PREMIER ESTATES OF DUBLIN, LLC				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00141281A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.7178	1.4210
MDS & Nurse Hrs Data per Quarter Ending: 7/1/2023				Qtrly BIMS score:			10.34%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23				Nurse Hrs per On-Site Day/Q			4.25	3.0%	Quarterly Medicaid:			1.4959	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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  Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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	\$6,234,389	\$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 Adjstmtns	(\$272,945)	(\$14,796)	\$0	\$0	\$0	\$0	(\$232,851)		(\$25,298)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$198,863			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$27,038	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,187,345	\$2,865,720	\$0	\$614,525	\$528,902	\$0	\$841,985	\$198,863	\$1,110,312	\$27,038	
8	Total Nursing Facility Days 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 Adjstmrnt 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		1.7178									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.63									
12	Net Per Diems after Model Adjstmrnt 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		\$99.82		\$26.82	\$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	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.81	\$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		1.4959									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.21									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.39	\$86.21	\$0.00	\$21.23	\$18.27	\$0.00	\$29.08	\$6.87	\$8.80	\$0.93	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([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 = 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	\$3.02	\$3.02									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.65	\$3.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$193.04	\$89.76	\$0.00	\$21.45	\$18.68	\$0.00	\$46.55	\$6.87	\$8.80	\$0.93	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.96										

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> Prvdr ID: <b>00141292A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 41.38% Nurse Hrs per On-Site Day/Q: 3.14	<u>Facility Score</u> 0.00% 2.5% 3.0%	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3241 Quarterly Medicaid: 1.2619	<u>PDPM Facility</u> 1.3241 1.2619	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>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	\$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	FY21 Audited C/R Days	22,951									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								22,951		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.12								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$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 = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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 <u>Model</u> for Medicaid Residents	per Current Qtr End		<b>1.2619</b>								
18	Qtrly Routine Svcs 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	\$241.82	\$121.29	\$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 ([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>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.71	\$2.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.25	\$3.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.59	\$6.49	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$265.41</b>	<b>\$127.78</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>\$186.23</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 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>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>7/1/2023</b>				Qtrly BIMS score:			43.43%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.81	4.0%	Quarterly Medicaid:			1.3717	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,336,438	\$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 Adjstmtns	(\$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 Adjstmtn to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.56									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3717</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.19									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.64	\$87.19	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.14	\$2.14									
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	\$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>\$196.84</b>	<b>\$93.29</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>\$134.81</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 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>00141325A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3602	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			26.32%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.92	3.0%	Quarterly Medicaid:			1.3547	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$7,103,239	\$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	35,692										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,692								35,692			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.04									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3547</b>									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.95									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.08	\$98.95	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.90	\$2.90									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.23	\$4.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.20	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$203.31</b>	<b>\$103.35</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>\$139.66</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>7/1/2023</b>				Qtrly BIMS score:			26.83%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.55	2.0%	Quarterly Medicaid:			1.3356	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	FY21 Audited C/R Days	15,358										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								15,358			
9	Net Per Diems prior to Model Adjstmtn 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 Adjstmtn 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		\$99.82		\$26.82	\$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>1.3356</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.65									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.57	\$84.65	\$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	\$0.82	\$0.82									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.63	\$1.63									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.71	\$2.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$193.28</b>	<b>\$87.63</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>\$132.14</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> Prvdr ID: <b>00141358A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 32.10% Nurse Hrs per On-Site Day/Q 3.04	<u>Facility Score</u> 0.00% 2.5% 6.0%	<u>Add-on Percent</u> 0.00% 2.5% 6.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.8650 Quarterly Medicaid: 1.7779	<u>PDPM Facility</u> 1.8650 1.7779	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$7,138,687	\$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 Adjstmts	(\$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	28,916									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,916								28,916		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.07								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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>1.7779</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.67	\$108.58	\$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 =	Ln 19 Col b x CPS Add-on	\$2.73	\$2.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$6.55	\$6.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.91	\$9.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$216.58</b>	<b>\$118.39</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>\$149.61</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 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>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>7/1/2023</b>				Qtrly BIMS score:			20.59%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.55	5.0%	Quarterly Medicaid:			1.6087	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$5,026,206	\$2,431,674	\$0	\$383,270	\$719,562	\$0	\$1,131,782		\$359,918	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$505,962)	(\$45,999)	\$0	\$0	(\$597)	\$564	(\$411,063)		(\$48,867)		
	As Filed Cost Center Costs (GL/PL)	<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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.34									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.6087</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.50									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.42	\$103.50	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.98	\$4.98									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.61	\$6.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$234.03</b>	<b>\$110.01</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>\$162.70</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 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>00141391A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4901	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			21.31%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.77	4.0%	Quarterly Medicaid:			1.5039	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$7,638,029	\$4,036,911	\$0	\$536,642	\$981,533	\$0	\$1,480,734		\$602,209	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmtns	(\$596,814)	(\$124,782)	\$0	\$0	\$5,847	\$8,202	(\$351,953)		(\$134,128)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$447,689			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$14,702	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,503,606	\$3,912,129	\$0	\$536,642	\$987,380	\$8,202	\$1,128,781	\$447,689	\$468,081	\$14,702	
8	Total Nursing Facility Days As Filed Days = 29,720	FY21 Audited C/R Days	29,720										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,720	FY21 GL-PL Ins Rpt Days								29,720			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$252.47	\$131.63	\$0.00	\$18.06	\$33.50	(with L&H)	\$37.98	\$15.06	\$15.75	\$0.49	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.4901</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.33									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$88.33	\$0.00	\$18.06	\$33.50		\$37.98	\$15.06	\$15.75	\$0.49	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.18	\$88.33	\$0.00	\$18.06	\$33.28		\$36.91	\$15.06	16.05 (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	\$208.18	\$88.33	\$0.00	\$18.06	\$33.28	\$0.00	\$36.91	\$15.06	\$16.05	\$0.49	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.5039</b>									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.84									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$252.70	\$132.84	\$0.00	\$18.06	\$33.28	\$0.00	\$36.91	\$15.06	\$16.05	\$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)	\$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	\$1.22	\$1.22									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.90	\$4.90									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.97	\$6.65	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$276.67</b>	<b>\$139.49</b>	<b>\$0.00</b>	<b>\$18.28</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$15.06</b>	<b>\$16.05</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>\$194.68</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 ST SIMONS REHAB &amp; NURSING 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>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>7/1/2023</b>				Qtrly BIMS score:			37.50%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			4.27	3.0%	Quarterly Medicaid:			1.8603	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,040											
9	Net Per Diems prior to Model Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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>1.8603</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.39									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.60	\$118.39	\$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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.67	\$2.67									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$24.13	\$6.40	\$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>\$258.73</b>	<b>\$124.79</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>\$181.22</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>7/1/2023</b>				Qtrly BIMS score:			26.92%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.05	6.0%	Quarterly Medicaid:			1.4227	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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>1.4227</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.04									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.94	\$117.04	\$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 ([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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.24	\$1.24									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.44	\$7.44									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.31	\$9.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$241.25</b>	<b>\$126.25</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>\$168.11</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 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>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>7/1/2023</b>				Qtrly BIMS score:			32.69%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.90	4.0%	Quarterly Medicaid:			1.4487	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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	21,103										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,103								21,103			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$103.27									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.57	\$99.82	\$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	\$206.57	\$99.82	\$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>1.4487</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.60									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$251.36	\$144.60	\$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 ([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	\$3.65	\$3.65									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.85	\$5.85									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.13	\$10.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$279.49</b>	<b>\$154.63</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>\$196.79</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>PRUITTHEALTH - HOLLY HILL, 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>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>7/1/2023</b>				Qtrly BIMS score:				24.62%	1.0%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q				3.63	5.0%	Quarterly Medicaid:				1.5026	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmts	(\$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 Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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>1.5026</b>											
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.43											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.92	\$122.43	\$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 = 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	\$5.97	\$5.97											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.79	\$7.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$244.71</b>	<b>\$130.12</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>\$170.71</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>7/1/2023</b>				Qtrly BIMS score:			36.70%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.33	5.0%	Quarterly Medicaid:			1.3586	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmtn to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.68									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3586</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.33									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.49	\$112.33	\$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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$5.49	\$5.49									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.86	\$8.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$251.35</b>	<b>\$121.09</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>\$175.69</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> Prvdr ID: <b>00141523A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 33.33% Nurse Hrs per On-Site Day/Q: 3.33	<u>Facility Score</u> 0.00% 2.5% 3.0%	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5519 Quarterly Medicaid: 1.4391	<u>PDPM Facility</u> 1.5519 1.4391	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$6,317,489	\$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 Adjstmts	(\$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	24,746									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,746										
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.12								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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>1.4391</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.64	\$109.54	\$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 =	Ln 19 Col b x CPS Add-on	\$2.99	\$2.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.59	\$3.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.21	\$7.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$240.85</b>	<b>\$116.65</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>\$167.81</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 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>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>7/1/2023</b>				Qtrly BIMS score:			41.18%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.47	2.0%	Quarterly Medicaid:			1.2994	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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	18,694										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,694								18,694			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$110.40									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$210.08	\$99.82	\$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	\$210.08	\$99.82	\$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>1.2994</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.71									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.97	\$129.71	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.91	\$0.53	\$0.00	\$0.00	\$0.01	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.00	\$4.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.20	\$3.20									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.21	\$7.73	\$0.00	\$0.00	\$0.01	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$265.18</b>	<b>\$137.44</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>\$186.06</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 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>00141578A</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3930	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			54.93%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.12	3.0%	Quarterly Medicaid:			1.4345	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$5,076,229	\$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 Adjstmtns	(\$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	28,845										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,845								28,845			
9	Net Per Diems prior to Model Adjstmtn to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.88									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4345</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.42									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.30	\$107.42	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$5.45	\$5.45									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.97	\$2.97									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.05	\$8.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$215.35</b>	<b>\$116.37</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>\$148.69</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 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>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>7/1/2023</b>				Qtrly BIMS score:			50.00%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.45	3.0%	Quarterly Medicaid:			1.3999	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$567,505)	\$0	\$0	\$0	(\$2,919)	(\$32,489)	(\$465,311)		(\$66,786)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$438,194			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Adjstmnt 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		<b>1.3221</b>									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.35									
12	Net Per Diems after Model Adjstmnt 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		\$99.82		\$26.82	\$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	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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		<b>1.3999</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.48									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.75	\$126.48	\$0.00	\$19.38	\$17.70	\$0.00	\$28.22	\$17.97	\$10.30	\$2.70	
<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 = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$5.94	\$5.94									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.24	\$3.24									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.81	\$9.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$250.56</b>	<b>\$136.19</b>	<b>\$0.00</b>	<b>\$19.60</b>	<b>\$18.11</b>	<b>\$0.00</b>	<b>\$45.69</b>	<b>\$17.97</b>	<b>\$10.30</b>	<b>\$2.70</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$175.10</b>										

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 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>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>7/1/2023</b>				Qtrly BIMS score:			19.40%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.86	3.0%	Quarterly Medicaid:			1.3436	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$150,408)	\$0	\$0	(\$5,310)	\$0	\$5,048	(\$100,136)		(\$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	\$5,205,318	\$2,468,051	\$0	\$448,734	\$460,136	\$5,048	\$909,418	\$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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$175.48	\$83.20	\$0.00	\$15.13	\$15.68	(with L&H)	\$30.66	\$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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.76									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.76	\$0.00	\$15.13	\$15.68		\$30.66	\$3.38	\$25.74	\$1.69	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.83	\$63.76	\$0.00	\$15.13	\$15.68		\$30.66	\$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	\$138.83	\$63.76	\$0.00	\$15.13	\$15.68	\$0.00	\$30.66	\$3.38	\$8.53	\$1.69	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3436</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.67									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.73	\$85.67	\$0.00	\$15.13	\$15.68	\$0.00	\$30.66	\$3.38	\$8.53	\$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)	\$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	\$2.63	\$2.63									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.26	\$3.16	\$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>\$181.99</b>	<b>\$88.83</b>	<b>\$0.00</b>	<b>\$15.35</b>	<b>\$16.09</b>	<b>\$0.00</b>	<b>\$48.13</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>\$123.67</b>										

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Rate Calculations

Demonstration Only

Provider: <b>JOE ANNE BURGIN NURS HOME</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Facility Model (PDPM) Data			Facility Specific	State-wide	
Prvdr ID: <b>00141633A</b>		PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:	N/A	0.00%	Base Period Overall:		1.6108	1.4210	
H/B ?: No		Case Mix Per Diem Rate Effective Date: <b>07/01/23</b>		BIMS		32.9%	2.5%						
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:		3.65	5.0%	Qtrly Mcaid:		1.2960	1.4181		
Line #	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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
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													
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													
Quarterly Per Diem Rate Prior to Add-Ons													
Growth Allowance 0.00%													
CMA Allowed Per Diem After Growth Allowance													
Quarterly Facility Case Mix Index for Medicaid Residents													
Qrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem													
Quarterly Medicaid CMA Allowed Per Diem													
Quarterly Per Diem Add-On Amounts													
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)													
BIMS Add-on Per Diem = 2.5% (to Routine Srvc)													
Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%													
Nursing Home Provider Fee													
Total Quarterly Per Diem Add-On Amounts													
Quarterly Case Mix Based Per Diem Rate													
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%													

PDPM Shadow Rates. This is not your rate.

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

Provider: <b>SCOTT 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>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>7/1/2023</b>				Qtrly BIMS score:			45.95%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.59	6.0%	Quarterly Medicaid:			1.3608	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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 Adjstmtns	(\$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	16,167										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,167								16,167			
9	Net Per Diems prior to Model Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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>1.3608</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.33									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.40	\$125.33	\$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 ([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 Svcs)	Ln 19 Col b x CPS Add-on	\$6.86	\$6.86									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.49	\$7.49									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$32.98	\$14.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$248.38</b>	<b>\$140.21</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>\$173.46</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>				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			46.81%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.00	3.0%	Quarterly Medicaid:			1.4960	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,046,663	\$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	FY21 Audited C/R Days	17,969										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								17,969			
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.03									
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4960</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.23									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.85	\$118.23	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$6.91	\$6.91									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.77	\$3.77									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.09	\$11.21	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$242.94</b>	<b>\$129.44</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>\$169.38</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>7/1/2023</b>				Qtrly BIMS score:			23.26%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.90	3.0%	Quarterly Medicaid:			1.1953	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.35									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.1953</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.66									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.12	\$93.66	\$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 ([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	\$0.97	\$0.97									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.91	\$2.91									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.51	\$4.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$192.63</b>	<b>\$98.07</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>\$131.65</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: LAKE CITY NURSING AND REHABILITATION CENTER LLC				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00141699A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.2891	1.4210
PDPM Per Diem Rate Effective Date: 7/1/2023				Qtrly BIMS score:			32.18%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23				Nurse Hrs per On-Site Day/Q			2.79		3.0%		Quarterly Medicaid:			1.3106	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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  Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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	\$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 Adjstmtns	(\$450,330)	\$0	\$0	(\$4,779)	(\$5,367)	\$1,640	(\$343,189)		(\$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	\$11,676,912	\$6,792,481	\$0	\$1,174,927	\$1,241,842	\$1,640	\$1,385,920	\$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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$175.71	\$102.21	\$0.00	\$17.68	\$18.71	(with L&H)	\$20.86	\$2.46	\$12.31	\$1.48			
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2891											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.29											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.29	\$0.00	\$17.68	\$18.71		\$20.86	\$2.46	\$12.31	\$1.48			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.88	\$79.29	\$0.00	\$17.68	\$18.71		\$20.86	\$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	\$149.88	\$79.29	\$0.00	\$17.68	\$18.71	\$0.00	\$20.86	\$2.46	\$9.40	\$1.48			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3106											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.92											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.51	\$103.92	\$0.00	\$17.68	\$18.71	\$0.00	\$20.86	\$2.46	\$9.40	\$1.48			
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	\$2.41	\$2.41											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.90	\$2.90											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.94	\$5.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$198.45	\$109.76	\$0.00	\$17.90	\$19.12	\$0.00	\$38.33	\$2.46	\$9.40	\$1.48			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.01												

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>7/1/2023</b>				Qtrly BIMS score:			29.41%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.95	6.0%	Quarterly Medicaid:			1.5665	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$5,356,538	\$2,621,786	\$0	\$471,967	\$713,306	\$0	\$1,094,924		\$454,555	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$440,708)	(\$71,293)	\$0	\$0	\$0	\$223	(\$331,601)		(\$38,037)		
	As Filed Cost Center Costs (GL/PL)	<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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.64									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.5665</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.82									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.45	\$102.82	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (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	\$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>\$232.86</b>	<b>\$110.13</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>\$161.82</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>SGMC LAKELAND VILLA</b>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			26.42%		1.0%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.76		3.0%		Quarterly Medicaid:			1.4938	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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	21,984												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,984								21,984					
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$103.32											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$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	\$234.63	\$99.82	\$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	\$234.63	\$99.82	\$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>1.4938</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$149.11											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$283.92	\$149.11	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$3.64	\$3.64											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.32	\$4.85	\$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>\$306.24</b>	<b>\$153.96</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>\$216.86</b>												

PDPM Shadow Rates. This is not your rate.



# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: THE OAKS - LIMESTONE				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00141743A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3364	1.4210
PDPM Per Diem Rate Effective Date: 7/1/2023				Qtrly BIMS score:			26.00%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23				Nurse Hrs per On-Site Day/Q			3.22	5.0%	Quarterly Medicaid:			1.2580	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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  Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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	\$6,946,082	\$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 Adjstrmts	(\$522,348)	(\$56,275)	\$0	\$0	\$9,984	\$13,256	(\$400,058)		(\$89,255)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$451,216			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$80,327	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,955,277	\$3,331,410	\$0	\$509,397	\$879,354	\$13,256	\$1,030,590	\$451,216	\$659,727	\$80,327	
8	Total Nursing Facility Days 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 Adjstrmt to Routine Svcs	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		1.3364									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$104.62									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$247.79	\$99.82	\$0.00	\$21.38	\$33.28		\$36.91	\$18.94	34.09 (FRV)	\$3.37	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$247.79	\$99.82	\$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		1.2580									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.57									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$273.54	\$125.57	\$0.00	\$21.38	\$33.28	\$0.00	\$36.91	\$18.94	\$34.09	\$3.37	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([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	\$1.22	\$1.22									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.11	\$6.11									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.18	\$7.86	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$298.72	\$133.43	\$0.00	\$21.60	\$33.28	\$0.00	\$54.01	\$18.94	\$34.09	\$3.37	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$211.22										

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>7/1/2023</b>				Qtrly BIMS score:			28.43%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.25	5.0%	Quarterly Medicaid:			1.3428	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$7,985,589	\$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 Adjstmtns	(\$303,405)	(\$11,043)	\$0	\$0	(\$4,960)	(\$6,998)	(\$173,982)		(\$106,422)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$173,982			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$104,607	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,960,773	\$3,986,602	\$0	\$741,115	\$695,802	(\$6,998)	\$1,197,543	\$173,982	\$1,068,120	\$104,607	
8	Total Nursing Facility Days As Filed Days = 38,284	FY21 Audited C/R Days	38,284										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,284	FY21 GL-PL Ins Rpt Days								38,284			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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		1.5135									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.80									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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		1.3428									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.39									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.03	\$92.39	\$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 ([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	\$1.14	\$1.14									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.71	\$5.71									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.48	\$7.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$202.51	\$99.77	\$0.00	\$19.58	\$18.40	\$0.00	\$48.75	\$4.54	\$8.74	\$2.73	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.06										

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 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>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>7/1/2023</b>				Qtrly BIMS score:			42.86%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			4.36	5.0%	Quarterly Medicaid:			1.6288	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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>1.6288</b>									
18	Qtrtly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.77									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$251.98	\$138.77	\$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 ([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	\$3.18	\$3.18									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.36	\$6.36									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.17	\$10.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$280.15</b>	<b>\$148.84</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>\$197.29</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>LEGACY TRANSITIONAL CARE &amp; REHABILITATION</b>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide		
Prvdr ID: <b>00141831A</b>				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance: N/A			0.00%		Base Period Overall:			1.2389		1.4210	
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			30.50%			2.5%								
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.31			1.0%		Quarterly Medicaid:			1.2560		1.4181	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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 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)	<b>As Filed FY21 GL/PL Rpt</b>								\$356,566								
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	57,702															
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 57,702								57,702								
9	Net Per Diems prior to Model Adjstmnt 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		<b>1.2389</b>														
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.04														
12	Net Per Diems after Model Adjstmnt 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		\$99.82		\$26.82	\$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						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																		
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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		<b>1.2560</b>														
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.04														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.00	\$103.04	\$0.00	\$16.63	\$19.84	\$0.00	\$24.57	\$6.18	\$11.29	\$2.45						
<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	\$2.45	\$2.45														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$0.98	\$0.98														
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10									
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.06	\$3.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00						
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$206.06</b>	<b>\$107.00</b>	<b>\$0.00</b>	<b>\$16.85</b>	<b>\$20.25</b>	<b>\$0.00</b>	<b>\$42.04</b>	<b>\$6.18</b>	<b>\$11.29</b>	<b>\$2.45</b>						
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$141.72</b>															

PDPM Shadow Rates. This is not your rate.



# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>SADIE G. MAYS HEALTH &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>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>7/1/2023</b>				Qtrly BIMS score:			41.86%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.95	5.0%	Quarterly Medicaid:			1.4784	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.30									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4784</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.59									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$242.23	\$127.59	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$3.21	\$3.21									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.42	\$6.42									
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$10.38	\$10.16	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$252.61</b>	<b>\$137.75</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>\$189.46</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>MCRAE MANOR NURSING HOME</b> Prvdr ID: <b>00141853A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 18.52% Nurse Hrs per On-Site Day/Q: 3.47	<u>Facility Score</u> 0.00% 0.0% 5.0%	<u>Add-on Percent</u> 0.00% 0.0% 5.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2861 Quarterly Medicaid: 1.3622	<u>PDPM Facility</u> 1.2861 1.3622	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.73								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3622</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.80	\$119.51	\$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 ([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 = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.15	\$6.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.78	\$6.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$246.58</b>	<b>\$126.19</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>\$172.11</b>									

PDPM Shadow Rates. This is not your rate.

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

Provider: <b>MEADOWBROOK 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>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>7/1/2023</b>				Qtrly BIMS score:				50.00%	5.5%	Quarterly Medicaid:			1.7494	1.4181
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q				3.14	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	\$8,775,217	\$2,911,472	\$0	\$611,951	\$802,799	\$0	\$2,400,655		\$2,048,340	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$274,660)	(\$2,428)	\$0	\$12,900	\$0	(\$12,900)	(\$121,896)		(\$150,336)			
	As Filed Cost Center Costs (GL/PL)	<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		\$99.82		\$26.82	\$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>1.7494</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.05										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.28	\$95.05	\$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 Srvs)	Ln 19 Col b x CPS Add-on	\$4.68	\$4.68										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.40	\$3.40										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.34	\$8.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$220.62</b>	<b>\$103.66</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>\$152.64</b>											

PDPM Shadow Rates. This is not your rate.

**Demonstration Only**

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

Reimbursement Services - DCH/DFM



# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>PRUITTHEALTH - MACON</b>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide		
Prvdr ID: <b>00141908A</b>				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.5225	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:		23.57%		1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q		3.50		5.0%		Quarterly Medicaid:			1.6349			1.4181	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.64													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.6349</b>													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.21													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.29	\$130.21	\$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 ([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	\$1.20	\$1.20													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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>\$255.12</b>	<b>\$137.94</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>\$178.52</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 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>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>7/1/2023</b>				Qtrly BIMS score:			31.75%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.32	3.0%	Quarterly Medicaid:			1.3751	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$6,232,667	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.07									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$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>1.3751</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.23									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.48	\$103.23	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$23.91	\$6.03	\$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>\$221.39</b>	<b>\$109.26</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>\$153.22</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 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>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>7/1/2023</b>				Qtrly BIMS score:			26.67%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.95	3.0%	Quarterly Medicaid:			1.2265	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,418,953	\$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 Adjstmtns	(\$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	26,697										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,697								26,697			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.54									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.2265</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.56									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.46	\$97.56	\$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 ([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	\$0.95	\$0.95									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.86	\$2.86									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.44	\$4.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$191.90</b>	<b>\$101.90</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>\$131.10</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> Prvdr ID: <b>00141952A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 28.13% Nurse Hrs per On-Site Day/Q 3.35	<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: 1.3077 Quarterly Medicaid: 1.3102	<u>PDPM Facility</u> 1.3077 1.3102	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>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	\$5,316,760	\$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 Adjstmts	(\$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	26,843									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,843										
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.01								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$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 = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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 <u>Model</u> for Medicaid Residents	per Current Qtr End		<b>1.3102</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.43	\$112.69	\$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 = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine 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	\$21.88	\$3.78	\$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>\$224.31</b>	<b>\$116.47</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>\$155.41</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 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>00141963A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3794	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			31.11%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.45	6.0%	Quarterly Medicaid:			1.3829	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,154,269	\$2,269,168	\$0	\$468,391	\$418,142	\$0	\$735,637		\$262,931	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$183,453)	(\$2,523)	\$0	(\$617)	\$0	(\$528)	(\$122,650)		(\$57,135)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$115,188			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$57,135	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,143,139	\$2,266,645	\$0	\$467,774	\$418,142	(\$528)	\$612,987	\$115,188	\$205,796	\$57,135	
8	Total Nursing Facility Days As Filed Days = 21,621	FY21 Audited C/R Days	21,621										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,621	FY21 GL-PL Ins Rpt Days								21,621			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$191.64	\$104.84	\$0.00	\$21.64	\$19.32	(with L&H)	\$28.35	\$5.33	\$9.52	\$2.64	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.3794</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.00									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.00	\$0.00	\$21.64	\$19.32		\$28.35	\$5.33	\$9.52	\$2.64	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.42	\$76.00	\$0.00	\$21.64	\$19.32		\$28.35	\$5.33	11.14 (FRV)	\$2.64	
<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	\$164.42	\$76.00	\$0.00	\$21.64	\$19.32	\$0.00	\$28.35	\$5.33	\$11.14	\$2.64	
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		\$105.10									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.52	\$105.10	\$0.00	\$21.64	\$19.32	\$0.00	\$28.35	\$5.33	\$11.14	\$2.64	
<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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.32	\$6.32									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.58	\$9.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$221.10</b>	<b>\$114.58</b>	<b>\$0.00</b>	<b>\$21.86</b>	<b>\$19.73</b>	<b>\$0.00</b>	<b>\$45.82</b>	<b>\$5.33</b>	<b>\$11.14</b>	<b>\$2.64</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$153.00</b>										

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## For informational use only.

Provider: <b>EASTMAN HEALTHCARE &amp; 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>00141974A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.1803	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			26.44%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.75	3.0%	Quarterly Medicaid:			1.1390	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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	FY21 Audited C/R Days	32,643										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								32,643			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.47									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.1390</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.82									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.08	\$84.82	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.80	\$0.80									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.39	\$2.39									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.82	\$3.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$172.90</b>	<b>\$88.54</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>\$116.85</b>										

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Calculation

Demonstration Only

Provider: <b>Magnolia Manor of Midway</b>			<u>Add-on Data and Percentages</u>			Facility Score	Add-on Percent	<u>Facility Model (PDPM) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00141985A</b>			<b>PDPM Shadow Rates. For informational use only. This is NOT your rate</b>			Growth Allowance:	N/A	Base Period Overall:			1.1860	1.4210
H/B ?: No			Case Mix Per Diem Rate Effective Date: <b>07/01/23</b>			BIMS:	23.1%	1.0%				
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23			Nurse Hours per On-Site Day/Quality Incentive:			5.35	3.0%			Qtrly Mcaid:	1.3378	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs												
Total Nursing Facility Days GL-PL Ins. Rpt												
Standard Per Diem (After CMA for Routine Svcs)												
<u>Allowed @ 95% of Std</u>												
Growth Allowance 0.0%												
CMA Allowed Per Diem (After Growth Allowance)												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
Nursing Home Provider Fee												
<b>Total Quarterly Per Diem Add-On Amounts</b>												
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$271.38</b>	<b>\$137.68</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>
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvd'r Fee) x 75%	<b>\$190.71</b>										

**PDPM Shadow Rates. 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 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>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>7/1/2023</b>				Qtrly BIMS score:			58.50%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			5.42	4.0%	Quarterly Medicaid:			3.0102	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$8,740,757	\$3,456,475	\$0	\$852,412	\$337,257	\$488,072	\$2,662,481		\$944,060	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$136,051)	\$21,293	\$0	\$0	(\$11,859)	(\$16,124)	(\$99,935)		(\$29,426)		
	As Filed Cost Center Costs (GL/PL)	<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	21,893										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,882								21,893			
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.00									
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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 Model for Medicaid Residents	per Current Qtr End		<b>3.0102</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$153.52									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$287.93	\$153.52	\$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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$8.25	\$8.25									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.00	\$6.00									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.88	\$14.78	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$319.81</b>	<b>\$168.30</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>\$227.03</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 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>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>7/1/2023</b>				Qtrly BIMS score:				12.31%	0.0%	Quarterly Medicaid:			1.5671	1.4181
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q				2.90	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>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 Adjstmts	(\$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	36,802											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,802								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		\$99.82		\$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	\$220.87	\$99.82	\$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 = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$220.87	\$99.82	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.72	\$11.85	\$0.16		
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		<b>1.5671</b>										
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$156.43										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$277.48	\$156.43	\$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 = <u>0.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.54	\$2.54										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.64	\$2.54	\$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>\$297.12</b>	<b>\$158.97</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>\$210.02</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 Percentage			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: 7/1/2023				Qtrly BIMS score:		30.77%		2.5%									
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23				Nurse Hrs per On-Site Day/Q		3.89		3.0%		Quarterly Medicaid:			1.2518			1.4181	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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  Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes								
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%								
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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	\$4,495,941	\$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 Adjstmtns	\$6,807	\$0	\$0	\$0	\$0	\$0	\$11,261		(\$4,454)						
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$14,813							
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$5,716					
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,523,277	\$2,357,148	\$0	\$586,904	\$295,474	\$390,983	\$618,533	\$14,813	\$253,706	\$5,716					
8	Total Nursing Facility Days As Filed Days = 15,621	FY21 Audited C/R Days	15,621														
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,621	FY21 GL-PL Ins Rpt Days								15,621							
9	Net Per Diems prior to Model Adjstmrnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$115.54													
12	Net Per Diems after Model Adjstmrnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$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	\$220.74	\$99.82	\$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	\$220.74	\$99.82	\$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		1.2518													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.95													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.87	\$124.95	\$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)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00						
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.49	\$3.49													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.19	\$4.19													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.31	\$8.21	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00					
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$271.18	\$133.16	\$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	\$190.56														

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 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>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>7/1/2023</b>				Qtrly BIMS score:			57.69%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.34	5.0%	Quarterly Medicaid:			1.4712	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,249,124	\$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 Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.49									
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.04	\$74.49	\$0.00	\$20.85	\$27.68		\$36.33	\$5.57	10.58 (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	\$176.04	\$74.49	\$0.00	\$20.85	\$27.68	\$0.00	\$36.33	\$5.57	\$10.58	\$0.54	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4712</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.59									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.14	\$109.59	\$0.00	\$20.85	\$27.68	\$0.00	\$36.33	\$5.57	\$10.58	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$6.65	\$6.65									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.05	\$6.05									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.33	\$13.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$242.47</b>	<b>\$122.82</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>\$10.58</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>\$169.03</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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			64.58%		5.5%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.53		5.0%		Quarterly Medicaid:			1.3523	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmts	(\$111,476)	(\$2,530)	\$0	(\$619)	\$0	(\$508)	(\$98,461)		(\$9,358)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$93,600					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$9,358			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,180,899	\$2,920,396	\$0	\$457,167	\$523,612	(\$508)	\$833,654	\$93,600	\$343,620	\$9,358			
8	Total Nursing Facility Days As Filed Days = 21,679	FY21 Audited C/R Days	21,679												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,679	FY21 GL-PL Ins Rpt Days								21,679					
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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		<u>1.3227</u>											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$101.85											
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.86	\$99.82	\$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 = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.86	\$99.82	\$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		<u>1.3523</u>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.99											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.02	\$134.99	\$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 = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.73	\$7.73											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.02	\$7.02											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$33.01	\$15.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$266.03</b>	<b>\$150.27</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>\$186.70</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 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>00142095A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4573	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			32.20%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.21	5.0%	Quarterly Medicaid:			1.3888	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,458,182	\$2,293,688	\$0	\$328,039	\$539,175	\$0	\$958,542		\$338,738	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$334,364)	(\$95,713)	\$0	\$0	\$60	\$939	(\$210,146)		(\$29,504)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$294,958			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$31,162	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,449,938	\$2,197,975	\$0	\$328,039	\$539,235	\$939	\$748,396	\$294,958	\$309,234	\$31,162	
8	Total Nursing Facility Days	As Filed Days = 19,366	19,366										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,366								19,366			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$229.78	\$113.50	\$0.00	\$16.94	\$27.89	(with L&H)	\$38.64	\$15.23	\$15.97	\$1.61	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.4573</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.88									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.88	\$0.00	\$16.94	\$27.89		\$38.64	\$15.23	\$15.97	\$1.61	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.33	\$77.88	\$0.00	\$16.94	\$27.89		\$36.91	\$15.23	18.87 (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	\$195.33	\$77.88	\$0.00	\$16.94	\$27.89	\$0.00	\$36.91	\$15.23	\$18.87	\$1.61	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3888</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.16									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.61	\$108.16	\$0.00	\$16.94	\$27.89	\$0.00	\$36.91	\$15.23	\$18.87	\$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)	\$1.16	\$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	\$2.83	\$2.83									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.65	\$5.65									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.74	\$9.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$252.35</b>	<b>\$117.17</b>	<b>\$0.00</b>	<b>\$17.16</b>	<b>\$28.30</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$15.23</b>	<b>\$18.87</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>\$176.44</b>										

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 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>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>7/1/2023</b>				Qtrly BIMS score:			40.54%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.70	2.0%	Quarterly Medicaid:			1.2788	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmrnt 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 Adjstmrnt 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		\$99.82		\$26.82	\$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>1.2788</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.53									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.86	\$82.53	\$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 ([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	\$2.18	\$2.18									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.75	\$1.75									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.56	\$4.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$164.42</b>	<b>\$86.99</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>\$110.49</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>ORCHARD VIEW REHABILITATION &amp; SKILLED NURSING 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>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>7/1/2023</b>				Qtrly BIMS score:			44.90%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			5.11	3.0%	Quarterly Medicaid:			1.4154	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$111.75									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$233.64	\$99.82	\$0.00	\$26.42	\$33.28		\$31.42	\$5.23	36.63 (FRV)	\$0.84	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$233.64	\$99.82	\$0.00	\$26.42	\$33.28	\$0.00	\$31.42	\$5.23	\$36.63	\$0.84	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4154</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.29									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$275.10	\$141.29	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.58	\$3.58									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.29	\$4.29									
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	\$8.46	\$7.87	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$283.56</b>	<b>\$149.16</b>	<b>\$0.00</b>	<b>\$26.64</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$31.79</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>\$212.67</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 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>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>7/1/2023</b>				Qtrly BIMS score:			42.11%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			4.71	4.0%	Quarterly Medicaid:			1.3545	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmtn to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$116.80									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.84	\$99.82	\$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	\$207.84	\$99.82	\$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>1.3545</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.21									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.23	\$135.21	\$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)	\$1.53	\$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	\$3.79	\$3.79									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (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	\$28.48	\$10.38	\$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>\$271.71</b>	<b>\$145.59</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>\$190.96</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>7/1/2023</b>				Qtrly BIMS score:			21.43%		1.0%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.25		4.0%		Quarterly Medicaid:			1.3986	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,157,996	\$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		\$99.82		\$26.82	\$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>1.3986</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.70											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.39	\$111.70	\$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 ([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	\$0.94	\$0.94											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.78	\$3.78											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.35	\$5.25	\$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>\$218.74</b>	<b>\$116.95</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>\$151.23</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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide		
Prvdr ID: <b>00142183A</b>				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.4957	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			23.23%		1.0%								
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.25		3.0%		Quarterly Medicaid:			1.3600	1.4181		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$17,057,883	\$8,890,668	\$0	\$1,166,679	\$1,364,231	\$0	\$2,652,055		\$2,984,250	\$0					
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmtns	(\$733,377)	\$0	\$0	\$0	\$0	\$0	(\$433,198)		(\$300,179)						
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$433,198							
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$300,179					
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$17,057,883	\$8,890,668	\$0	\$1,166,679	\$1,364,231	\$0	\$2,218,857	\$433,198	\$2,684,071	\$300,179					
8	Total Nursing Facility Days As Filed Days = 65,552	FY21 Audited C/R Days	65,552														
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 65,552	FY21 GL-PL Ins Rpt Days								65,552							
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$260.23	\$135.63	\$0.00	\$17.80	\$20.81	(with L&H)	\$33.85	\$6.61	\$40.95	\$4.58					
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.4957</b>													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.68													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.68	\$0.00	\$17.80	\$20.81		\$33.85	\$6.61	\$40.95	\$4.58					
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.05	\$90.68	\$0.00	\$17.80	\$20.81		\$33.85	\$6.61	11.72 (FRV)	\$4.58					
<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	\$186.05	\$90.68	\$0.00	\$17.80	\$20.81	\$0.00	\$33.85	\$6.61	\$11.72	\$4.58					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3600</b>													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.32													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.69	\$123.32	\$0.00	\$17.80	\$20.81	\$0.00	\$33.85	\$6.61	\$11.72	\$4.58					
<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	\$1.32	\$1.32													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.96	\$3.96													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.91	\$5.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00					
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$242.60</b>	<b>\$129.13</b>	<b>\$0.00</b>	<b>\$18.02</b>	<b>\$21.22</b>	<b>\$0.00</b>	<b>\$51.32</b>	<b>\$6.61</b>	<b>\$11.72</b>	<b>\$4.58</b>					
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$169.13</b>														

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 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>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>7/1/2023</b>				Qtrly BIMS score:			27.27%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.09	2.0%	Quarterly Medicaid:			1.1369	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,571,023	\$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 Adjstmtns	(\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,934											
9	Net Per Diems prior to Model Adjstmtn to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.33									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.1369</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$69.73									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.50	\$69.73	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.52	\$0.52									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.04	\$1.04									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.82	\$2.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$185.32</b>	<b>\$71.82</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>\$126.17</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 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>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>7/1/2023</b>				Qtrly BIMS score:			34.58%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.97	5.0%	Quarterly Medicaid:			1.3313	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$9,273,122	\$4,682,254	\$0	\$844,483	\$970,368	\$0	\$1,627,084		\$1,148,933	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$348,370)	(\$5,304)	\$0	(\$1,298)	\$0	(\$1,150)	(\$293,700)		(\$46,918)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$157,040			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Adjstmnt 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		<b>1.3249</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.66									
12	Net Per Diems after Model Adjstmnt 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		\$99.82		\$26.82	\$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		<b>1.3313</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.39									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.91	\$103.39	\$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 ([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	\$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	\$5.23	\$5.23									
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$9.38	\$8.38	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$202.29</b>	<b>\$111.77</b>	<b>\$0.00</b>	<b>\$18.77</b>	<b>\$21.73</b>	<b>\$0.00</b>	<b>\$29.70</b>	<b>\$3.45</b>	<b>\$15.84</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>\$151.72</b>										

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> Prvdr ID: <b>00142249A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				<u>Add-on Data and Percentage</u> Growth Allowance: N/A Qtrly BIMS score: 42.86% Nurse Hrs per On-Site Day/Q 3.32			<u>Facility Score</u> Add-on Percent: 0.00% 2.5% 4.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2490 Quarterly Medicaid: 1.2646			<u>PDPM Facility</u> 1.2490 1.2646	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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> Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(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		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$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	\$5,941,829	\$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 Adjstmtns	(\$148,513)	(\$3,375)	\$0	(\$826)	\$0	(\$528)	(\$117,596)		(\$26,188)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$107,380		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,188
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,926,884	\$3,343,557	\$0	\$498,308	\$706,400	(\$528)	\$950,125	\$107,380	\$295,454	\$26,188
8	Total Nursing Facility Days As Filed Days = 28,920	FY21 Audited C/R Days	28,920									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,920	FY21 GL-PL Ins Rpt Days								28,920		
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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		1.2490								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.56								
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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		1.2646								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.41	\$117.05	\$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 ([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	\$2.95	\$2.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.73	\$4.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.31	\$8.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$232.72	\$125.26	\$0.00	\$17.45	\$24.82	\$0.00	\$50.32	\$3.71	\$10.25	\$0.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.72									

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>7/1/2023</b>				Qtrly BIMS score:			48.72%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			4.10	3.0%	Quarterly Medicaid:			1.4805	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,907,828	\$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	21,095										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,095								21,095			
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.23									
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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 Model for Medicaid Residents	per Current Qtr End		<b>1.4805</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.86									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.78	\$112.86	\$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 = 5.5% (to Routine Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$3.27	\$3.27									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.89	\$9.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$233.67</b>	<b>\$122.65</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>\$162.43</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>OCONEE 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>00142293A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2222	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			#N/A	#N/A					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.82	0.0%	Quarterly Medicaid:			1.4181	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$2,763,327	\$1,310,173	\$0	\$303,646	\$329,310	\$0	\$518,907		\$301,291	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$73,292)	(\$1,350)	\$0	(\$331)	\$0	(\$289)	(\$56,997)		(\$14,325)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$52,910			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$14,325	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,757,270	\$1,308,823	\$0	\$303,315	\$329,310	(\$289)	\$461,910	\$52,910	\$286,966	\$14,325	
8	Total Nursing Facility Days	As Filed Days = 11,569	11,569										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 11,569								11,569			
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$238.33	\$113.13	\$0.00	\$26.22	\$28.44	(with L&H)	\$39.93	\$4.57	\$24.80	\$1.24	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.2222</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.56									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$92.56	\$0.00	\$26.22	\$28.44		\$39.93	\$4.57	\$24.80	\$1.24	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.01	\$92.56	\$0.00	\$26.22	\$28.44		\$36.91	\$4.57	11.07 (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	\$201.01	\$92.56	\$0.00	\$26.22	\$28.44	\$0.00	\$36.91	\$4.57	\$11.07	\$1.24	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4181</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.25									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.71	\$131.25	\$0.00	\$26.22	\$28.44	\$0.00	\$36.91	\$4.57	\$11.07	\$1.24	
<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 = #N/A (to Routine Svcs)	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 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	\$18.26	\$0.53	\$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>\$257.97</b>	<b>\$131.78</b>	<b>\$0.00</b>	<b>\$26.44</b>	<b>\$28.85</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$4.57</b>	<b>\$11.07</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>\$180.65</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>7/1/2023</b>				Qtrly BIMS score:			38.10%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.30	5.0%	Quarterly Medicaid:			1.3594	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,393,979	\$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 Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.75									
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3594</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.82									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.37	\$94.82	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56									
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	\$26.31	\$8.21	\$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>\$208.68</b>	<b>\$103.03</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>\$143.69</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 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>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>7/1/2023</b>				Qtrly BIMS score:			32.00%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.85	5.0%	Quarterly Medicaid:			1.6260	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,597,345	\$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 Adjstmts	(\$406,896)	(\$94,774)	\$0	\$0	\$26	(\$150)	(\$281,208)		(\$30,790)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$358,452			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Adjstmnt 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		<b>1.4770</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.71									
12	Net Per Diems after Model Adjstmnt 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		\$99.82		\$26.82	\$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	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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		<b>1.6260</b>									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.98									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.47	\$127.98	\$0.00	\$13.60	\$31.67	\$0.00	\$35.32	\$17.50	\$10.08	\$1.31	
<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	\$3.29	\$3.29									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.58	\$6.58									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.50	\$10.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$265.97</b>	<b>\$138.38</b>	<b>\$0.00</b>	<b>\$13.82</b>	<b>\$32.08</b>	<b>\$0.00</b>	<b>\$52.79</b>	<b>\$17.50</b>	<b>\$10.08</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>\$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>PALEMON GASKINS MEM NSG HOME</b> Prvdr ID: <b>00142326A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 33.33% Nurse Hrs per On-Site Day/Q: 0.00	<u>Facility Score</u> 0.00% 2.5% 2.0%	<u>Add-on Percent</u> 0.00% 2.5% 2.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.1108 Quarterly Medicaid: 1.2829	<u>PDPM Facility</u> 1.1108 1.2829	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>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	\$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)	<b>As Filed FY21 GL/PL Rpt</b>								\$12,560		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Svcs	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		<b>1.1108</b>								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$125.10								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$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	\$211.98	\$99.82	\$0.00	\$30.95	\$27.26		\$36.91	\$1.36	15.36 (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	\$211.98	\$99.82	\$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		<b>1.2829</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.22	\$128.05	\$0.00	\$30.95	\$27.26	\$0.00	\$36.91	\$1.36	\$15.36	\$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)	\$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	\$2.84	\$2.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.27	\$2.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.84	\$5.11	\$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>\$263.06</b>	<b>\$133.16</b>	<b>\$0.00</b>	<b>\$31.17</b>	<b>\$27.67</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$1.36</b>	<b>\$15.36</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>\$184.47</b>									

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 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>00142337A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4443	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			44.91%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.77	5.0%	Quarterly Medicaid:			1.3636	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$12,416,323	\$6,519,324	\$0	\$866,244	\$1,414,439	\$0	\$2,685,974		\$930,342	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmtns	(\$1,100,307)	(\$131,179)	\$0	\$0	(\$6,023)	(\$2,497)	(\$879,125)		(\$81,483)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$1,001,633			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$60,422	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,378,071	\$6,388,145	\$0	\$866,244	\$1,408,416	(\$2,497)	\$1,806,849	\$1,001,633	\$848,859	\$60,422	
8	Total Nursing Facility Days As Filed Days = 54,779	FY21 Audited C/R Days	54,779										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 54,779	FY21 GL-PL Ins Rpt Days								54,779			
9	Net Per Diems prior to Model Adjstmtn to Routine Svcs	Ln 7 / Ln 8 Col a	\$225.96	\$116.62	\$0.00	\$15.81	\$25.67	(with L&H)	\$32.98	\$18.28	\$15.50	\$1.10	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.4443</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.75									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.75	\$0.00	\$15.81	\$25.67		\$32.98	\$18.28	\$15.50	\$1.10	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.38	\$80.75	\$0.00	\$15.81	\$25.67		\$32.98	\$18.28	9.79 (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	\$184.38	\$80.75	\$0.00	\$15.81	\$25.67	\$0.00	\$32.98	\$18.28	\$9.79	\$1.10	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3636</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	\$213.75	\$110.11	\$0.00	\$15.81	\$25.67	\$0.00	\$32.98	\$18.28	\$9.79	\$1.10	
<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	\$2.88	\$2.88									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.77	\$5.77									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.28	\$9.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$241.03</b>	<b>\$119.29</b>	<b>\$0.00</b>	<b>\$16.03</b>	<b>\$26.08</b>	<b>\$0.00</b>	<b>\$50.45</b>	<b>\$18.28</b>	<b>\$9.79</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>\$167.95</b>										

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 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>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>7/1/2023</b>				Qtrly BIMS score:			38.53%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.65	4.0%	Quarterly Medicaid:			1.3060	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$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 Adjstmtns	(\$136,931)	(\$2,677)	\$0	\$0	(\$1,553)	(\$2,370)	(\$130,331)		\$0		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$130,331			
	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	\$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 Adjstmnt to Routine Svcs	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		<b>1.3937</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$163.45									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$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	\$220.48	\$99.82	\$0.00	\$37.13	\$33.28		\$36.91	\$3.04	10.30 (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	\$220.48	\$99.82	\$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		<b>1.3060</b>									
18	Qtrly Routine Svcs 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	\$251.02	\$130.36	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.04	\$10.30	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.92	\$2.92									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	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	\$24.69	\$7.59	\$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>\$275.71</b>	<b>\$137.95</b>	<b>\$0.00</b>	<b>\$37.13</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$3.04</b>	<b>\$10.30</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>\$193.96</b>										

PDPM Shadow Rates. This is not your rate.



# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>THE LODGE</b> Prvdr ID: <b>00142381A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 33.33% Nurse Hrs per On-Site Day/Q: 4.64	<u>Facility Score</u> 0.00% 2.5% 3.0%	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4795 Quarterly Medicaid: 1.4233	<u>PDPM Facility</u> 1.4795 1.4233	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$5,467,748	\$2,883,610	\$0	\$564,763	\$761,176	\$0	\$1,120,692		\$137,507	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$174,200)	(\$13,947)	\$0	\$0	\$0	\$0	(\$156,782)		(\$3,471)	
	As Filed Cost Center Costs (GL/PL)	<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	21,311									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,311										
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.02								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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>1.4233</b>								
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$267.61	\$129.55	\$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 =	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.17	\$3.17								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.66	\$6.34	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$291.27</b>	<b>\$135.89</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>\$205.63</b>									

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

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>7/1/2023</b>				Qtrly BIMS score:			33.98%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.41	3.0%	Quarterly Medicaid:			1.2465	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$8,891,809	\$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 Adjstmtns	(\$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	35,116										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,116								35,116			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$105.90									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$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	\$210.98	\$99.82	\$0.00	\$26.96	\$33.28		\$36.91	\$1.12	12.51 (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	\$210.98	\$99.82	\$0.00	\$26.96	\$33.28	\$0.00	\$36.91	\$1.12	\$12.51	\$0.38	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2465</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.42									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.58	\$124.42	\$0.00	\$26.96	\$33.28	\$0.00	\$36.91	\$1.12	\$12.51	\$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 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	\$3.80	\$3.80									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.28	\$6.96	\$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>\$259.86</b>	<b>\$131.38</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>\$12.51</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>\$182.07</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>PRUITTHEALTH - JASPER</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>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>7/1/2023</b>				Qtrly BIMS score:			11.90%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.59	6.0%	Quarterly Medicaid:			1.4662	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,438,050	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.54									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4662</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.55									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.30	\$119.55	\$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 = 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	\$7.77	\$7.77									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.03	\$8.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$265.33</b>	<b>\$127.85</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>\$186.17</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>				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			29.09%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.82	3.0%	Quarterly Medicaid:			1.6807	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstrmts	(\$202,301)	(\$6,286)	\$0	(\$3,990)	\$0	\$3,990	(\$96,314)		(\$99,701)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$92,429			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$109,872	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,266,768	\$2,574,243	\$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 Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$243.77	\$119.14	\$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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.43									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.43	\$0.00	\$19.16	\$26.42		\$32.98	\$4.28	\$36.70	\$5.09	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.29	\$80.43	\$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	\$186.29	\$80.43	\$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>1.6807</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.18									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.04	\$135.18	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see 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	\$3.58	\$3.58									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.40	\$5.30	\$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>\$264.44</b>	<b>\$140.48</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>\$185.51</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 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>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>7/1/2023</b>				Qtrly BIMS score:			22.73%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.07	3.0%	Quarterly Medicaid:			1.3481	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$7,199,970	\$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 Adjstmtns	(\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,574											
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.10									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3481</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.94									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.62	\$103.94	\$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 = 1.0% (to Routine Svcs)	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 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	\$22.05	\$4.32	\$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>\$209.67</b>	<b>\$108.26</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>\$144.43</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 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>00142502A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:				1.1258	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:				37.88%	2.5%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q				2.56	2.0%	Quarterly Medicaid:				1.2650	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,648,464	\$2,377,800	\$0	\$406,497	\$397,972	\$0	\$731,834		\$734,361	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$99,268)	\$0	\$0	\$0	(\$1,662)	(\$1,489)	(\$75,173)		(\$20,944)				
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$61,316					
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$20,779			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,631,291	\$2,377,800	\$0	\$406,497	\$396,310	(\$1,489)	\$656,661	\$61,316	\$713,417	\$20,779			
8	Total Nursing Facility Days	As Filed Days = 22,910	22,910												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,910								22,910					
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$202.15	\$103.79	\$0.00	\$17.74	\$17.23	(with L&H)	\$28.66	\$2.68	\$31.14	\$0.91			
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.1258</b>											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.19											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$92.19	\$0.00	\$17.74	\$17.23		\$28.66	\$2.68	\$31.14	\$0.91			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.02	\$92.19	\$0.00	\$17.74	\$17.23		\$28.66	\$2.68	8.61 (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	\$168.02	\$92.19	\$0.00	\$17.74	\$17.23	\$0.00	\$28.66	\$2.68	\$8.61	\$0.91			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2650</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.62											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.45	\$116.62	\$0.00	\$17.74	\$17.23	\$0.00	\$28.66	\$2.68	\$8.61	\$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)	\$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	\$3.05	\$3.05											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.44	\$2.44											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.12	\$6.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$216.57</b>	<b>\$122.64</b>	<b>\$0.00</b>	<b>\$17.96</b>	<b>\$17.64</b>	<b>\$0.00</b>	<b>\$46.13</b>	<b>\$2.68</b>	<b>\$8.61</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>\$149.60</b>												

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>7/1/2023</b>				Qtrly BIMS score:			68.52%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			4.65	3.0%	Quarterly Medicaid:			1.4526	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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 Adjstmnts	(\$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	26,672										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,672								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		\$99.82		\$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>1.4526</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.54									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.12	\$90.54	\$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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.39	\$5.39									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.59	\$8.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$223.71</b>	<b>\$99.40</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>\$154.96</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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			57.14%		5.5%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.33		3.0%		Quarterly Medicaid:			1.3686	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$5,673,939	\$3,167,559	\$0	\$506,123	\$577,514	\$0	\$898,852		\$523,891	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$152,551)	(\$3,158)	\$0	(\$774)	\$0	(\$541)	(\$115,510)		(\$32,568)				
	As Filed Cost Center Costs (GL/PL)	<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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.14											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3686</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.47											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.19	\$101.47	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$5.26	\$5.26											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.87	\$2.87											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.76	\$8.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$212.95</b>	<b>\$110.13</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>\$146.89</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 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>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>7/1/2023</b>				Qtrly BIMS score:			16.36%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.78	3.0%	Quarterly Medicaid:			1.3524	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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>1.3524</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.90									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.16	\$132.90	\$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 ([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	\$3.62	\$3.62									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.25	\$4.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$263.41</b>	<b>\$137.05</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>\$184.73</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 Score</u>	<u>Add-on Percent</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>7/1/2023</b>				Qtrly BIMS score:			25.77%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.55	3.0%	Quarterly Medicaid:			1.1130	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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	38,223										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,223								38,223			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.36									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.1130</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.86									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.25	\$73.86	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.88	\$0.88									
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	\$22.15	\$4.05	\$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>\$163.40</b>	<b>\$77.91</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>\$109.73</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 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>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>7/1/2023</b>				Qtrly BIMS score:			38.71%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.72	3.0%	Quarterly Medicaid:			1.2365	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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	FY21 Audited C/R Days	27,936										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								27,936			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.36									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.2365</b>									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.58									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.43	\$79.58	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.05	\$2.05									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.45	\$2.45									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.76	\$5.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$188.19</b>	<b>\$84.61</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>\$128.32</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>PRESBYTERIAN HOME, QUITMAN, IN</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>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>7/1/2023</b>				Qtrly BIMS score:			49.23%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.97	3.0%	Quarterly Medicaid:			1.4757	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.28									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4757</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.42									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.28	\$121.42	\$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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.54	\$6.54									
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)	\$0.00						\$0.00				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$11.15	\$10.64	\$0.00	\$0.00	\$0.41	\$0.00	\$0.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$242.43</b>	<b>\$132.06</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>\$181.82</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 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>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>7/1/2023</b>				Qtrly BIMS score:			30.61%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.59	3.0%	Quarterly Medicaid:			1.4776	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,225,762	\$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 Adjstmtns	(\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,952											
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.71									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4776</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.30									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.73	\$116.30	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.98	\$2.98									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.09	\$5.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$214.82</b>	<b>\$122.29</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>\$148.29</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: 7/1/2023				Qtrly BIMS score:			32.14%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23				Nurse Hrs per On-Site Day/Q			2.59		3.0%		Quarterly Medicaid:			1.4488	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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  Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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	\$5,420,119	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.55											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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		1.4488											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.76											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.86	\$100.76	\$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 ([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	\$2.63	\$2.63											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.16	\$3.16											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.42	\$6.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$207.28	\$107.08	\$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	\$142.64												

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Rate Calculations

Demonstration Only

Provider: <b>Providence HC Sparta</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Facility Model (PDPM) Data			Facility Specific	State-wide		
Prvdr ID: <b>00142623A</b>		<b>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		
H/B ?: No		Case Mix Per Diem Rate Effective Date: <b>07/01/23</b>		BIMS		24.4%	1.0%							
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:		2.98	2.0%	Qtrly Mcaid:			1.2371	1.4181		
Line #	Description			Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 2012) @ 4.30%														
Patient Days														
FY 2020 Cost Rpt														
Total Nursing Facility Days GL-PL Ins. Rpt														
FY 20 GL-PL Ins Rpt 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 0.00%														
CMA Allowed Per Diem After Growth Allowance														
Quarterly Facility Case Mix Index for Medicaid Residents														
Qrtly 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 = 1.0% (to Routine Srvs)														
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%														
Nursing Home Provider Fee														
Total Quarterly Per Diem Add-On Amounts														
<b>Quarterly Case Mix Based Per Diem Rate</b>					<b>\$199.41</b>	<b>\$89.73</b>		<b>\$20.24</b>	<b>\$21.25</b>		<b>\$54.01</b>	<b>\$2.86</b>	<b>\$9.79</b>	<b>\$1.54</b>
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>					<b>\$136.73</b>									

**PDPM Shadow Rates. 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>				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			25.64%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.47	5.0%	Quarterly Medicaid:			1.3110	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,659,957	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.47									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3110</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.41									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.07	\$130.41	\$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 ([Stdnd - 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 = 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 = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.18	\$6.18									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.91	\$7.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.33	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$263.98</b>	<b>\$138.36</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>\$185.16</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>Facility Model (PDPM) Data</u>			Facility Specific	State-wide		
Prvdr ID: <b>00142645A</b>		<b>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		
H/B ?: No		Case Mix Per Diem Rate Effective Date: <b>07/01/23</b>		BIMS		28.3%	1.0%				1.2450			
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/23		Nurse Hours per On-Site Day/Quality Incentive:		3.57	3.0%	Qtrly Mcaid:			1.2450	1.4181		
Line #	Description			Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 <b>2020</b>														
FY2020 C/R - FY 2020 GL-PL Rpt														
Inflation (July 2021) @ 4.30%														
Patient Days														
FY 2020 Cost Rpt														
Total Nursing Facility Days GL-PL Ins. Rpt														
FY 20 GL-PL Ins Rpt 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 0.00%														
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>														
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)														
BIMS Add-on Per Diem = 1.0% (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>\$185.61</b>	<b>\$81.06</b>		<b>\$18.92</b>	<b>\$23.29</b>		<b>\$47.67</b>	<b>\$3.76</b>	<b>\$8.91</b>	<b>\$2.00</b>
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>					<b>\$126.38</b>									

PDPM Shadow Rates. 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>7/1/2023</b>				Qtrly BIMS score:			34.92%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.27	5.0%	Quarterly Medicaid:			1.2843	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,735,805	\$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	(\$181,191)	(\$36,105)	\$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	\$4,687,818	\$2,674,214	\$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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$189.48	\$108.09	\$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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.97									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.97	\$0.00	\$20.23	\$21.30		\$27.33	\$4.42	\$7.15	\$0.96	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.43	\$86.97	\$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	\$170.43	\$86.97	\$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>1.2843</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.69									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.16	\$111.69	\$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 ([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	\$2.98	\$2.98									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.96	\$5.96									
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	\$27.57	\$9.47	\$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>\$222.73</b>	<b>\$121.16</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>\$154.22</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>7/1/2023</b>				Qtrly BIMS score:			32.73%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.39	5.0%	Quarterly Medicaid:			1.3605	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,780,205	\$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 Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.97									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3605</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.97									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.62	\$116.97	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.98	\$4.98									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.10	\$8.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$229.72</b>	<b>\$124.97</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>\$159.47</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> Prvdr ID: <b>00142689A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 21.21% Nurse Hrs per On-Site Day/Q: 3.39	<u>Facility Score</u> 0.00% 1.0% 4.0%	<u>Add-on Percent</u> 0.00% 1.0% 4.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.7621 Quarterly Medicaid: 1.8776	<u>PDPM Facility</u> 1.7621 1.8776	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,652,609	\$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	FY21 Audited C/R Days	17,731									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								17,731		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.90								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.8776</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.55	\$99.32	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.87	\$3.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.10	\$5.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$212.65</b>	<b>\$104.69</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>\$146.66</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 Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00142711A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.6431	1.4210
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23				Qtrly BIMS score:			9.09%		0.0%		Quarterly Medicaid:			1.5552	1.4181
Line #	Description			Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Adjstmtns	(\$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 Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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		1.5552									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17		\$98.27									
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16	\$203.46	\$98.27	\$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	\$3.12	\$3.12									
23	Nursing Home Provider Fee			(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts			Sum of Lns 20 thru 23	\$21.38	\$3.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate			Ln 19 + Ln 24	\$224.84	\$101.92	\$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	\$155.81										

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# PDPM Shadow Rates. No impact on current period.

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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>7/1/2023</b>				Qtrly BIMS score:			28.57%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.77	3.0%	Quarterly Medicaid:			1.3146	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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 Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,229,239	\$1,887,153	\$0	\$292,845	\$357,025	\$0	\$1,348,128		\$344,088	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmtns	(\$138,993)	(\$23,335)	\$0	\$0	\$0	\$0	(\$92,686)		(\$22,972)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$92,686			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,972	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,205,904	\$1,863,818	\$0	\$292,845	\$357,025	\$0	\$1,255,442	\$92,686	\$321,116	\$22,972	
8	Total Nursing Facility Days 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 Adjstmnt to Routine Srvc	Ln 7 / Ln 8 Col a	\$235.37	\$104.30	\$0.00	\$16.39	\$19.98	(with L&H)	\$70.25	\$5.19	\$17.97	\$1.29	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.3629</b>									
11	Routine Srvc Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.53									
12	Net Per Diems after Model Adjstmnt to Routine Srvc	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 Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3146</b>									
18	Qtrly Routine Srvc Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.60									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.11	\$100.60	\$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 = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.87	\$0.87									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.60	\$2.60									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.73	\$4.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$213.84	\$104.60	\$0.00	\$16.61	\$20.39	\$0.00	\$54.01	\$5.19	\$11.75	\$1.29	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.56										

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Provider: <b>THE RETREAT</b>				<u>Add-on Data and Percentage</u>				<u>Facility Model (PDPM) Data</u>		<u>PDPM</u>		<u>PDPM</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>7/1/2023</b>				Qtrly BIMS score:      31.71%      2.5%									
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q      4.94      3.0%				Quarterly Medicaid:		1.3632		1.4181	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,631,443	\$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 Adjstmts	(\$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 Srvcs	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 Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.03									
12	Net Per Diems after Model Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$99.82		\$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>1.3632</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.09									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.20	\$124.09	\$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)	\$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	\$2.96	\$2.96									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$24.39	\$6.51	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$249.59	\$130.60	\$0.00	\$37.13	\$25.40	\$0.00	\$46.68	\$0.80	\$8.98	\$0.00	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.37										

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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			33.33%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			6.87		3.0%		Quarterly Medicaid:			1.3698	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,749,025	\$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	FY21 Audited C/R Days	25,728												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								25,728					
9	Net Per Diems prior to 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		\$99.82		\$26.82	\$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>1.3698</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.39											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.20	\$130.39	\$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	\$2.70	\$2.70											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.25	\$3.25											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.21	\$6.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$254.41</b>	<b>\$136.87</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>\$177.98</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 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>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>7/1/2023</b>				Qtrly BIMS score:			12.50%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.48	1.0%	Quarterly Medicaid:			1.5071	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,162,906	\$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	(\$223,447)	(\$87,793)	\$0	\$0	\$0	(\$3,513)	(\$82,490)		(\$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	\$6,153,027	\$2,864,786	\$0	\$505,108	\$643,549	(\$3,513)	\$1,131,441	\$138,917	\$798,088	\$74,651	
8	Total Nursing Facility Days	As Filed Days = 29,283	29,283										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,283								29,283			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$210.12	\$97.83	\$0.00	\$17.25	\$21.86	(with L&H)	\$38.64	\$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		\$69.75									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.75	\$0.00	\$17.25	\$21.86		\$38.64	\$4.74	\$27.25	\$2.55	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.67	\$69.75	\$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	\$166.67	\$69.75	\$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>1.5071</b>									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.12									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.04	\$105.12	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.99	\$0.99									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.25	\$1.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$221.29</b>	<b>\$106.64</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>\$153.14</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>7/1/2023</b>				Qtrly BIMS score:			37.68%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.33	3.0%	Quarterly Medicaid:			1.5239	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.44									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.5239</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.54									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.11	\$119.54	\$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 = 2.5% (to Routine Svcs)	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 Svcs)	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>\$228.04</b>	<b>\$126.37</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>\$158.21</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> Prvdr ID: <b>00142777A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 39.62% Nurse Hrs per On-Site Day/Q: 3.04	<u>Facility Score</u> 0.00% 2.5% 3.0%	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3411 Quarterly Medicaid: 1.4491	<u>PDPM Facility</u> 1.3411 1.4491	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$4,984,403	\$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	FY21 Audited C/R Days	26,018									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								26,018		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.07								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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>1.4491</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.36	\$78.35	\$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 =	Ln 19 Col b x CPS Add-on	\$1.73	\$1.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.07	\$2.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.06	\$4.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$179.42</b>	<b>\$82.68</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>\$121.74</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>7/1/2023</b>				Qtrly BIMS score:				37.33%	2.5%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q				3.11	3.0%	Quarterly Medicaid:				1.1861	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$11,651,958	\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.60											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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 Model for Medicaid Residents	per Current Qtr End		<b>1.1861</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.28											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.52	\$106.28	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.99	\$2.99											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.34	\$6.02	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$246.86</b>	<b>\$112.30</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>\$172.32</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> Prvdr ID: <b>00142854A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				<u>Add-on Data and Percentag</u> Growth Allowance: N/A      0.00% Qtrly BIMS score: 23.08%      1.0% Nurse Hrs per On-Site Day/Q 2.82      3.0%			<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4068      1.4210  Quarterly Medicaid: 1.3692      1.4181				<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$7,547,221	\$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 Adjstmts	(\$313,394)	(\$17,611)	\$0	(\$791)	\$0	\$5,374	(\$246,193)		(\$54,173)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$175,294		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	39,368									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,368										
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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		<b>1.4068</b>								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.88								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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		<b>1.3692</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.79	\$101.16	\$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 =	Ln 19 Col b x CPS Add-on	\$1.36	\$1.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$4.09	\$4.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.08	\$5.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$214.87</b>	<b>\$107.14</b>	<b>\$0.00</b>	<b>\$26.54</b>	<b>\$23.25</b>	<b>\$0.00</b>	<b>\$39.29</b>	<b>\$4.45</b>	<b>\$12.82</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>\$148.33</b>									

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 Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</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>7/1/2023</b>				Qtrly BIMS score:			32.26%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.04	2.0%	Quarterly Medicaid:			1.5126	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,707,714	\$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)	<b>As Filed FY21 GL/PL Rpt</b>								\$110,492			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	16,805										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,805								16,805			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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		<b>1.3721</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.50									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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		<b>1.5126</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.91									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.31	\$139.91	\$0.00	\$19.16	\$23.90	\$0.00	\$28.22	\$6.57	\$9.90	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.31	\$2.31									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.82	\$5.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$252.13</b>	<b>\$145.63</b>	<b>\$0.00</b>	<b>\$19.38</b>	<b>\$24.31</b>	<b>\$0.00</b>	<b>\$45.69</b>	<b>\$6.57</b>	<b>\$9.90</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>\$176.27</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>SAVANNAH BEACH HEALTH AND REHAB</b> Prvdr ID: <b>00142876A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 43.59% Nurse Hrs per On-Site Day/Q: 2.73	<u>Facility Score</u> 0.00% 2.5% 3.0%	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.1031 Quarterly Medicaid: 1.0354	<u>PDPM Facility</u> 1.1031 1.0354	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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)	<b>As Filed FY21 GL/PL Rpt</b>								\$43,639		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	14,564									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 14,564								14,564		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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		<b>1.1031</b>								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.90								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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
<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	\$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		<b>1.0354</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.42	\$95.15	\$0.00	\$15.31	\$27.08	\$0.00	\$22.63	\$3.00	\$11.65	\$3.60
<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 =	Ln 19 Col b x CPS Add-on	\$2.90	\$2.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.48	\$3.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.01	\$6.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$203.43</b>	<b>\$102.06</b>	<b>\$0.00</b>	<b>\$15.53</b>	<b>\$27.49</b>	<b>\$0.00</b>	<b>\$40.10</b>	<b>\$3.00</b>	<b>\$11.65</b>	<b>\$3.60</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$139.75</b>									

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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			25.00%		1.0%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			4.45		3.0%		Quarterly Medicaid:			1.4425	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.76											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.34	\$99.82	\$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	\$204.34	\$99.82	\$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>1.4425</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.99											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.51	\$143.99	\$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)	\$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	\$1.46	\$1.46											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.38	\$4.38											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.25	\$6.37	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$272.76</b>	<b>\$150.36</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>\$191.75</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 Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: <b>00142909A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2473	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			21.28%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.85	3.0%	Quarterly Medicaid:			1.2631	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$5,203,111	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$93.08									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$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>1.2631</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.57									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.12	\$117.57	\$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)	\$0.58	\$0.21	\$0.00	\$0.00	\$0.00	\$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	\$1.09	\$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	\$22.05	\$4.58	\$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>\$251.17</b>	<b>\$122.15</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>\$175.55</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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			35.44%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.66		5.0%		Quarterly Medicaid:			1.3767	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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 Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,541,806	\$4,273,183	\$0	\$850,820	\$827,728	\$0	\$1,445,290		\$1,144,785	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmtns	(\$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 Adjstmtn to Routine Srvc	Ln 7 / Ln 8 Col a	\$204.33	\$103.08	\$0.00	\$20.52	\$19.96	(with L&H)	\$28.91	\$4.22	\$26.17	\$1.47			
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.3688</b>											
11	Routine Srvc Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.31											
12	Net Per Diems after Model Adjstmtn to Routine Srvc	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 Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3767</b>											
18	Qtrly Routine Srvc Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.68											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.25	\$103.68	\$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 ([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	\$2.43	\$2.43											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.87	\$4.87											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.93	\$7.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$226.18</b>	<b>\$111.51</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>\$156.81</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>7/1/2023</b>				Qtrly BIMS score:			34.62%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.80	3.0%	Quarterly Medicaid:			1.4162	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,265,968	\$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		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.52	\$99.82	\$0.00	\$26.73	\$32.38		\$24.82	\$2.42	13.69 (FRV)	\$3.66	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$203.52	\$99.82	\$0.00	\$26.73	\$32.38	\$0.00	\$24.82	\$2.42	\$13.69	\$3.66	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4162</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.36									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.06	\$141.36	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.18	\$4.18									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.02	\$5.02									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.15	\$9.20	\$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>\$272.21</b>	<b>\$150.56</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>\$191.33</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> Prvdr ID: <b>00142964A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 14.00% Nurse Hrs per On-Site Day/Q: 3.15	<u>Facility Score</u> 0.00% 0.0% 5.0%	<u>Add-on Percent</u> 0.00% 0.0% 5.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4051 Quarterly Medicaid: 1.3085	<u>PDPM Facility</u> 1.4051 1.3085	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,948,476	\$3,897,971	\$0	\$592,947	\$875,413	\$0	\$1,350,872		\$231,273	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$543,178)	(\$114,484)	\$0	\$0	\$0	\$534	(\$375,162)		(\$54,066)	
	As Filed Cost Center Costs (GL/PL)	<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	34,759									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,759										
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.47								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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 = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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 <u>Model</u> for Medicaid Residents	per Current Qtr End		<b>1.3085</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.59	\$101.37	\$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 = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.50	\$5.50								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.13	\$6.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$219.72</b>	<b>\$107.40</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>\$151.97</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 Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>				<u>PDPM Facility</u>	<u>PDPM Statewide</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>7/1/2023</b>				Qtrly BIMS score:				27.42%	1.0%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q				2.58	3.0%	Quarterly Medicaid:				1.4024	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,001,800	\$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 Adjstmtns	(\$98,136)	(\$25,445)	\$0	\$0	\$0	\$0	(\$42,068)		(\$30,623)				
	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>										\$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 Adjstmnt 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		<b>1.5817</b>											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.91											
12	Net Per Diems after Model Adjstmnt 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		\$99.82		\$26.82	\$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		<b>1.4024</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.20											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.34	\$74.20	\$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 ([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	\$0.70	\$0.70											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$21.42	\$3.32	\$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>\$162.76</b>	<b>\$77.52</b>	<b>\$0.00</b>	<b>\$12.69</b>	<b>\$16.45</b>	<b>\$0.00</b>	<b>\$45.52</b>	<b>\$0.00</b>	<b>\$9.44</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>\$109.25</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 MARIETTA</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>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>7/1/2023</b>				Qtrly BIMS score:			25.30%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.62	3.0%	Quarterly Medicaid:			1.4464	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$12,825,331	\$6,151,640	\$0	\$868,106	\$838,869	\$0	\$2,593,414		\$2,373,302	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$453,108)	(\$53,945)	\$0	(\$1,665)	(\$1,997)	(\$2,588)	(\$255,828)		(\$137,085)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$242,651			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Adjstmnt to Routine Svcs	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		<b>1.4270</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.86									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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		<b>1.4464</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.99									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$242.97	\$142.99	\$0.00	\$20.04	\$19.30	\$0.00	\$36.91	\$5.61	\$14.96	\$3.16	
<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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.51	\$1.51									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.52	\$4.52									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.29	\$6.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$267.26</b>	<b>\$149.55</b>	<b>\$0.00</b>	<b>\$20.26</b>	<b>\$19.71</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$5.61</b>	<b>\$14.96</b>	<b>\$3.16</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$187.62</b>										

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 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>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>7/1/2023</b>				Qtrly BIMS score:			6.98%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.64	5.0%	Quarterly Medicaid:			1.4300	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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		<b>1.4632</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.09									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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		<b>1.4300</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.54									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.41	\$124.54	\$0.00	\$22.58	\$27.25	\$0.00	\$36.91	\$17.23	\$14.08	\$2.82	
<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 = 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	\$6.05	\$6.05									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.31	\$6.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$269.72	\$131.12	\$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	\$189.47										

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 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>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>7/1/2023</b>				Qtrly BIMS score:			42.86%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.90	0.0%	Quarterly Medicaid:			1.1825	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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	FY21 Audited C/R Days	14,616										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								14,616			
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.08									
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.1825</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$49.76									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$121.32	\$49.76	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.38	\$1.38									
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	\$20.01	\$1.91	\$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>\$141.33</b>	<b>\$51.67</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>\$93.17</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 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>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>7/1/2023</b>				Qtrly BIMS score:			19.44%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.06	2.0%	Quarterly Medicaid:			1.3347	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,761,260	\$2,724,490	\$0	\$371,838	\$392,363	\$0	\$765,392		\$507,177	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$24,707)	(\$8,085)	\$0	\$0	\$3,237	\$4,311	\$1,445		(\$25,615)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$6,640			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	FY21 Audited C/R Days	19,838										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								19,838			
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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		<b>1.4915</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.81									
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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		<b>1.3347</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.54									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.73	\$122.54	\$0.00	\$18.74	\$20.16	\$0.00	\$36.91	\$0.33	\$10.72	\$1.32	
<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)	\$1.16	\$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	\$2.52	\$2.52									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.78	\$3.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$231.51</b>	<b>\$125.59</b>	<b>\$0.00</b>	<b>\$18.96</b>	<b>\$20.57</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$0.33</b>	<b>\$10.72</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>\$160.81</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>PRUITTHEALTH - GRIFFIN</b>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			23.08%		1.0%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.21		6.0%		Quarterly Medicaid:			1.5023	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,281,674	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.90											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.5023</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.54											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.67	\$121.54	\$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 = 1.0% (to Routine Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$6.82	\$6.82											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.22	\$8.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$262.89</b>	<b>\$130.03</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>\$184.34</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 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>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>7/1/2023</b>				Qtrly BIMS score:			34.15%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.00	5.0%	Quarterly Medicaid:			1.2715	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,462,080	\$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 Adjstmtns	(\$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 Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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>1.2715</b>									
18	Qtrtly Routine Srvcs 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	\$216.07	\$116.29	\$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 ([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	\$2.68	\$2.68									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.37	\$5.37									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.68	\$8.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$242.75</b>	<b>\$124.87</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>\$169.24</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 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>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>7/1/2023</b>				Qtrly BIMS score:			17.11%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.72	5.0%	Quarterly Medicaid:			1.4943	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$7,179,162	\$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 Adjstmtns	(\$296,070)	(\$53,771)	\$0	\$0	(\$3,397)	(\$5,582)	(\$136,996)		(\$96,324)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$183,642			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Adjstmnt to Routine Svcs	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		<b>1.4990</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.50									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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		<b>1.4943</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.41									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.23	\$90.41	\$0.00	\$16.40	\$18.99	\$0.00	\$35.80	\$5.15	\$8.81	\$2.67	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 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	\$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	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$201.66</b>	<b>\$95.74</b>	<b>\$0.00</b>	<b>\$16.62</b>	<b>\$19.40</b>	<b>\$0.00</b>	<b>\$53.27</b>	<b>\$5.15</b>	<b>\$8.81</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>\$138.42</b>										

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>7/1/2023</b>				Qtrly BIMS score:			20.25%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.28	5.0%	Quarterly Medicaid:			1.3813	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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 Adjstmnts	(\$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		\$99.82		\$26.82	\$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>1.3813</b>									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.00									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.41	\$99.00	\$0.00	\$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 ([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	\$1.16	\$1.16									
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	\$25.60	\$7.50	\$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>\$211.01</b>	<b>\$106.50</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>\$145.43</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 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>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>7/1/2023</b>				Qtrly BIMS score:			34.38%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.43	5.0%	Quarterly Medicaid:			1.2966	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,826,766	\$2,062,813	\$0	\$313,177	\$446,791	\$0	\$816,348		\$187,637	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$293,687)	(\$5,565)	\$0	\$0	(\$3,469)	(\$4,558)	(\$261,890)		(\$18,205)		
	As Filed Cost Center Costs (GL/PL)	<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 Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.93									
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.2966</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.41									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.73	\$111.41	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.71	\$2.71									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.42	\$5.42									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.76	\$8.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$239.49</b>	<b>\$120.07</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>\$166.79</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 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>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>7/1/2023</b>				Qtrly BIMS score:			24.32%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.56	4.0%	Quarterly Medicaid:			1.3476	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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	FY21 Audited C/R Days	25,977										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,977	FY21 GL-PL Ins Rpt Days								25,977			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.83									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.61	\$90.83	\$0.00	\$20.98	\$26.40		\$36.91	\$4.03	14.96 (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	\$194.61	\$90.83	\$0.00	\$20.98	\$26.40	\$0.00	\$36.91	\$4.03	\$14.96	\$0.50	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3476</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.40									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.18	\$122.40	\$0.00	\$20.98	\$26.40	\$0.00	\$36.91	\$4.03	\$14.96	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.55	\$4.55									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.95	\$6.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$250.13</b>	<b>\$128.62</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>\$14.96</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>\$174.77</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 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>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>7/1/2023</b>				Qtrly BIMS score:			35.90%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.57	3.0%	Quarterly Medicaid:			1.2949	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,269,926	\$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)	<b>As Filed FY21 GL/PL Rpt</b>								\$161,358			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	17,919										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,919								17,919			
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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		<b>1.4004</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$120.99									
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.97	\$99.82	\$0.00	\$26.82	\$33.28		\$36.91	\$9.00	11.48 (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	\$217.97	\$99.82	\$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		<b>1.2949</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.25									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.41	\$129.25	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$9.00	\$11.48	\$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)	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$3.11	\$3.11									
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	\$23.94	\$6.84	\$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>\$271.35</b>	<b>\$136.09</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$9.00</b>	<b>\$11.48</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>\$190.69</b>										

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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			30.30%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.71		5.0%		Quarterly Medicaid:			1.3245	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,947,192	\$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 Adjstmts	(\$177,823)	(\$1,797)	\$0	(\$451)	\$428	\$21	(\$130,617)		(\$45,407)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$125,165					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$45,511			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,940,045	\$1,951,760	\$0	\$524,063	\$442,877	\$21	\$604,384	\$125,165	\$246,264	\$45,511			
8	Total Nursing Facility Days 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 Svcs	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		<u>1.4147</u>											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.88											
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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		<u>1.3245</u>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.08											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.27	\$115.08	\$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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$5.67	\$5.67											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.54	\$9.03	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$254.81	\$124.11	\$0.00	\$26.82	\$28.30	\$0.00	\$54.01	\$7.88	\$10.82	\$2.87			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.28												

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>7/1/2023</b>				Qtrly BIMS score:			68.75%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.28	4.0%	Quarterly Medicaid:			1.7633	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,779,080	\$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 Adjstmtns	(\$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 Adjstmrnt 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 Adjstmrnt 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		\$99.82		\$26.82	\$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>1.7633</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.64									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.95	\$85.64	\$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	\$4.77	\$4.77									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (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	\$26.50	\$8.77	\$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>\$206.45</b>	<b>\$94.41</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>\$142.01</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 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>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>7/1/2023</b>				Qtrly BIMS score:			19.23%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.49	5.0%	Quarterly Medicaid:			1.4702	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,686,045	\$1,978,744	\$0	\$308,108	\$427,769	\$0	\$807,196		\$164,228	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$290,009)	(\$9,354)	\$0	\$0	\$0	\$1,893	(\$263,649)		(\$18,899)		
	As Filed Cost Center Costs (GL/PL)	<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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.47									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4702</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.84									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.64	\$116.84	\$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 ([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 = 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	\$6.18	\$6.18									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.81	\$6.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$255.45</b>	<b>\$123.55</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>\$178.76</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 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>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>7/1/2023</b>				Qtrly BIMS score:			45.65%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.58	2.0%	Quarterly Medicaid:			1.4559	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.72									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4559</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.41									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.79	\$104.41	\$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 ([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 Svcs)	Ln 19 Col b x CPS Add-on	\$5.21	\$5.21									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.90	\$1.90									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.74	\$7.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$208.53</b>	<b>\$112.05</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>\$143.57</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 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>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>7/1/2023</b>				Qtrly BIMS score:			20.63%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.81	5.0%	Quarterly Medicaid:			1.3503	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,913,975	\$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 Adjstmtns	(\$475,996)	(\$76,170)	\$0	\$0	\$1,458	\$2,516	(\$378,143)		(\$25,657)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$447,421			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Adjstmnt to Routine Svcs	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		<b>1.3090</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.77									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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		<b>1.3503</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.92									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.83	\$123.92	\$0.00	\$20.61	\$33.28	\$0.00	\$35.69	\$22.25	\$10.80	\$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)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$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	\$1.21	\$1.21									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.07	\$6.07									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.50	\$7.81	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$273.33</b>	<b>\$131.73</b>	<b>\$0.00</b>	<b>\$20.83</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$53.16</b>	<b>\$22.25</b>	<b>\$10.80</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>\$192.17</b>										

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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide		
Prvdr ID: <b>00143206A</b>				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.2695	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			18.82%		0.0%								
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.40		5.0%		Quarterly Medicaid:			1.3939	1.4181		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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>1.3939</b>													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.64													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.33	\$127.64	\$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 ([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 = 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	\$5.82	\$5.82													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.45	\$6.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00					
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$260.78</b>	<b>\$133.99</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>\$182.76</b>														

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>TATTNALL 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>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>7/1/2023</b>				Qtrly BIMS score:			33.82%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.69	3.0%	Quarterly Medicaid:			1.2422	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,234,914	\$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 Adjstmtns	(\$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	24,355										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,355								24,355			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.00									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.2422</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.59									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.60	\$105.59	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.62	\$2.62									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.15	\$3.15									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.40	\$6.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$198.00</b>	<b>\$111.89</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>\$135.68</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>				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			36.99%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.82	4.0%	Quarterly Medicaid:			1.2948	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$7,056,508	\$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 Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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>1.2948</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.24									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.00	\$117.24	\$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 ([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	\$3.54	\$3.54									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.66	\$5.66									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.83	\$9.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$229.83</b>	<b>\$126.97</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>\$159.55</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>7/1/2023</b>				Qtrly BIMS score:			24.51%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.46	3.0%	Quarterly Medicaid:			1.3875	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$9,040,869	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.49									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3875</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.39									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.23	\$121.39	\$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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$3.37	\$3.37									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.12	\$5.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$237.35</b>	<b>\$126.41</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>\$165.19</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>				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: <b>00143294A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4336	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			26.47%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.69	3.0%	Quarterly Medicaid:			1.5018	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,130,719	\$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	28,584										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,584								28,584			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.29									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.5018</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.57									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.41	\$114.57	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.53	\$3.53									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.97	\$5.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$224.38</b>	<b>\$119.81</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>\$155.46</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 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>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>7/1/2023</b>				Qtrly BIMS score:			24.18%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.95	5.0%	Quarterly Medicaid:			1.3680	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$9,583,670	\$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	44,956										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 44,956								44,956			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.18									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3680</b>									
18	Qtrtly Routine Svcs 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	\$212.40	\$122.00	\$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 ([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	\$1.19	\$1.19									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.97	\$5.97									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.79	\$7.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$238.19</b>	<b>\$129.69</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>\$165.82</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 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>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>7/1/2023</b>				Qtrly BIMS score:			26.92%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.06	6.0%	Quarterly Medicaid:			1.3273	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.83									
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3273</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.60									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.20	\$112.60	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.38	\$6.38									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.07	\$7.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$237.27</b>	<b>\$120.57</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>\$165.13</b>										

PDPM Shadow Rates. This is not your rate.



# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>PRUITTHEALTH - 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>7/1/2023</b>				Qtrly BIMS score:			19.32%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.58	5.0%	Quarterly Medicaid:			1.5114	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$8,670,477	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.59									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.5114</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.47									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$265.77	\$144.47	\$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 = 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	\$7.04	\$7.04									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.55	\$7.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.35	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$291.32</b>	<b>\$152.04</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>\$205.67</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>CHATUGE REGIONAL NURSING HOME</b>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			32.86%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			4.25		3.0%		Quarterly Medicaid:			1.3300	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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)	As Filed FY21 GL/PL Rpt								\$37,438					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,958,457	\$4,421,866	\$0	\$1,385,333	\$420,719	\$832,953	\$1,499,686	\$37,438	\$360,452	\$10			
8	Total Nursing Facility Days As Filed Days = 32,180	FY21 Audited C/R Days	32,081												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,180	FY21 GL-PL Ins Rpt Days								32,081					
9	Net Per Diems prior to 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		\$99.82		\$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>1.3300</b>											
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.05											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.42	\$129.05	\$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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.45	\$3.45											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.14	\$4.14											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.22	\$8.12	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$274.64	\$137.17	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$1.17	\$11.88	\$0.00			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$193.16												

PDPM Shadow Rates. This is not your rate.

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

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>7/1/2023</b>				Qtrly BIMS score:			43.59%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.14	7.0%	Quarterly Medicaid:			1.4044	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,292,119	\$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	15,502										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,502								15,502			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.03									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4044</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.99									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.51	\$110.99	\$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 ([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	\$2.92	\$2.92									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 7.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$8.16	\$8.16									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.71	\$11.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$241.22</b>	<b>\$122.60</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>\$168.09</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>BERRIEN NURSING CENTER</b>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			30.56%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.58		3.0%		Quarterly Medicaid:			1.4288	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$247,603)	\$32,284	\$0	(\$4,740)	\$0	\$4,740	(\$233,637)		(\$46,250)				
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$201,353					
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$46,250			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,313,335	\$2,928,507	\$0	\$712,810	\$747,265	\$4,740	\$959,924	\$201,353	\$712,486	\$46,250			
8	Total Nursing Facility Days	As Filed Days = 27,782													
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,782													
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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		<b>1.3658</b>											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.18											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>															
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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		<b>1.4288</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.27											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.59	\$110.27	\$0.00	\$25.66	\$27.07	\$0.00	\$34.55	\$7.25	\$14.13	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.60	\$2.60											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.13	\$3.13											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.36	\$6.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$244.95</b>	<b>\$116.53</b>	<b>\$0.00</b>	<b>\$25.88</b>	<b>\$27.48</b>	<b>\$0.00</b>	<b>\$52.02</b>	<b>\$7.25</b>	<b>\$14.13</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>\$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>TWIN OAKS CONVALESCENT 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>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>7/1/2023</b>				Qtrly BIMS score:			33.33%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			4.13	3.0%	Quarterly Medicaid:			1.7322	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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 Adjstmtns	(\$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 Adjstmnt 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 Adjstmnt 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		\$99.82		\$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>1.7322</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$159.10									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$283.31	\$159.10	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.37	\$3.37									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.05	\$4.05									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.27	\$7.95	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$308.58</b>	<b>\$167.05</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>\$218.61</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 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>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>7/1/2023</b>				Qtrly BIMS score:			41.89%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			4.56	3.0%	Quarterly Medicaid:			1.5109	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$11,802,410	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.42									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$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>1.5109</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$148.71									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$259.78	\$148.71	\$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 ([Stdnd - 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 Svcs)	Ln 19 Col b x CPS Add-on	\$4.42	\$4.42									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.30	\$5.30									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.82	\$9.72	\$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>\$287.60</b>	<b>\$158.43</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>\$202.88</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>7/1/2023</b>				Qtrly BIMS score:			21.74%		1.0%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			4.95		3.0%		Quarterly Medicaid:			1.4389	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,938,329	\$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 Adjstmtns	(\$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 Adjstmrnt 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 Adjstmrnt 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		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.61	\$90.09	\$0.00	\$24.91	\$24.66		\$26.99	\$5.68	14.96 (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	\$187.61	\$90.09	\$0.00	\$24.91	\$24.66	\$0.00	\$26.99	\$5.68	\$14.96	\$0.32			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4389</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.63											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.15	\$129.63	\$0.00	\$24.91	\$24.66	\$0.00	\$26.99	\$5.68	\$14.96	\$0.32			
<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	\$1.14	\$1.14											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$23.20	\$5.10	\$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>\$250.35</b>	<b>\$134.73</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>\$14.96</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>\$174.94</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 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>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>7/1/2023</b>				Qtrly BIMS score:			23.08%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			4.18	2.0%	Quarterly Medicaid:			1.7277	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$7,955,022	\$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 Adjstmts	(\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,009								19,592			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$130.49									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.46	\$99.82	\$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	\$217.46	\$99.82	\$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>1.7277</b>									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$172.46									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$290.09	\$172.46	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.94	\$1.94									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.87	\$3.87									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.91	\$5.81	\$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>\$313.00</b>	<b>\$178.27</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>\$221.93</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 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>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>7/1/2023</b>				Qtrly BIMS score:			20.37%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.46	6.0%	Quarterly Medicaid:			1.3230	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,951,207	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.22									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3230</b>									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.81									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.57	\$104.81	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.17	\$1.17									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.03	\$7.03									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.46	\$8.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$234.03</b>	<b>\$113.54</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>\$162.70</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>7/1/2023</b>				Qtrly BIMS score:			29.79%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.94	3.0%	Quarterly Medicaid:			1.6032	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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 Adjstmtns	(\$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 Adjstmnt 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 Adjstmnt 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		\$99.82		\$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>1.6032</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.60									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.42	\$114.60	\$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	\$1.12	\$1.12									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.36	\$3.36									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.74	\$5.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$235.16</b>	<b>\$119.61</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>\$163.55</b>										

PDPM Shadow Rates. This is not your rate.

**Demonstration Only**

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

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>Facility Model (PDPM) Data</u>				Facility Specific	State-wide		
Prvdr ID: <b>00143514A</b>		<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>		Growth Allowance:		N/A	0.00%	Base Period Overall:				1.4529	1.4210	
H/B ?: No		Case Mix Per Diem Rate Effective Date: <b>07/01/23</b>		BIMS		26.1%	1.0%							
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>		Nurse Hours per On-Site Day/Quality Incentive:		2.57	2.0%	Qtrly Mcaid:				1.4873	1.4181	
Line #	Description			Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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														
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														
Qrtly 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 = 1.0% (to Routine Srvs)														
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%														
Nursing Home Provider Fee														
Total Quarterly Per Diem Add-On Amounts														
<b>Quarterly Case Mix Based Per Diem Rate</b>					<b>\$245.85</b>	<b>\$134.91</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>\$171.56</b>									

PDPM Shadow Rates. This is not your rate.



Quarterly Case Mix Per Diem Rate Calculations

Demonstration Only

Provider: <b>WESTBURY H&amp;R-MCDONOUGH, INC</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Facility Model (PDPM) Data			Facility Specific	State-wide		
Prvdr ID: <b>00143525A</b>		<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:	N/A	0.00%	Base Period Overall:			1.3762	1.4210	
H/B ?: No		Case Mix Per Diem Rate Effective Date:		<b>07/01/23</b>		BIMS	45.1%	5.5%						
		MDS & Nurse Hrs Data per Quarter Ending:		<b>03/31/23</b>		Nurse Hours per On-Site Day/Quality Incentive:		2.69	2.0%	Qtrly Mcaid:			1.4015	1.4181
Line #	Description			Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 6,393,717 1,106,359 1,420,115 (1,757) 1,186,632 203,152 19,452 64,484														
Inflation (July 2021) @ 4.30% 274,930 47,573 60,989 51,025 2,773														
Patient Days FY 2020 Cost Rpt 51,014 51,014 51,014 51,014 51,014														
Inflated NHC/ Patient Days FY 20 GL-PL Ins Rpt Days 130.72 22.62 29.00 24.26 3.98 0.38 1.32														
Base Period Facility CMI for all Residents 1.3762														
Routine Services Case Mix Adjusted Net Per Diem \$94.99														
Net Per Diems After Case Mix Adjustments \$176.55 \$94.99 \$22.62 \$29.00 \$24.26 \$3.98 \$0.38 1.32														
Per Diem Standards \$104.16 \$26.82 \$33.28 \$36.91														
Base Period Case Mix Adjusted Allowed Per Diem \$186.36 \$94.99 \$22.62 \$29.00 \$24.26 \$3.98 10.19 1.32														
<b>Quarterly Per Diem Rate Prior to Add-Ons</b>														
Growth Allowance 0.000% \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 (FRV Rate)														
CMA Allowed Per Diem After Growth Allowance \$186.36 \$94.99 \$22.62 \$29.00 \$24.26 \$3.98 \$10.19 \$1.32														
Quarterly Facility Case Mix Index for Medicaid Residents 1.4015														
Qrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem \$133.13														
Quarterly Medicaid CMA Allowed Per Diem \$224.50 \$133.13 \$22.62 \$29.00 \$24.26 \$3.98 \$10.19 \$1.32														
<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 = 5.5% (to Routine Srvc) \$7.32 7.32														
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% \$2.66 2.66														
Nursing Home Provider Fee \$ 17.10 \$ 17.10														
Total Quarterly Per Diem Add-On Amounts \$28.61														
<b>Quarterly Case Mix Based Per Diem Rate</b>					<b>\$253.11</b>	<b>\$143.64</b>		<b>\$22.84</b>	<b>\$29.41</b>		<b>\$41.73</b>	<b>\$3.98</b>	<b>\$10.19</b>	<b>\$1.32</b>
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>					<b>\$177.01</b>									

PDPM Shadow Rates. This is not your rate.

**Demonstration Only**

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

Reimbursement Services - DCH/DFM

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>WILDWOOD 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>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>7/1/2023</b>				Qtrly BIMS score:				42.11%	2.5%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q				3.07	3.0%	Quarterly Medicaid:				1.1568	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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	12,658												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 12,658								12,658					
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.43											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.1568</b>											
18	Qtrtly Routine Svcs 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	\$201.98	\$103.45	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.16	\$3.16											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.06	\$6.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$226.04	\$109.78	\$0.00	\$25.69	\$24.00	\$0.00	\$54.01	\$0.00	\$11.23	\$1.33			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.71												

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 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>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>7/1/2023</b>				Qtrly BIMS score:			9.72%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.71	2.0%	Quarterly Medicaid:			1.4719	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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	29,162										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,162								29,162			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.79									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4719</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.20									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.91	\$104.20	\$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 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	\$1.93	\$1.93									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.56	\$2.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$193.47</b>	<b>\$106.66</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>\$132.28</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> Prvdr ID: <b>00143569A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 23.26% Nurse Hrs per On-Site Day/Q: 2.55	<u>Facility Score</u> 0.00% 1.0% 5.0%	<u>Add-on Percent</u> 0.00% 1.0% 5.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4406 Quarterly Medicaid: 1.4395	<u>PDPM Facility</u> 1.4406 1.4395	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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	FY21 Audited C/R Days	11,957									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								11,957		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.63								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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 = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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 <u>Model</u> for Medicaid Residents	per Current Qtr End		<b>1.4395</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.71	\$116.07	\$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 = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.10	\$6.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.17	\$7.85	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$262.88</b>	<b>\$123.92</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>\$184.34</b>									

PDPM Shadow Rates. This is not your rate.

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

Provider: <b>WOOD DALE 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>00143591A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2500	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			#N/A	#N/A					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			N/A	0.0%	Quarterly Medicaid:			1.4181	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$5,240,245	\$2,750,802	\$0	\$558,686	\$440,744	\$0	\$1,254,482		\$235,531	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$30,229)	\$4,610	\$0	\$568	\$0	\$0	(\$35,407)		\$0		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$41,801			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$8,431	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,260,248	\$2,755,412	\$0	\$559,254	\$440,744	\$0	\$1,219,075	\$41,801	\$235,531	\$8,431	
8	Total Nursing Facility Days As Filed Days = 23,486	FY21 Audited C/R Days	23,486										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,486	FY21 GL-PL Ins Rpt Days								23,486			
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$223.98	\$117.32	\$0.00	\$23.81	\$18.77	(with L&H)	\$51.91	\$1.78	\$10.03	\$0.36	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.2500</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$93.86									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$93.86	\$0.00	\$23.81	\$18.77		\$51.91	\$1.78	\$10.03	\$0.36	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.91	\$93.86	\$0.00	\$23.81	\$18.77		\$36.91	\$1.78	12.42 (FRV)	\$0.36	
<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	\$187.91	\$93.86	\$0.00	\$23.81	\$18.77	\$0.00	\$36.91	\$1.78	\$12.42	\$0.36	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4181</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.10									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.15	\$133.10	\$0.00	\$23.81	\$18.77	\$0.00	\$36.91	\$1.78	\$12.42	\$0.36	
<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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = #N/A (to Routine Svcs)	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 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	\$18.26	\$0.53	\$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>\$245.41</b>	<b>\$133.63</b>	<b>\$0.00</b>	<b>\$24.03</b>	<b>\$19.18</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$1.78</b>	<b>\$12.42</b>	<b>\$0.36</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$171.23</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> Prvdr ID: <b>00143602A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 38.24% Nurse Hrs per On-Site Day/Q: 3.00	<u>Facility Score</u> 0.00% 2.5% 3.0%	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3698 Quarterly Medicaid: 1.4250	<u>PDPM Facility</u> 1.3698 1.4250	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$5,846,261	\$3,099,207	\$0	\$600,360	\$566,289	\$0	\$935,677		\$644,728	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$92,541)	\$10,704	\$0	\$1,298	\$1,141	(\$330)	(\$64,785)		(\$40,569)	
	As Filed Cost Center Costs (GL/PL)	<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	FY21 Audited C/R Days	26,128									
	Total Nursing Facility Days GL-PL Ins. Rpt	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		\$99.82		\$26.82	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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>1.4250</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.47	\$123.83	\$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 =	Ln 19 Col b x CPS Add-on	\$3.20	\$3.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.83	\$3.83								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.66	\$7.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$244.13</b>	<b>\$131.39</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>\$170.27</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 BARNESVILLE 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>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>7/1/2023</b>				Qtrly BIMS score:			63.24%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.51	5.0%	Quarterly Medicaid:			1.3900	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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	26,069										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,935								26,069			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.50									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3900</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.12									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.41	\$109.12	\$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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.59	\$6.59									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.99	\$5.99									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.21	\$13.11	\$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>\$229.62</b>	<b>\$122.23</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>\$159.39</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>7/1/2023</b>				Qtrly BIMS score:			42.86%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.10	5.0%	Quarterly Medicaid:			1.5225	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$8,881,113	\$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	FY21 Audited C/R Days	37,791										
	Total Nursing Facility Days GL-PL Ins. Rpt	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		\$99.82		\$26.82	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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 Model for Medicaid Residents	per Current Qtr End		<b>1.5225</b>									
18	Qtrly Routine Svcs 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	\$223.30	\$114.55	\$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 = 2.5% (to Routine Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$5.88	\$5.88									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.45	\$9.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$250.75</b>	<b>\$123.90</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>\$175.24</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>PRUITTHEALTH - LILBURN</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>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>7/1/2023</b>				Qtrly BIMS score:			35.96%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.60	5.0%	Quarterly Medicaid:			1.5694	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$8,050,025	\$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	35,536										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,536								35,536			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.69									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.5694</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.36									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.71	\$120.36	\$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 ([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	\$2.83	\$2.83									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.67	\$5.67									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.13	\$9.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$257.84</b>	<b>\$129.39</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>\$180.56</b>										

PDPM Shadow Rates. This is not your rate.

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

Provider: <b>QUINTON MEMORIAL HC &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>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>7/1/2023</b>				Qtrly BIMS score:			22.95%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			6.41	3.0%	Quarterly Medicaid:			1.1320	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$7,150,782	\$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 Adjstmtns	(\$30,223)	\$3,124	\$0	\$565	(\$2,164)	(\$2,784)	(\$29,022)		\$58		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$61,173			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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	29,422										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,422								29,422			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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		<b>1.2942</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.66									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$209.06	\$99.82	\$0.00	\$26.64	\$23.44		\$36.91	\$2.08	19.77 (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	\$209.06	\$99.82	\$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		<b>1.1320</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.99									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.23	\$112.99	\$0.00	\$26.64	\$23.44	\$0.00	\$36.91	\$2.08	\$19.77	\$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)	\$1.08	\$0.53	\$0.00	\$0.14	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine 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	\$23.15	\$5.50	\$0.00	\$0.14	\$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>\$245.38</b>	<b>\$118.49</b>	<b>\$0.00</b>	<b>\$26.78</b>	<b>\$23.85</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$2.08</b>	<b>\$19.77</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>\$171.21</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>CHRISTIAN CITY REHABILITATION CENTER</b> Prvdr ID: <b>00158034A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 31.16% 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: 1.4212 Quarterly Medicaid: 1.4070	<u>PDPM Facility</u> 1.4212 1.4070	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$14,644,578	\$8,083,942	\$0	\$1,251,402	\$1,351,545	\$0	\$3,554,499		\$403,190	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$918,888)	(\$310,565)	\$0	\$0	\$5,723	\$7,453	(\$566,910)		(\$54,589)	
	As Filed Cost Center Costs (GL/PL)	<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	FY21 Audited C/R Days	60,954									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								60,954		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.73								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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>1.4070</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.26	\$126.25	\$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 =	Ln 19 Col b x CPS Add-on	\$2.95	\$2.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$5.89	\$5.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$10.00	\$9.37	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$246.26</b>	<b>\$135.62</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>\$184.70</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> Prvdr ID: <b>00159266A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 16.67% Nurse Hrs per On-Site Day/Q: 2.54	<u>Facility Score</u> 0.00% 0.0% 3.0%	<u>Add-on Percent</u> 0.00% 0.0% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3945 Quarterly Medicaid: 1.3945	<u>PDPM Facility</u> 1.3945	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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	35,395									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,395										
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.46								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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 = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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 <u>Model</u> for Medicaid Residents	per Current Qtr End		<b>1.3945</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.88	\$133.12	\$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 = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.66	\$4.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.92	\$5.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$250.80</b>	<b>\$138.31</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>\$175.28</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>				Add-on Data and Percentage				Facility Score	Add-on Percent	Facility Model (PDPM) Data				PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:				25.00%	1.0%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q				3.13	3.0%	Quarterly Medicaid:				1.3068	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,879,156	\$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 Adjstmtns	(\$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 Adjstmrnt 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 Adjstmrnt 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		\$99.82		\$26.82	\$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>1.3068</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.57											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.95	\$124.57	\$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 ([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	\$1.17	\$1.17											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.50	\$3.50											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.30	\$5.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$227.25</b>	<b>\$129.77</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>\$157.61</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>7/1/2023</b>				Qtrly BIMS score:			38.14%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.70	2.0%	Quarterly Medicaid:			1.4239	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmrnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.90									
12	Net Per Diems after Model Adjstmrnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4239</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.28									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.78	\$132.28	\$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 ([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	\$3.17	\$3.17									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.54	\$2.54									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.34	\$6.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$256.12</b>	<b>\$138.52</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>\$179.27</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>7/1/2023</b>				Qtrly BIMS score:			29.27%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.30	2.0%	Quarterly Medicaid:			1.4222	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$10,772,160	\$5,891,941	\$0	\$898,248	\$904,976	\$0	\$1,775,279		\$1,301,716	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$93,149)	(\$40,237)	\$0	\$0	\$0	\$0	\$22,769		(\$75,681)		
	As Filed Cost Center Costs (GL/PL)	<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	FY21 Audited C/R Days	47,934										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								47,934			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.63									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4222</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.09									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.20	\$116.09	\$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 Svcs)	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 Svcs)	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	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$223.94</b>	<b>\$120.10</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>\$155.13</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 Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</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>7/1/2023</b>				Qtrly BIMS score:			23.00%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.05	2.0%	Quarterly Medicaid:			1.4457	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$302,041)	\$0	\$0	\$0	(\$1,016)	(\$814)	(\$244,477)		(\$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>										\$55,514	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,352,733	\$2,520,566	\$0	\$547,901	\$460,161	(\$814)	\$946,395	\$244,477	\$578,533	\$55,514	
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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$173.92	\$81.90	\$0.00	\$17.80	\$14.93	(with L&H)	\$30.75	\$7.94	\$18.80	\$1.80	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.3302</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.57									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.57	\$0.00	\$17.80	\$14.93		\$30.75	\$7.94	\$18.80	\$1.80	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.17	\$61.57	\$0.00	\$17.80	\$14.93		\$30.75	\$7.94	9.38 (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	\$144.17	\$61.57	\$0.00	\$17.80	\$14.93	\$0.00	\$30.75	\$7.94	\$9.38	\$1.80	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4457</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.01									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.62	\$89.01	\$0.00	\$17.80	\$14.93	\$0.00	\$30.75	\$7.94	\$9.38	\$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)	\$1.53	\$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	\$0.79	\$0.79									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.57	\$1.57									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.99	\$2.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$192.61</b>	<b>\$91.90</b>	<b>\$0.00</b>	<b>\$18.02</b>	<b>\$15.34</b>	<b>\$0.00</b>	<b>\$48.22</b>	<b>\$7.94</b>	<b>\$9.38</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>\$131.63</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>7/1/2023</b>				Qtrly BIMS score:			22.54%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.25	5.0%	Quarterly Medicaid:			1.3846	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$8,584,193	\$4,776,112	\$0	\$589,769	\$866,467	\$0	\$1,672,921		\$678,924	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$746,010)	(\$104,652)	\$0	\$0	(\$4,025)	(\$3,832)	(\$555,489)		(\$78,012)		
	As Filed Cost Center Costs (GL/PL)	<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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.93									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3846</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.29									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.08	\$127.29	\$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 ([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	\$1.41	\$1.41									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.05	\$7.05									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.09	\$8.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$261.17</b>	<b>\$136.28</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>\$183.05</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 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>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>7/1/2023</b>				Qtrly BIMS score:			42.50%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.70	5.0%	Quarterly Medicaid:			1.4408	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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 Model for Medicaid Residents	per Current Qtr End		<b>1.4408</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.23									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.56	\$108.23	\$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 = 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	\$6.06	\$6.06									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.72	\$9.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$241.28</b>	<b>\$117.85</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>\$168.14</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>GORDON 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>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>7/1/2023</b>				Qtrly BIMS score:			16.87%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.17	5.0%	Quarterly Medicaid:			1.4199	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$7,183,917	\$3,596,901	\$0	\$649,006	\$692,896	\$0	\$1,255,590		\$989,524	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$243,042)	(\$3,936)	\$0	(\$963)	\$0	(\$733)	(\$196,420)		(\$40,990)		
	As Filed Cost Center Costs (GL/PL)	<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		\$99.82		\$26.82	\$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>1.4199</b>									
18	Qtrly Routine Svcs 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	\$197.44	\$109.73	\$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	\$4.94	\$4.94									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.57	\$5.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$221.01</b>	<b>\$115.20</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>\$152.93</b>										

PDPM Shadow Rates. This is not your rate.



# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>FLORENCE HAND 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>00207083A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:				N/A	0.00%	Base Period Overall:				1.3071	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:				20.45%	1.0%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q				3.93	3.0%	Quarterly Medicaid:				1.3243	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes						
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$17,694,024	\$5,143,711	\$0	\$1,295,276	\$1,251,130	\$1,375,807	\$7,155,680		\$1,472,420	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmtns	(\$178,751)	\$676	\$0	\$1,228	\$11,681	\$12,950	(\$74,860)		(\$130,426)				
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$72,005					
	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	\$17,587,278	\$5,144,387	\$0	\$1,296,504	\$1,262,811	\$1,388,757	\$7,080,820	\$72,005	\$1,341,994	\$0			
8	Total Nursing Facility Days As Filed Days = 34,165	FY21 Audited C/R Days	34,165												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,165	FY21 GL-PL Ins Rpt Days								34,165					
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$514.77	\$150.57	\$0.00	\$37.95	\$77.61	(with L&H)	\$207.25	\$2.11	\$39.28	\$0.00			
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.3071</b>											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$115.19											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$115.19	\$0.00	\$37.95	\$77.61		\$207.25	\$2.11	\$39.28	\$0.00			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$225.67	\$99.82	\$0.00	\$37.13	\$33.28		\$36.91	\$2.11	16.42 (FRV)	\$0.00			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>															
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$225.67	\$99.82	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.11	\$16.42	\$0.00			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3243</b>											
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.19											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$258.04	\$132.19	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.11	\$16.42	\$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 = 1.0% (to Routine Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$3.65	\$3.65											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.97	\$4.87	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$280.01</b>	<b>\$137.06</b>	<b>\$0.00</b>	<b>\$37.13</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$2.11</b>	<b>\$16.42</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>\$197.18</b>												

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>CHATSWORTH HEALTH 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>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>7/1/2023</b>				Qtrly BIMS score:			38.30%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.90	3.0%	Quarterly Medicaid:			1.6715	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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 Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,857,507	\$2,983,220	\$0	\$672,611	\$567,575	\$0	\$1,172,988		\$1,461,113	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmtns	(\$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 Adjstmnt to Routine Srvc	Ln 7 / Ln 8 Col a	\$190.78	\$83.13	\$0.00	\$18.72	\$15.79	(with L&H)	\$21.05	\$6.81	\$39.64	\$5.64	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.8172</b>									
11	Routine Srvc Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.75									
12	Net Per Diems after Model Adjstmnt to Routine Srvc	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 Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.6715</b>									
18	Qtrly Routine Srvc Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.47									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.17	\$76.47	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.15	\$2.15									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.58	\$2.58									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.36	\$5.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$177.53</b>	<b>\$81.73</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>\$120.32</b>										

PDPM Shadow Rates. This is not your rate.

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

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>7/1/2023</b>				Qtrly BIMS score:			28.81%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.93	6.0%	Quarterly Medicaid:			1.3024	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.94									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3024</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.60									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.81	\$97.60	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.99	\$5.99									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.62	\$7.52	\$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>\$225.43</b>	<b>\$105.12</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>\$156.25</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>PRUITTHEALTH - FORT OGLETHORPE</b> Prvdr ID: <b>00214695A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 27.38% Nurse Hrs per On-Site Day/Q 3.04	<u>Facility Score</u> 0.00% 1.0% 5.0%	<u>Add-on Percent</u> 0.00% 1.0% 5.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.1778 Quarterly Medicaid: 1.3488	<u>PDPM Facility</u> 1.1778 1.3488	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.04								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3488</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.32	\$128.19	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.24	\$1.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.20	\$6.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.07	\$7.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$251.39</b>	<b>\$136.16</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>\$175.72</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 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>00219359A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5399	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			34.88%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			4.41	3.0%	Quarterly Medicaid:			1.3048	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$7,395,308	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.72									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.74	\$68.72	\$0.00	\$26.82	\$26.53		\$13.18	\$4.96	16.25 (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	\$156.74	\$68.72	\$0.00	\$26.82	\$26.53	\$0.00	\$13.18	\$4.96	\$16.25	\$0.28	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3048</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.66									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.68	\$89.66	\$0.00	\$26.82	\$26.53	\$0.00	\$13.18	\$4.96	\$16.25	\$0.28	
<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)	\$1.31	\$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	\$2.68	\$2.68									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.22	\$3.22									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.31	\$6.43	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$201.99</b>	<b>\$96.09</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>\$16.25</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>\$138.67</b>										

PDPM Shadow Rates. This is not your rate.

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

Provider: <b>COMER 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>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>7/1/2023</b>				Qtrly BIMS score:			46.77%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.05	6.0%	Quarterly Medicaid:			1.2779	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.22									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.2779</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.18									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.07	\$110.18	\$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 ([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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.29	\$5.29									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.78	\$5.78									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.70	\$11.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$231.77</b>	<b>\$121.78</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>\$161.00</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

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>7/1/2023</b>				Qtrly BIMS score:			25.35%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.66	3.0%	Quarterly Medicaid:			1.4093	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	\$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 Adjstmtn to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.04									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4093</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.67									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.23	\$122.67	\$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 = 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 = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.89	\$3.89									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.82	\$5.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$219.05</b>	<b>\$128.39</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>\$151.46</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 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>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>7/1/2023</b>				Qtrly BIMS score:			42.11%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.03	2.0%	Quarterly Medicaid:			1.4633	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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)	<b>As Filed FY21 GL/PL Rpt</b>								\$176,195			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Adjstmnt 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		<b>1.3034</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.64									
12	Net Per Diems after Model Adjstmnt 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		\$99.82		\$26.82	\$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	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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		<b>1.4633</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.47									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.86	\$119.47	\$0.00	\$16.09	\$17.78	\$0.00	\$26.18	\$6.59	\$9.21	\$2.55	
<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	\$2.71	\$2.71									
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	\$23.51	\$5.41	\$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>\$221.37</b>	<b>\$124.88</b>	<b>\$0.00</b>	<b>\$16.31</b>	<b>\$18.19</b>	<b>\$0.00</b>	<b>\$43.65</b>	<b>\$6.59</b>	<b>\$9.21</b>	<b>\$2.55</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$153.20</b>										

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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide			
Prvdr ID: <b>00223473A</b>				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.1754		1.4210	
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			Qtrly BIMS score:		19.15%		0.0%								
							Nurse Hrs per On-Site Day/Q		3.40		5.0%		Quarterly Medicaid:			1.2564		1.4181	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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)	As Filed FY21 GL/PL Rpt								\$109,005									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$27,966							
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,229,882	\$2,150,170	\$0	\$415,243	\$493,705	(\$529)	\$648,820	\$109,005	\$385,502	\$27,966							
8	Total Nursing Facility Days As Filed Days = 21,448	FY21 Audited C/R Days	21,448																
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,448	FY21 GL-PL Ins Rpt Days								21,448									
9	Net Per Diems prior to 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		<u>1.1754</u>															
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		\$99.82		\$26.82	\$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		<u>1.2564</u>															
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.16															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.97	\$107.16	\$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 = 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	\$5.30	\$5.30															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.93	\$5.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00							
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$219.90	\$112.99	\$0.00	\$19.58	\$23.40	\$0.00	\$47.72	\$5.08	\$9.83	\$1.30							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.10																

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> Prvdr ID: <b>00228049A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				<u>Add-on Data and Percentag</u> Growth Allowance:                      N/A                      0.00% Qtrly BIMS score:                        17.57%                   0.0% Nurse Hrs per On-Site Day/Q        2.74                      2.0%			<u>Facility Model (PDPM) Data</u> Base Period Overall:                      1.4296                   1.4210  Quarterly Medicaid:                      1.3412                   1.4181				<u>PDPM</u> <u>Facility</u>	<u>PDPM</u> <u>Statewide</u>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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> 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	\$9,351,671	\$5,262,946	\$0	\$787,045	\$653,515	\$0	\$1,536,523		\$1,111,642	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$46,735)	(\$741)	\$0	(\$13,528)	\$0	\$14,269	(\$15,322)		(\$31,413)	
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$15,322		
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$31,413
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,351,671	\$5,262,205	\$0	\$773,517	\$653,515	\$14,269	\$1,521,201	\$15,322	\$1,080,229	\$31,413
8	Total Nursing Facility Days                      As Filed Days = 41,405	FY21 Audited C/R Days	41,405									
	Total Nursing Facility Days GL-PL Ins. Rpt                      As Filed Days = 41,405	FY21 GL-PL Ins Rpt Days								41,405		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$225.86	\$127.09	\$0.00	\$18.68	\$16.13	(with L&H)	\$36.74	\$0.37	\$26.09	\$0.76
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.4296</b>								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.90								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$88.90	\$0.00	\$18.68	\$16.13		\$36.74	\$0.37	\$26.09	\$0.76
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.37	\$88.90	\$0.00	\$18.68	\$16.13		\$36.74	\$0.37	8.79 (FRV)	\$0.76
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.37	\$88.90	\$0.00	\$18.68	\$16.13	\$0.00	\$36.74	\$0.37	\$8.79	\$0.76
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		<b>1.3412</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.70	\$119.23	\$0.00	\$18.68	\$16.13	\$0.00	\$36.74	\$0.37	\$8.79	\$0.76
<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)	\$1.29	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.13		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.18	\$2.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.57	\$2.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.23	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$221.27</b>	<b>\$121.94</b>	<b>\$0.00</b>	<b>\$18.90</b>	<b>\$16.54</b>	<b>\$0.00</b>	<b>\$53.97</b>	<b>\$0.37</b>	<b>\$8.79</b>	<b>\$0.76</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$153.13</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 - MARIETTA</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>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>7/1/2023</b>				Qtrly BIMS score:			22.00%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.60	3.0%	Quarterly Medicaid:			1.3706	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$8,993,093	\$5,168,960	\$0	\$831,523	\$672,384	\$0	\$2,011,856		\$308,370	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$92,866)	\$0	\$0	\$0	\$0	\$0	(\$28,579)		(\$64,287)		
	As Filed Cost Center Costs (GL/PL)	<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	31,838										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,838								31,838			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$119.78									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.18	\$99.82	\$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	\$198.18	\$99.82	\$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>1.3706</b>									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.81									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.17	\$136.81	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.82	\$1.82									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$25.01	\$7.28	\$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>\$260.18</b>	<b>\$144.09</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>\$182.31</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>PRUITTHEALTH - SAVANNAH</b>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide		
Prvdr ID: <b>00238323A</b>				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.5637	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			46.43%		5.5%								
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.97		5.0%		Quarterly Medicaid:			1.4113	1.4181		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.08													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4113</b>													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.43													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.05	\$114.43	\$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 ([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 Svcs)	Ln 19 Col b x CPS Add-on	\$5.80	\$5.80													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.27	\$5.27													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.70	\$11.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00					
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$265.75</b>	<b>\$126.03</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>\$186.49</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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide	
Prvdr ID: <b>00238741A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.4775		1.4210	
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			20.90%		1.0%								
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.85		2.0%		Quarterly Medicaid:			1.3633		1.4181	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$8,317,337	\$2,825,297	\$0	\$393,421	\$640,713	\$0	\$913,867		\$3,544,039	\$0					
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmtns	(\$256,644)	\$0	\$0	\$0	\$0	\$0	(\$192,605)		(\$64,039)						
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$192,605							
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$64,039					
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,317,337	\$2,825,297	\$0	\$393,421	\$640,713	\$0	\$721,262	\$192,605	\$3,480,000	\$64,039					
8	Total Nursing Facility Days As Filed Days = 26,733	FY21 Audited C/R Days	26,733														
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,733	FY21 GL-PL Ins Rpt Days								26,733							
9	Net Per Diems prior to Model Adjstmtn to Routine Svcs	Ln 7 / Ln 8 Col a	\$311.14	\$105.69	\$0.00	\$14.72	\$23.97	(with L&H)	\$26.98	\$7.20	\$130.18	\$2.40					
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.4775</b>													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.54													
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.54	\$0.00	\$14.72	\$23.97		\$26.98	\$7.20	\$130.18	\$2.40					
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.81	\$71.54	\$0.00	\$14.72	\$23.97		\$26.98	\$7.20	8.00 (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	\$154.81	\$71.54	\$0.00	\$14.72	\$23.97	\$0.00	\$26.98	\$7.20	\$8.00	\$2.40					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3633</b>													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.53													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.80	\$97.53	\$0.00	\$14.72	\$23.97	\$0.00	\$26.98	\$7.20	\$8.00	\$2.40					
<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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.45	\$2.45													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.30	\$4.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00					
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$203.10</b>	<b>\$101.73</b>	<b>\$0.00</b>	<b>\$14.94</b>	<b>\$24.38</b>	<b>\$0.00</b>	<b>\$44.45</b>	<b>\$7.20</b>	<b>\$8.00</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>\$139.50</b>														

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>7/1/2023</b>				Qtrly BIMS score:			36.21%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.21	2.0%	Quarterly Medicaid:			1.4526	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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 Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,304,784	\$3,694,551	\$0	\$590,810	\$518,891	\$0	\$1,641,856		\$1,858,676	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit 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 As Filed Days = 28,524	FY21 Audited C/R Days	28,524										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,524	FY21 GL-PL Ins Rpt Days								28,524			
9	Net Per Diems prior to Model Adjstmnt to Routine Srvc	Ln 7 / Ln 8 Col a	\$281.74	\$124.46	\$0.00	\$20.50	\$18.23	(with L&H)	\$45.24	\$7.77	\$63.38	\$2.16	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.4944</b>									
11	Routine Srvc Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.28									
12	Net Per Diems after Model Adjstmnt to Routine Srvc	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 Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4526</b>									
18	Qtrly Routine Srvc Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.97									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.24	\$120.97	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$3.49	\$3.49									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.79	\$2.79									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.54	\$6.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$241.78</b>	<b>\$127.78</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>\$168.51</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>PRUITTHEALTH - AUGUSTA HILLS</b>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide			
Prvdr ID: <b>00245055A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.4779		1.4210	
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			Qtrly BIMS score:		23.94%		1.0%								
							Nurse Hrs per On-Site Day/Q		3.34		5.0%		Quarterly Medicaid:			1.4441		1.4181	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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	28,019																
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,019								28,019									
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$221.20	\$107.90	\$0.00	\$19.96	\$27.74	(with L&H)	\$32.10	\$19.53	\$12.27	\$1.70							
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.4779</b>															
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.01															
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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 = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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 <u>Model</u> for Medicaid Residents	per Current Qtr End		<b>1.4441</b>															
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.43															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.96	\$105.43	\$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 ([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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.15	\$5.15															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.81	\$6.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00							
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$239.77</b>	<b>\$112.14</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>\$167.00</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 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>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>7/1/2023</b>				Qtrly BIMS score:			14.75%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.21	5.0%	Quarterly Medicaid:			1.4215	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,613,079	\$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 Adjstmtns	(\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,707								26,707			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.31									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4215</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.05									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.62	\$107.05	\$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 ([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 = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.49	\$5.49									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.34	\$6.02	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$264.96</b>	<b>\$113.07</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>\$185.90</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 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>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>7/1/2023</b>				Qtrly BIMS score:			30.21%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.14	4.0%	Quarterly Medicaid:			1.4701	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmtn to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.81									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4701</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.50									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.33	\$133.50	\$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 ([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	\$3.33	\$3.33									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.32	\$5.32									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.28	\$9.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$263.61</b>	<b>\$142.68</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>\$184.88</b>										

PDPM Shadow Rates. This is not your rate.

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

Provider: <b>PRUITTHEALTH - LAFAYETTE</b>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide	
Prvdr ID: <b>00254394A</b> <b>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>7/1/2023</b>				Qtrly BIMS score:			26.47%		1.0%								
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.72		4.0%		Quarterly Medicaid:			1.3579		1.4181	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$472,545)	(\$72,883)	\$0	\$0	(\$3,224)	(\$4,281)	(\$367,170)		(\$24,987)						
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$434,816							
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,180					
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,292,979	\$2,647,134	\$0	\$415,037	\$635,874	(\$4,281)	\$801,144	\$434,816	\$337,075	\$26,180					
8	Total Nursing Facility Days 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 Adjstmnt to Routine Svcs	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><u>1.4121</u></b>													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.33													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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 = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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 <u>Model</u> for Medicaid Residents	per Current Qtr End		<b><u>1.3579</u></b>													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.86													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.79	\$96.86	\$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 = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11													
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.43	\$4.43													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.17	\$6.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00					
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$217.96</b>	<b>\$102.93</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>\$150.65</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>7/1/2023</b>				Qtrly BIMS score:			20.25%	1.0%	Quarterly Medicaid:			1.7419	1.4181
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.48	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	\$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 Adjstmts	(\$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 Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.92									
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.7419</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.70									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$253.22	\$142.70	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.33	\$1.33									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.66	\$6.66									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.62	\$8.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$279.84</b>	<b>\$151.22</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>\$197.06</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> Prvdr ID: <b>00258915A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 23.64% Nurse Hrs per On-Site Day/Q: 2.89	<u>Facility Score</u> 0.00% 1.0% 4.0%	<u>Add-on Percent</u> 0.00% 1.0% 4.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3983 Quarterly Medicaid: 1.6358	<u>PDPM Facility</u> 1.3983 1.6358	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmts	(\$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	FY21 Audited C/R Days	27,042									
	Total Nursing Facility Days GL-PL Ins. Rpt	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		\$99.82		\$26.82	\$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>1.6358</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.18	\$90.08	\$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	\$0.83	\$0.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.30	\$3.30								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.39	\$4.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$195.57</b>	<b>\$94.74</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>\$133.85</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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide		
Prvdr ID: <b>00265196A</b>				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.3659	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:		23.40%		1.0%									
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q		3.24		5.0%		Quarterly Medicaid:			1.3874			1.4181	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,912,617	\$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 Adjstmtns	(\$319,351)	(\$108,314)	\$0	\$0	\$0	\$185	(\$177,137)		(\$34,085)						
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$284,431							
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$29,824					
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,907,521	\$2,527,532	\$0	\$346,846	\$546,352	\$185	\$794,699	\$284,431	\$377,652	\$29,824					
8	Total Nursing Facility Days As Filed Days = 22,406	FY21 Audited C/R Days	22,406														
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,406	FY21 GL-PL Ins Rpt Days								22,406							
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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		1.3659													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.59													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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		1.3874													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.59													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.58	\$114.59	\$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 ([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	\$1.14	\$1.14													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.69	\$5.69													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.46	\$7.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00					
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$240.04	\$121.95	\$0.00	\$15.70	\$24.80	\$0.00	\$52.94	\$12.69	\$10.63	\$1.33					
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.21														

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>LAGRANGE 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>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>7/1/2023</b>				Qtrly BIMS score:			23.88%		1.0%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.81		3.0%		Quarterly Medicaid:			1.3903	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,234,242	\$2,961,580	\$0	\$515,109	\$598,628	\$0	\$938,777		\$1,220,148	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$117,853)	(\$3,163)	\$0	\$0	\$0	\$0	(\$69,414)		(\$45,276)				
	As Filed Cost Center Costs (GL/PL)	<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	26,582												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,582													
9	Net Per Diems prior to Model Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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>1.3903</b>											
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.88											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.78	\$96.88	\$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 ([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	\$1.01	\$1.01											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.66	\$4.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$206.44</b>	<b>\$101.44</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>\$142.01</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 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>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>7/1/2023</b>				Qtrly BIMS score:			26.42%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.89	2.0%	Quarterly Medicaid:			1.3117	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,495,483	\$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 Adjstmtns	(\$92,822)	\$0	\$0	\$0	\$0	\$0	(\$68,341)		(\$24,481)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$55,559			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Adjstmnt to Routine Svcs	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		<b>1.2619</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.92									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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		<b>1.3117</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.52									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.54	\$103.52	\$0.00	\$16.14	\$19.07	\$0.00	\$27.06	\$2.63	\$9.96	\$1.16	
<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)	\$1.53	\$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	\$0.92	\$0.92									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.84	\$1.84									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.39	\$3.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$200.93</b>	<b>\$106.81</b>	<b>\$0.00</b>	<b>\$16.36</b>	<b>\$19.48</b>	<b>\$0.00</b>	<b>\$44.53</b>	<b>\$2.63</b>	<b>\$9.96</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>\$137.87</b>										

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>7/1/2023</b>				Qtrly BIMS score:			28.24%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.85	3.0%	Quarterly Medicaid:			1.4276	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmts	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.03									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4276</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.56									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.78	\$88.56	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.82	\$2.82									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.39	\$4.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$189.17</b>	<b>\$92.85</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>\$129.05</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 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>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>7/1/2023</b>				Qtrly BIMS score:			29.07%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.20	2.0%	Quarterly Medicaid:			1.5020	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.48									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$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>1.5020</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.39									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.80	\$128.39	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.43	\$2.43									
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$4.80	\$4.17	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$238.60</b>	<b>\$132.56</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>\$178.95</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 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>00274128A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.6900	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			32.65%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.51	3.0%	Quarterly Medicaid:			1.4594	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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 Adjstmnt 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 Adjstmnt 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		\$99.82		\$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	\$209.59	\$99.82	\$0.00	\$28.93	\$28.84		\$36.91	\$3.63	10.81 (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	\$209.59	\$99.82	\$0.00	\$28.93	\$28.84	\$0.00	\$36.91	\$3.63	\$10.81	\$0.65	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4594</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$145.68									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.45	\$145.68	\$0.00	\$28.93	\$28.84	\$0.00	\$36.91	\$3.63	\$10.81	\$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	\$4.17	\$4.17									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.00	\$5.00									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.43	\$9.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$282.88</b>	<b>\$155.38</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>\$10.81</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>\$199.34</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 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>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>7/1/2023</b>				Qtrly BIMS score:			33.33%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.25	3.0%	Quarterly Medicaid:			1.4294	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$2,863,334	\$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 Adjstmtns	(\$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 Adjstmrnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.90									
12	Net Per Diems after Model Adjstmrnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4294</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.78									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.60	\$102.78	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.78	\$2.78									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.36	\$5.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$218.96</b>	<b>\$108.41</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>\$151.40</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 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>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>7/1/2023</b>				Qtrly BIMS score:			20.78%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.48	3.0%	Quarterly Medicaid:			1.4886	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$7,583,660	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.69									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4886</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.58									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.84	\$124.58	\$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 ([Stdnd - 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 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	\$3.26	\$3.26									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.92	\$4.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.41	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$254.76</b>	<b>\$129.46</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>\$178.25</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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide	
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>7/1/2023</b>				Qtrly BIMS score:			30.43%		2.5%								
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.75		4.0%		Quarterly Medicaid:			1.3243		1.4181	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$8,635,829	\$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 Adjstmtns	(\$303,798)	(\$23,391)	\$0	\$0	(\$3,161)	(\$3,426)	(\$209,600)		(\$64,220)						
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$209,600							
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Adjstmnt to Routine Svcs	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		<b>1.2763</b>													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.11													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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					
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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		<b>1.3243</b>													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.34													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.88	\$119.34	\$0.00	\$20.59	\$20.29	\$0.00	\$31.76	\$4.90	\$12.51	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.33	\$4.33													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.66	\$7.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00					
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$236.54</b>	<b>\$126.90</b>	<b>\$0.00</b>	<b>\$20.81</b>	<b>\$20.70</b>	<b>\$0.00</b>	<b>\$49.23</b>	<b>\$4.90</b>	<b>\$12.51</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>\$164.58</b>														

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>				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			45.45%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			5.02	3.0%	Quarterly Medicaid:			1.4609	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$9,691,375	\$5,269,868	\$0	\$781,677	\$1,020,274	\$0	\$1,975,109		\$644,447	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$164,404)	\$0	\$0	\$0	\$0	\$0	(\$144,638)		(\$19,766)		
	As Filed Cost Center Costs (GL/PL)	<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 Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$132.24									
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$224.67	\$99.82	\$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	\$224.67	\$99.82	\$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>1.4609</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$145.83									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$270.67	\$145.83	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$10.07	\$10.07									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.49	\$5.49									
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	\$15.56	\$15.56	\$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>\$286.23</b>	<b>\$161.39</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>\$214.67</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 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>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>7/1/2023</b>				Qtrly BIMS score:			27.27%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.62	5.0%	Quarterly Medicaid:			1.1398	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,793,869	\$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	21,403										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,403								21,403			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$104.63									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.85	\$99.82	\$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	\$193.85	\$99.82	\$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>1.1398</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.77									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.80	\$113.77	\$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)	\$1.53	\$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	\$1.15	\$1.15									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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>\$233.31</b>	<b>\$121.18</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>\$162.16</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 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>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>7/1/2023</b>				Qtrly BIMS score:			66.67%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.62	5.0%	Quarterly Medicaid:			1.3714	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,298,657	\$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 Adjstmtns	(\$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 Adjstmtn to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.27									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3714</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.28									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.26	\$81.28	\$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 ([Std - 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 Svcs)	Ln 19 Col b x CPS Add-on	\$6.69	\$6.69									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.08	\$6.08									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.78	\$13.30	\$0.00	\$0.22	\$0.00	\$0.00	\$17.26	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$223.04</b>	<b>\$94.58</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>\$154.46</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>7/1/2023</b>				Qtrly BIMS score:			34.04%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.05	2.0%	Quarterly Medicaid:			1.2596	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,095,731	\$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 Adjstmts	(\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 14,406								14,406			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.16									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.2596</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.15									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.85	\$92.15	\$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 ([Stdnd - 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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.83	\$2.83									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.26	\$2.26									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.71	\$5.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.46	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$211.56</b>	<b>\$97.77</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>\$145.85</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>7/1/2023</b>				Qtrly BIMS score:			27.42%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.21	5.0%	Quarterly Medicaid:			1.4815	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,323,178	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$103.41									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$220.47	\$99.82	\$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	\$220.47	\$99.82	\$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>1.4815</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147.88									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$268.53	\$147.88	\$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 Svcs)	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 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	\$24.90	\$7.80	\$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>\$293.43</b>	<b>\$155.68</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>\$207.25</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 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>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>7/1/2023</b>				Qtrly BIMS score:			13.89%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.59	3.0%	Quarterly Medicaid:			1.3497	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmtn to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.76									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3497</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.10									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.45	\$117.10	\$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 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	\$3.56	\$3.56									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.19	\$4.09	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$255.64</b>	<b>\$121.19</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>\$178.91</b>										

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Rate Calculations

Demonstration Only

Provider: <b>CONDOR HEALTH LAFAYETTE</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Facility Model (PDPM) Data			Facility Specific	State-wide
Prvdr ID: <b>00399737A</b>		PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:	N/A	0.00%	Base Period Overall:		1.4559	1.4210
H/B ?: No		Case Mix Per Diem Rate Effective Date: <b>07/01/23</b>		BIMS		16.7%	0.0%					
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>		Nurse Hours per On-Site Day/Quality Incentive:		2.92	2.0%	Qtrly Mcaid:		1.3946	1.4181	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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
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	1	2	1	1	1			
				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
				90.0%	90.0%	90.0%	85.0%		50.0%			
				100.0%	100.0%	100.0%	100.0%		105.0%			
				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Net Historical Cost 2020		FY2020 C/R -FY 2020 GL-PL Rpt		4,144,882		775,807	689,410	0	989,960	84,482	1,036,469	77,554
Inflation (July 2021) @ 4.30%				178,230		33,360	29,645		42,568			3,335
Patient Days		FY 2020 Cost Rpt		41,961		41,961	41,961		41,961		41,961	41,961
Inflated NHC/ Patient Days		FY 20 GL-PL Ins Rpt Days		103.03		19.28	17.14		24.61	2.01	24.70	1.93
Base Period Facility CMI for all Residents				1.4559								
Routine Services Case Mix Adjusted Net Per Diem				\$70.77								
Net Per Diems After Case Mix Adjustments			\$160.43	\$70.77		\$19.28	\$17.14		\$24.61	\$2.01	\$24.70	1.93
Per Diem Standards				\$104.16		\$26.82	\$33.28		\$36.91			
Base Period Case Mix Adjusted Allowed Per Diem			\$151.39	\$70.77		\$19.28	\$17.14		\$24.61	\$2.01	15.66	1.93
(FRV Rate)												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%			\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
CMA Allowed Per Diem After Growth Allowance			\$151.40	\$70.77		\$19.28	\$17.14		\$24.61	\$2.01	\$15.66	\$1.93
Quarterly Facility Case Mix Index for Medicaid Residents				1.3946								
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$98.69								
Quarterly Medicaid CMA Allowed Per Diem			\$179.33	\$98.69		\$19.28	\$17.14		\$24.61	\$2.01	\$15.66	\$1.93
Quarterly Per Diem Add-On Amounts												
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 = 0.0% (to Routine Srvs)			\$0.00	0.00								
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%			\$1.97	1.97								
Nursing Home Provider Fee			\$ 17.10						\$ 17.10			
Total Quarterly Per Diem Add-On Amounts			\$20.60									
Quarterly Case Mix Based Per Diem Rate			\$199.93	\$101.19		\$19.50	\$17.55		\$42.08	\$2.01	\$15.66	\$1.93
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%			\$137.12									

PDPM Shadow Rates. This is not your rate.



# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: LAKE CROSSING HEALTH CENTER				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00403939A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.3338	1.4210
PDPM Per Diem Rate Effective Date: 7/1/2023				Qtrly BIMS score:			55.56%		5.5%						
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23				Nurse Hrs per On-Site Day/Q			2.60		3.0%		Quarterly Medicaid:			1.3180	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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  Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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	\$5,976,194	\$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 Adjstmts	(\$265,489)	\$0	\$0	\$0	\$0	(\$5,125)	(\$215,627)		(\$44,737)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$229,705					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$44,737			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,985,147	\$2,374,505	\$0	\$445,367	\$663,825	(\$5,125)	\$748,020	\$229,705	\$1,484,113	\$44,737			
8	Total Nursing Facility Days As Filed Days = 27,902	FY21 Audited C/R Days	27,902												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,902	FY21 GL-PL Ins Rpt Days								27,902					
9	Net Per Diems prior to 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		1.3338											
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		\$99.82		\$26.82	\$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			
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	\$151.49	\$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		1.3180											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.09											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.78	\$84.09	\$0.00	\$15.96	\$23.61	\$0.00	\$26.81	\$8.23	\$11.48	\$1.60			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.45	\$5.45											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.97	\$2.97											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.05	\$8.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$198.83	\$93.04	\$0.00	\$16.18	\$24.02	\$0.00	\$44.28	\$8.23	\$11.48	\$1.60			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.30												

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>7/1/2023</b>				Qtrly BIMS score:			48.94%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.31	6.0%	Quarterly Medicaid:			1.3055	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$7,355,073	\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,134											
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.07									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3055</b>									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.67									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.32	\$113.67	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$6.52	\$6.52									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.12	\$7.12									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.90	\$14.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$248.22</b>	<b>\$127.84</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>\$173.34</b>										

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>FOUR 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>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>7/1/2023</b>				Qtrly BIMS score:			44.44%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.36		6.0%		Quarterly Medicaid:			1.2665	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,784,811	\$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 Adjstmtns	(\$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 Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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>1.2665</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.58											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.34	\$112.58	\$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 ([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	\$2.77	\$2.77											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.64	\$6.64											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.04	\$9.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$236.38</b>	<b>\$122.52</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>\$164.46</b>												

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>SOUTHLAND HEALTH AND REHABILITATION</b> Prvdr ID: <b>00409054A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 20.55% Nurse Hrs per On-Site Day/Q 3.58	<u>Facility Score</u> 0.00% 1.0% 6.0%	<u>Add-on Percent</u> 0.00% 1.0% 6.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3843 Quarterly Medicaid: 1.3330	<u>PDPM Facility</u> 1.3843 1.3330	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$9,886,085	\$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 Adjstmts	(\$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 Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.25								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3330</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.77	\$117.64	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.56	\$6.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.91	\$8.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$252.68</b>	<b>\$125.82</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>\$176.69</b>									

PDPM Shadow Rates. This is not your rate.



# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>PRUITTHEALTH - TOOMSBORO</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>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>7/1/2023</b>				Qtrly BIMS score:			33.33%		2.5%								
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.90		5.0%		Quarterly Medicaid:			1.4323		1.4181	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.42													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4323</b>													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.00													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.59	\$98.00	\$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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$5.00	\$5.00													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.13	\$8.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00					
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$226.72</b>	<b>\$106.03</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>\$157.22</b>														

PDPM Shadow Rates. This is not your rate.

# 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>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 37.04% Nurse Hrs per On-Site Day/Q 3.50	<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: 1.3530	<u>PDPM Facility</u> 1.3368 1.3530	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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		\$99.82		\$26.82	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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>1.3530</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.83	\$123.24	\$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 =	Ln 19 Col b x CPS Add-on	\$2.45	\$2.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$4.89	\$4.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.60	\$7.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$253.43</b>	<b>\$131.11</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>\$177.25</b>									

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>LEGACY HEALTH AND REHABILITATION</b> Prvdr ID: <b>00415522A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 27.78% Nurse Hrs per On-Site Day/Q 3.71	<u>Facility Score</u> 0.00% 1.0% 6.0%	<u>Add-on Percent</u> 0.00% 1.0% 6.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.1970 Quarterly Medicaid: 1.3244	<u>PDPM Facility</u> 1.1970 1.3244	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$3,269,481	\$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 Adjstmts	\$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	FY21 Audited C/R Days	12,528									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								12,528		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$124.01								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$233.72	\$99.82	\$0.00	\$24.58	\$30.61		\$36.91	\$4.15	36.97 (FRV)	\$0.68
<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	\$233.72	\$99.82	\$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>1.3244</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$266.11	\$132.21	\$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 =	Ln 19 Col b x CPS Add-on	\$1.48	\$1.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$8.85	\$8.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.06	\$10.33	\$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>\$294.17</b>	<b>\$142.54</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>\$207.80</b>									

PDPM Shadow Rates. This is not your rate.

# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>FOUNTAINVIEW CTR FOR ALZHEIMER</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>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>7/1/2023</b>				Qtrly BIMS score:			78.85%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.33	3.0%	Quarterly Medicaid:			1.3588	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$8,537,401	\$4,542,297	\$0	\$850,028	\$990,796	\$0	\$1,401,964		\$752,316	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$503,560)	(\$38,081)	\$0	\$0	(\$1,864)	(\$1,679)	(\$159,028)		(\$302,908)		
	As Filed Cost Center Costs (GL/PL)	<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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.82									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3588</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.33									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.94	\$119.33	\$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 ([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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.56	\$6.56									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.58	\$3.58									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.77	\$10.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$266.71</b>	<b>\$130.00</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>\$187.21</b>										

PDPM Shadow Rates. This is not your rate.



# PDPM Shadow Rates. No impact on current period.

## For informational use only.

Provider: <b>SANDY SPRINGS HEALTH AND REHABILITATION</b> Prvdr ID: <b>00426214A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 38.32% Nurse Hrs per On-Site Day/Q 3.27	<u>Facility Score</u> 0.00% 2.5% 3.0%	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3803 Quarterly Medicaid: 1.3353	<u>PDPM Facility</u> 1.3803 1.3353	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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	38,333									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,333										
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.18								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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 = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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 <u>Model</u> for Medicaid Residents	per Current Qtr End		<b>1.3353</b>								
18	Qtrly Routine Svcs 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	\$218.06	\$116.41	\$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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.26	\$3.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.92	\$3.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.44	\$7.71	\$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>\$243.50</b>	<b>\$124.12</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>\$169.80</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>				<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>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>7/1/2023</b>				Qtrly BIMS score:			42.37%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.14	6.0%	Quarterly Medicaid:			1.3959	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,566,496	\$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 Adjstmtns	(\$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	FY21 Audited C/R Days	21,384										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,384	FY21 GL-PL Ins Rpt Days								21,384			
9	Net Per Diems prior to 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		\$99.82		\$26.82	\$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>1.3959</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.61									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.85	\$115.61	\$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	\$2.66	\$2.66									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.39	\$6.39									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.68	\$9.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$239.53</b>	<b>\$125.19</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>\$166.82</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> Prvdr ID: <b>00448456A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 52.63% Nurse Hrs per On-Site Day/Q 3.52	<u>Facility Score</u> 0.00% 5.5% 3.0%	<u>Add-on Percent</u> 0.00% 5.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2836 Quarterly Medicaid: 1.3491	<u>PDPM Facility</u> 1.2836 1.3491	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$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	\$3,907,188	\$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	FY21 Audited C/R Days	20,236									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								20,236		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.84								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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>1.3491</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.39	\$109.06	\$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 ([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 =	Ln 19 Col b x CPS Add-on	\$6.00	\$6.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.27	\$3.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.90	\$9.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$221.29</b>	<b>\$118.86</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>\$153.14</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>				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			41.18%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			4.04	5.0%	Quarterly Medicaid:			1.4034	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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	FY21 Audited C/R Days	32,781										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								32,781			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$116.67									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$218.76	\$99.82	\$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	\$218.76	\$99.82	\$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>1.4034</b>									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.09									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$259.03	\$140.09	\$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)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.05	\$4.05									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$8.09	\$8.09									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.77	\$12.67	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$288.80</b>	<b>\$152.76</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>\$203.78</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 Percentage			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: 7/1/2023				Qtrly BIMS score:			36.46%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23				Nurse Hrs per On-Site Day/Q			3.34	3.0%	Quarterly Medicaid:			1.5326	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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  Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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	\$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 Adjstmtns	(\$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	FY21 Audited C/R Days	41,130										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,130	FY21 GL-PL Ins Rpt Days								41,130			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.70									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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		1.5326									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.22									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.28	\$102.22	\$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 Svcs)	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 Svcs)	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	\$218.60	\$108.44	\$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	\$151.13										

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>7/1/2023</b>				Qtrly BIMS score:			29.17%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.79	3.0%	Quarterly Medicaid:			1.4193	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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)	As Filed FY21 GL/PL Rpt								\$356,864			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$50,532	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,686,544	\$3,395,041	\$0	\$558,715	\$532,904	\$8,309	\$1,253,328	\$356,864	\$530,851	\$50,532	
8	Total Nursing Facility Days As Filed Days = 29,721	FY21 Audited C/R Days	29,721										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,721	FY21 GL-PL Ins Rpt Days								29,721			
9	Net Per Diems prior to 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		<u>1.4568</u>									
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		\$99.82		\$26.82	\$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		<u>1.4193</u>									
18	Qtrly Routine Svcs 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	\$212.13	\$111.28	\$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	\$1.30	\$1.30									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.90	\$3.90									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.46	\$5.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$235.59	\$117.01	\$0.00	\$19.02	\$18.62	\$0.00	\$54.01	\$12.01	\$13.22	\$1.70	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.87										

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>7/1/2023</b>				Qtrly BIMS score:			14.43%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.37	4.0%	Quarterly Medicaid:			1.3949	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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 Adjstmnts	(\$97,735)	(\$39,860)	\$0	(\$1,500)	(\$3,384)	(\$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	\$7,504,072	\$4,094,084	\$0	\$602,527	\$544,205	(\$1,345)	\$1,496,010	\$0	\$682,632	\$85,959	
8	Total Nursing Facility Days	FY21 Audited C/R Days	40,676										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								40,676			
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$184.48	\$100.65	\$0.00	\$14.81	\$13.35	(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 Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.03	\$0.00	\$14.81	\$13.35		\$36.78	\$0.00	\$16.78	\$2.11	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.45	\$77.03	\$0.00	\$14.81	\$13.35		\$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	\$157.45	\$77.03	\$0.00	\$14.81	\$13.35	\$0.00	\$36.78	\$0.00	\$13.37	\$2.11	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3949</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.45									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.87	\$107.45	\$0.00	\$14.81	\$13.35	\$0.00	\$36.78	\$0.00	\$13.37	\$2.11	
<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)	\$1.26	\$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 = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.94	\$3.94									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.30	\$4.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.20	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$210.17</b>	<b>\$111.92</b>	<b>\$0.00</b>	<b>\$15.03</b>	<b>\$13.76</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>\$144.80</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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide		
Prvdr ID: <b>00534619A</b>				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.3685	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			52.38%		5.5%								
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.65		3.0%		Quarterly Medicaid:			1.2876	1.4181		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$5,610,316	\$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 Adjstmtns	(\$226,151)	\$0	\$0	\$0	(\$6,831)	(\$6,370)	(\$153,798)		(\$59,152)						
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$153,798							
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$57,429					
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,595,392	\$2,253,227	\$0	\$551,955	\$446,381	(\$6,370)	\$830,764	\$153,798	\$1,308,208	\$57,429					
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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$235.60	\$94.87	\$0.00	\$23.24	\$18.53	(with L&H)	\$34.98	\$6.48	\$55.08	\$2.42					
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.3685</b>													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.32													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.32	\$0.00	\$23.24	\$18.53		\$34.98	\$6.48	\$55.08	\$2.42					
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.16	\$69.32	\$0.00	\$23.24	\$18.53		\$34.98	\$6.48	14.19 (FRV)	\$2.42					
<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	\$169.16	\$69.32	\$0.00	\$23.24	\$18.53	\$0.00	\$34.98	\$6.48	\$14.19	\$2.42					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2876</b>													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.26													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.09	\$89.26	\$0.00	\$23.24	\$18.53	\$0.00	\$34.98	\$6.48	\$14.19	\$2.42					
<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)	\$1.53	\$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	\$5.22	\$5.22													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.85	\$2.85													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.70	\$8.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00					
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$215.79</b>	<b>\$97.86</b>	<b>\$0.00</b>	<b>\$23.46</b>	<b>\$18.94</b>	<b>\$0.00</b>	<b>\$52.45</b>	<b>\$6.48</b>	<b>\$14.19</b>	<b>\$2.42</b>					
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$149.02</b>														

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 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>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>7/1/2023</b>				Qtrly BIMS score:			67.19%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.77	3.0%	Quarterly Medicaid:			1.5535	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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>1.5535</b>									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.20									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.38	\$116.20	\$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 ([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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.09	\$6.09									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.32	\$3.32									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.04	\$9.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$229.42</b>	<b>\$126.14</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>\$159.24</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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide		
Prvdr ID: <b>00624951A</b>				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.3422	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			40.00%		2.5%								
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			4.28		5.0%		Quarterly Medicaid:			1.2375	1.4181		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,602,458	\$2,234,114	\$0	\$463,962	\$601,201	\$0	\$603,402		\$699,779	\$0					
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmtns	(\$129,299)	(\$11,800)	\$0	\$0	\$0	\$0	(\$59,930)		(\$57,569)						
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$59,930							
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$57,569					
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,590,658	\$2,222,314	\$0	\$463,962	\$601,201	\$0	\$543,472	\$59,930	\$642,210	\$57,569					
8	Total Nursing Facility Days	As Filed Days = 17,327															
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,327															
9	Net Per Diems prior to Model Adjstmtn to Routine Svcs	Ln 7 / Ln 8 Col a	\$264.95	\$128.26	\$0.00	\$26.78	\$34.70	(with L&H)	\$31.37	\$3.46	\$37.06	\$3.32					
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.3422</b>													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.56													
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$95.56	\$0.00	\$26.78	\$34.70		\$31.37	\$3.46	\$37.06	\$3.32					
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.34	\$95.56	\$0.00	\$26.78	\$33.28		\$31.37	\$3.46	35.57 (FRV)	\$3.32					
<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	\$229.34	\$95.56	\$0.00	\$26.78	\$33.28	\$0.00	\$31.37	\$3.46	\$35.57	\$3.32					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2375</b>													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.26													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$252.03	\$118.26	\$0.00	\$26.78	\$33.28	\$0.00	\$31.37	\$3.46	\$35.57	\$3.32					
<b>Quarterly Per Diem Add-on Amounts</b>																	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.93	\$0.53	\$0.00	\$0.03	\$0.00	\$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	\$3.11	\$3.11													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.23	\$6.23													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.37	\$9.87	\$0.00	\$0.03	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00					
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$279.40</b>	<b>\$128.13</b>	<b>\$0.00</b>	<b>\$26.81</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$48.84</b>	<b>\$3.46</b>	<b>\$35.57</b>	<b>\$3.32</b>					
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$196.73</b>														

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 Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</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>7/1/2023</b>				Qtrly BIMS score:			36.96%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.42	2.0%	Quarterly Medicaid:			1.5241	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$7,504,269	\$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 Adjstmtns	\$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 Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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>1.5241</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.65									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.65	\$138.65	\$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	\$3.55	\$3.55									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (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	\$24.65	\$6.92	\$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>\$253.30</b>	<b>\$145.57</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>\$177.15</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> Prvdr ID: <b>00712665A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 20.45% Nurse Hrs per On-Site Day/Q: 3.43	<u>Facility Score</u> 0.00% 1.0% 6.0%	<u>Add-on Percent</u> 0.00% 1.0% 6.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4029 Quarterly Medicaid: 1.2455	<u>PDPM Facility</u> 1.4029 1.2455	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,039,382	\$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	FY21 Audited C/R Days	17,605									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								17,605		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.47								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.2455</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.77	\$100.22	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.78	\$0.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.68	\$4.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.09	\$5.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$231.86</b>	<b>\$106.21</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>\$161.07</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 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>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>7/1/2023</b>				Qtrly BIMS score:			58.90%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.75	5.0%	Quarterly Medicaid:			1.7089	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,152,128	\$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)	<b>As Filed FY21 GL/PL Rpt</b>								\$171,709			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Svcs	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		<b>1.6879</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.42									
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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		<b>1.7089</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.01									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.93	\$134.01	\$0.00	\$24.50	\$26.36	\$0.00	\$31.70	\$6.67	\$13.10	\$4.59	
<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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.12	\$7.12									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.47	\$6.47									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$32.22	\$14.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$273.15</b>	<b>\$148.13</b>	<b>\$0.00</b>	<b>\$24.72</b>	<b>\$26.77</b>	<b>\$0.00</b>	<b>\$49.17</b>	<b>\$6.67</b>	<b>\$13.10</b>	<b>\$4.59</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$192.04</b>										

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>7/1/2023</b>				Qtrly BIMS score:			15.63%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.96	1.0%	Quarterly Medicaid:			1.3955	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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><u>1.3672</u></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		\$99.82		\$26.82	\$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 = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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 <u>Model</u> for Medicaid Residents	per Current Qtr End		<b><u>1.3955</u></b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.09									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.77	\$108.09	\$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 = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.10	\$1.10									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.73	\$1.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$235.50</b>	<b>\$109.72</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>\$163.80</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>7/1/2023</b>				Qtrly BIMS score:			15.32%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.90	3.0%	Quarterly Medicaid:			1.5919	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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 Adjstmts	(\$291,056)	(\$790,043)	\$0	(\$1,038)	(\$5,169)	\$2,455	\$662,784		(\$160,045)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$56,086			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Adjstmt 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		<b>1.5474</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.00									
12	Net Per Diems after Model Adjstmt 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		\$99.82		\$26.82	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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 Model for Medicaid Residents	per Current Qtr End		<b>1.5919</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$154.42									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$266.37	\$154.42	\$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 = 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	\$4.07	\$4.07									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.92	\$4.60	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$288.29</b>	<b>\$159.02</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>\$203.39</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>7/1/2023</b>				Qtrly BIMS score:			55.56%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			6.94	3.0%	Quarterly Medicaid:			1.5663	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,088,976	\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$115.53									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$221.78	\$99.82	\$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	\$221.78	\$99.82	\$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>1.5663</b>									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$156.35									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$278.31	\$156.35	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$8.93	\$8.93									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.87	\$4.87									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.90	\$13.80	\$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>\$309.21</b>	<b>\$170.15</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>\$219.08</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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide	
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>7/1/2023</b>				Qtrly BIMS score:			25.64%		1.0%								
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.23		3.0%		Quarterly Medicaid:			1.3074		1.4181	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,979,977	\$3,760,193	\$0	\$699,038	\$684,212	\$0	\$1,319,267		\$517,267	\$0					
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$303,606)	(\$1,888)	\$0	(\$2,980)	\$0	\$4,868	(\$162,550)		(\$141,056)						
	As Filed Cost Center Costs (GL/PL)	<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	24,222														
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,222								24,222							
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$119.50													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$221.08	\$99.82	\$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	\$221.08	\$99.82	\$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>1.3074</b>													
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.51													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$251.77	\$130.51	\$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)	\$0.94	\$0.53	\$0.00	\$0.00	\$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	\$1.48	\$1.48													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.43	\$4.43													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.95	\$6.44	\$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>\$275.72</b>	<b>\$136.95</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>\$193.97</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 - BRUNSWICK</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>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>7/1/2023</b>				Qtrly BIMS score:			23.71%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.86	3.0%	Quarterly Medicaid:			1.5630	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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	56,845										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 56,845								56,845			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$168.89									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.02	\$99.82	\$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	\$207.02	\$99.82	\$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>1.5630</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$156.02									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$263.22	\$156.02	\$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 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)	\$0.00						\$0.00				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$6.32	\$5.69	\$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>\$269.54</b>	<b>\$161.71</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>\$202.16</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>7/1/2023</b>				Qtrly BIMS score:			21.13%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.36	3.0%	Quarterly Medicaid:			1.5923	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.58									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.5923</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$152.19									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.68	\$152.19	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.39	\$1.39									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.16	\$4.16									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.81	\$6.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$265.49</b>	<b>\$158.27</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>\$186.29</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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			24.00%		1.0%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			7.11		3.0%		Quarterly Medicaid:			1.1432	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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	24,681												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,681								24,681					
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$131.24											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$213.39	\$99.82	\$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	\$213.39	\$99.82	\$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>1.1432</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.11											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.68	\$114.11	\$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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$3.94	\$3.94											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.76	\$5.25	\$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>\$250.44</b>	<b>\$119.36</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>\$175.01</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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide		
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>7/1/2023</b>				Qtrly BIMS score: 21.21%			1.0%											
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q 3.96			3.0%			Quarterly Medicaid:			1.4779		1.4181			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$8,941,743	\$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 Adjstmts	(\$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	32,552															
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,552								32,552								
9	Net Per Diems prior to Model Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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>1.4779</b>														
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.66														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.07	\$121.66	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18														
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	\$23.36	\$5.26	\$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>\$243.43</b>	<b>\$126.92</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>\$169.75</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> Prvdr ID: <b>00856028A</b>				<b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 51.25% Nurse Hrs per On-Site Day/Q: 4.15	<u>Facility Score</u> 0.00% 5.5% 3.0%	<u>Add-on Percent</u> 0.00% 5.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3253 Quarterly Medicaid: 1.6313	<u>PDPM Facility</u> 1.3253 1.6313	<u>PDPM Statewide</u> 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>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	\$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	FY21 Audited C/R Days	35,920									
	Total Nursing Facility Days GL-PL Ins. Rpt	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		\$99.82		\$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>1.6313</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.75	\$118.51	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see 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	\$4.63	\$4.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.53	\$2.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.79	\$7.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$252.54</b>	<b>\$126.20</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>\$176.58</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> Prvdr ID: <b>00870911A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b> PDPM Per Diem Rate Effective Date: <b>7/1/2023</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				<u>Add-on Data and Percentage</u> Growth Allowance: N/A Qtrly BIMS score: 0.00% Nurse Hrs per On-Site Day/Q: 8.14		<u>Facility Score</u> N/A	<u>Add-on Percent</u> 0.00%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4125 Quarterly Medicaid: 1.4181			<u>PDPM Facility</u> 1.4125	<u>PDPM Statewide</u> 1.4210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,097,258	\$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 Adjstmnts	(\$25,061)	\$0	\$0	\$0	(\$1,795)	(\$2,281)	(\$3,419)		(\$17,566)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$3,419		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$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 Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$208.59								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$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	\$206.48	\$99.82	\$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	\$206.48	\$99.82	\$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>1.4181</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.21	\$141.55	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 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 = 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	\$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>\$265.53</b>	<b>\$141.55</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>\$186.32</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 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>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>7/1/2023</b>				Qtrly BIMS score:			15.38%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.55	6.0%	Quarterly Medicaid:			1.4696	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,734,441	\$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 Adjstmtns	(\$413,258)	(\$60,346)	\$0	\$0	(\$3,012)	(\$3,292)	(\$324,432)		(\$22,176)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$383,193			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$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 Adjstmnt 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		<b>1.4897</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.14									
12	Net Per Diems after Model Adjstmnt 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		\$99.82		\$26.82	\$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	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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		<b>1.4696</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.29									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$270.07	\$141.29	\$0.00	\$22.82	\$33.28	\$0.00	\$36.91	\$15.04	\$20.12	\$0.61	
<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)	\$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	\$8.24	\$8.24									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.09	\$8.77	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$296.16</b>	<b>\$150.06</b>	<b>\$0.00</b>	<b>\$23.04</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$15.04</b>	<b>\$20.12</b>	<b>\$0.61</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$209.30</b>										

PDPM Shadow Rates. This is not your rate.



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

<div> <div> Provider: <b>ATRIUM HEALTH NAVICENT BALDWIN</b>  Prvdr ID: <b>00947658A</b> </div> <div> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>  PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>03/31/23</b> </div> <div> Add-on Data and Percentage  Growth Allowance: N/A  Qtrly BIMS score: 0.00%  Nurse Hrs per On-Site Day/Q: 8.00 </div> <div> Facility Score: N/A  Add-on Percent: 0.00%  Facility Model (PDPM) Data  Base Period Overall: 1.2333  Quarterly Medicaid: 1.4181 </div> <div> PDPM Facility: 1.2333  PDPM Statewide: 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$2,037,336	\$1,286,397	\$0	\$123,153	\$59,393	\$102,503	\$351,187		\$114,703	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$74,146)	\$0	\$0	\$0	(\$462)	(\$798)	(\$72,886)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$71,985		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,035,175	\$1,286,397	\$0	\$123,153	\$58,931	\$101,705	\$278,301	\$71,985	\$114,703	\$0
8	Total Nursing Facility Days As Filed Days = 3,032	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 Svcs	Ln 7 / Ln 8 Col a	\$671.23	\$424.27	\$0.00	\$40.62	\$52.98	(with L&H)	\$91.79	\$23.74	\$37.83	\$0.00
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.2333</b>								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$344.00								
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$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	\$250.48	\$99.82	\$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	\$250.48	\$99.82	\$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>1.4181</b>								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$292.21	\$141.55	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 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 = 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	\$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>\$309.31</b>	<b>\$141.55</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>\$219.16</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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			28.57%		1.0%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			4.03		5.0%		Quarterly Medicaid:			1.5421	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,913,811	\$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													
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,032													
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.48											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.5421</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.36											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.10	\$133.36	\$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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$5.75	\$5.75											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.16	\$7.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$280.26</b>	<b>\$140.79</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>\$197.37</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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			10.34%		0.0%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.71		5.0%		Quarterly Medicaid:			1.3490	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,562,922	\$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	16,432												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,432								16,432					
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.62											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3490</b>											
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.38											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$267.58	\$134.38	\$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 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	\$6.81	\$6.81											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.07	\$7.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$292.65</b>	<b>\$141.72</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>\$206.66</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 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>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>7/1/2023</b>				Qtrly BIMS score:			14.81%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.57	4.0%	Quarterly Medicaid:			1.3004	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,059,907	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.03									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3004</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.07									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.89	\$117.07	\$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 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	\$3.94	\$3.94									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.98	\$4.47	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$270.87</b>	<b>\$121.54</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>\$190.33</b>										

PDPM Shadow Rates. This is not your rate.



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

Provider: <b>CHELSEY 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>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>7/1/2023</b>				Qtrly BIMS score:			9.76%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.17	6.0%	Quarterly Medicaid:			1.4768	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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 Adjstmrnt 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 Adjstmrnt 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		\$99.82		\$26.82	\$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>1.4768</b>									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.57									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$263.44	\$134.57	\$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 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	\$7.85	\$7.85									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.11	\$8.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$289.55</b>	<b>\$142.95</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>\$204.34</b>										

PDPM Shadow Rates. This is not your rate.

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

Provider: <b>HARRINGTON PARK 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>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>7/1/2023</b>				Qtrly BIMS score:			35.48%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.82	5.0%	Quarterly Medicaid:			1.4452	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,221,201	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.74									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4452</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.46									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$257.50	\$122.46	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.71	\$2.71									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.43	\$5.43									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.18	\$8.67	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$283.68</b>	<b>\$131.13</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>\$199.94</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 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>003167547A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3828	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			21.05%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.22	2.0%	Quarterly Medicaid:			1.4657	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$18,930,899	\$11,760,875	\$0	\$2,065,932	\$2,533,353	\$0	\$1,971,555		\$599,184	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmtns	(\$810,108)	(\$214,269)	\$0	\$0	\$0	\$15,876	(\$611,715)		\$0		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$17,853			
	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	\$18,138,644	\$11,546,606	\$0	\$2,065,932	\$2,533,353	\$15,876	\$1,359,840	\$17,853	\$599,184	\$0	
8	Total Nursing Facility Days	FY21 Audited C/R Days	52,947										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								52,947			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$342.59	\$218.08	\$0.00	\$39.02	\$48.15	(with L&H)	\$25.68	\$0.34	\$11.32	\$0.00	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.3828</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$157.71									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$157.71	\$0.00	\$39.02	\$48.15		\$25.68	\$0.34	\$11.32	\$0.00	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.06	\$99.82	\$0.00	\$26.82	\$33.28		\$25.68	\$0.34	15.12 (FRV)	\$0.00	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.06	\$99.82	\$0.00	\$26.82	\$33.28	\$0.00	\$25.68	\$0.34	\$15.12	\$0.00	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4657</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.30									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.54	\$146.30	\$0.00	\$26.82	\$33.28	\$0.00	\$25.68	\$0.34	\$15.12	\$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)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$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	\$1.23	\$1.23									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.45	\$2.45									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.15	\$3.68	\$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>\$268.69</b>	<b>\$149.98</b>	<b>\$0.00</b>	<b>\$26.82</b>	<b>\$33.28</b>	<b>\$0.00</b>	<b>\$43.15</b>	<b>\$0.34</b>	<b>\$15.12</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>\$188.69</b>										

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>				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
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>7/1/2023</b>				Qtrly BIMS score:			24.56%		1.0%						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.92		6.0%		Quarterly Medicaid:			1.3605	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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													
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,663													
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.87											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.3605</b>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.15											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$252.29	\$133.15	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.47	\$1.47											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$8.80	\$8.80											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.53	\$10.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$280.82</b>	<b>\$143.95</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>\$197.79</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 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>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>7/1/2023</b>				Qtrly BIMS score:			20.45%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.26	5.0%	Quarterly Medicaid:			1.2664	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,260,534	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$235.33	\$120.84	\$0.00	\$26.69	\$28.80	(with L&H)	\$38.45	\$4.44	\$14.54	\$1.57	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.1556</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$104.57									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.48	\$99.82	\$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	\$207.48	\$99.82	\$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>1.2664</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.41									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.07	\$126.41	\$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)	\$1.04	\$0.53	\$0.00	\$0.10	\$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	\$1.10	\$1.10									
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	\$24.75	\$7.14	\$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>\$258.82</b>	<b>\$133.55</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>\$181.29</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 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>003185378A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5337	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			38.20%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.28	3.0%	Quarterly Medicaid:			1.4881	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$8,771,836	\$4,890,870	\$0	\$678,306	\$783,883	\$0	\$1,492,951		\$925,826	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$185,004)	\$0	\$0	\$0	(\$4,683)	(\$10,085)	(\$124,021)		(\$46,215)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$118,601			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$45,704	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,751,137	\$4,890,870	\$0	\$678,306	\$779,200	(\$10,085)	\$1,368,930	\$118,601	\$879,611	\$45,704	
8	Total Nursing Facility Days	As Filed Days = 34,987	34,987										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,987								34,987			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$250.13	\$139.79	\$0.00	\$19.39	\$21.98	(with L&H)	\$39.13	\$3.39	\$25.14	\$1.31	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.5337</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.14									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.14	\$0.00	\$19.39	\$21.98		\$39.13	\$3.39	\$25.14	\$1.31	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.55	\$91.14	\$0.00	\$19.39	\$21.98		\$36.91	\$3.39	15.43 (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	\$189.55	\$91.14	\$0.00	\$19.39	\$21.98	\$0.00	\$36.91	\$3.39	\$15.43	\$1.31	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.4881</b>									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.62									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.03	\$135.62	\$0.00	\$19.39	\$21.98	\$0.00	\$36.91	\$3.39	\$15.43	\$1.31	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.38	\$3.38									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.05	\$4.05									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.69	\$7.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$259.72</b>	<b>\$143.58</b>	<b>\$0.00</b>	<b>\$19.61</b>	<b>\$22.39</b>	<b>\$0.00</b>	<b>\$54.01</b>	<b>\$3.39</b>	<b>\$15.43</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>\$181.97</b>										

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 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>003185502A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3369	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			74.03%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.93	5.0%	Quarterly Medicaid:			1.2552	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$7,045,704	\$3,679,479	\$0	\$511,928	\$782,778	\$0	\$1,171,455		\$900,064	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmtns	(\$235,779)	(\$3,340)	\$0	(\$817)	\$0	(\$818)	(\$165,872)		(\$64,932)		
	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>										\$68,550	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,983,826	\$3,676,139	\$0	\$511,111	\$782,778	(\$818)	\$1,005,583	\$105,351	\$835,132	\$68,550	
8	Total Nursing Facility Days	As Filed Days = 28,626	28,882										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,626								28,882			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$241.81	\$127.28	\$0.00	\$17.70	\$27.07	(with L&H)	\$34.82	\$3.65	\$28.92	\$2.37	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.3369</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.21									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$95.21	\$0.00	\$17.70	\$27.07		\$34.82	\$3.65	\$28.92	\$2.37	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.20	\$95.21	\$0.00	\$17.70	\$27.07		\$34.82	\$3.65	24.38 (FRV)	\$2.37	
<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	\$205.20	\$95.21	\$0.00	\$17.70	\$27.07	\$0.00	\$34.82	\$3.65	\$24.38	\$2.37	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2552</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.51									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.49	\$119.51	\$0.00	\$17.70	\$27.07	\$0.00	\$34.82	\$3.65	\$24.38	\$2.37	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.42	\$6.42									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.84	\$5.84									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.89	\$12.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$260.38</b>	<b>\$132.30</b>	<b>\$0.00</b>	<b>\$17.92</b>	<b>\$27.48</b>	<b>\$0.00</b>	<b>\$52.29</b>	<b>\$3.65</b>	<b>\$24.38</b>	<b>\$2.37</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$182.46</b>										

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 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>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>7/1/2023</b>				Qtrly BIMS score:			30.77%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.75	3.0%	Quarterly Medicaid:			1.2735	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmtns	(\$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	23,106										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,106								23,106			
9	Net Per Diems prior to Model Adjstmnt 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 Adjstmnt 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		\$99.82		\$26.82	\$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>1.2735</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.37									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.00	\$99.37	\$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 ([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	\$2.81	\$2.81									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.37	\$3.37									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.81	\$6.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$226.81</b>	<b>\$106.08</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>\$157.28</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 Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM 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>7/1/2023</b>				Qtrly BIMS score:			20.30%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.37	1.0%	Quarterly Medicaid:			1.1132	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$15,058,174	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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><u>1.0717</u></b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.30									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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 = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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 <u>Model</u> for Medicaid Residents	per Current Qtr End		<b><u>1.1132</u></b>									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.98									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.68	\$104.98	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.19	\$1.19									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.01	\$2.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$218.69</b>	<b>\$107.89</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>\$151.19</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 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>003214231A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3178	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			36.36%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.13	3.0%	Quarterly Medicaid:			1.2500	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,329,737	\$2,480,656	\$0	\$415,788	\$415,605	\$0	\$533,025		\$484,663	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$179,937)	(\$1,482)	\$0	\$0	(\$693)	\$631	(\$142,922)		(\$35,471)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$140,604			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$35,343	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,325,747	\$2,479,174	\$0	\$415,788	\$414,912	\$631	\$390,103	\$140,604	\$449,192	\$35,343	
8	Total Nursing Facility Days As Filed Days = 21,855	FY21 Audited C/R Days	21,855										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,855	FY21 GL-PL Ins Rpt Days								21,855			
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$197.92	\$113.44	\$0.00	\$19.02	\$19.01	(with L&H)	\$17.85	\$6.43	\$20.55	\$1.62	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.3178</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.08									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.08	\$0.00	\$19.02	\$19.01		\$17.85	\$6.43	\$20.55	\$1.62	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.47	\$86.08	\$0.00	\$19.02	\$19.01		\$17.85	\$6.43	10.46 (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	\$160.47	\$86.08	\$0.00	\$19.02	\$19.01	\$0.00	\$17.85	\$6.43	\$10.46	\$1.62	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.2500</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.60									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.99	\$107.60	\$0.00	\$19.02	\$19.01	\$0.00	\$17.85	\$6.43	\$10.46	\$1.62	
<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	\$2.39	\$2.39									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$205.88</b>	<b>\$113.39</b>	<b>\$0.00</b>	<b>\$19.24</b>	<b>\$19.42</b>	<b>\$0.00</b>	<b>\$35.32</b>	<b>\$6.43</b>	<b>\$10.46</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>\$141.59</b>										

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 Rates. For informational use only. This is NOT your rate</b> H/B ? : No     Case Mix Per Diem Rate Effective Date: <b>07/01/23</b> MDS & Nurse Hrs Data per Quarter Ending: 03/31/23     Nurse Hours per On-Site Day/Quality Incentive:				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 45.5% 5.53		Facility Score N/A 45.5% 5.53	Add-on Percent 0.00% 5.5% 0.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: Qtrly Mcaid:			Facility Specific 1.6257 1.3773	State-wide 1.4210 1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b> <b>Cost Center Peer Groups per Selected Options</b> Type of Facility within Peer Group Bed Size Range within Peer Group <b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) <b>Per Diem Costs and Add-ons</b> GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Svcs) <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 Svcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem <b>Quarterly Per Diem Add-On Amounts</b> BIMS Add-on Per Diem =                     5.5% o Routine Svcs) Nurse Staff Hrs / Quality Add-on Per Diem =                     0.0% Nursing Home Provider Fee <b>Total Quarterly Per Diem Add-On Amounts</b> <b>Quarterly Case Mix Based Per Diem Rate</b> Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												
				1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Freestanding All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
				90.0%	90.0%	90.0%	85.0%		50.0%			
				100.0%	100.0%	100.0%	100.0%		105.0%			
				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		FY2021 GL-PL Ins. Rpt								\$0.00		
		FY2021 GL-PL Ins. Rpt								0		
		FY 2021 Peer Group Limit										
			\$211.34	\$104.16		\$26.82	\$33.28		\$36.91		\$30.29	\$0.00
				\$93.74		\$24.14	\$29.95		\$33.22		\$30.29	\$0.00
			\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
			\$211.34	\$93.74		\$24.14	\$29.95		\$33.22	\$	30.29	\$0.00
				1.3773							(FRV Rate)	
				\$129.11								
			\$250.90	\$129.11		\$24.14	\$29.95		\$33.22	4.19	\$30.29	\$0.00
			\$7.10	\$7.10								
			\$0.00	\$0.00								
			\$17.10						17.10			
			\$24.20									
			\$275.10	\$136.21		\$24.14	\$29.95		\$50.32	\$4.19	\$30.29	\$0.00
			\$193.50									

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Calculation

Demonstration Only

Provider: <b>PruittHealth - Rome</b>			<u>Add-on Data and Percentages</u>			Facility Score	Add-on Percent	<u>Facility Model (PDPM) Data</u>			Facility Specific	State-wide		
Prvdr ID: <b>299031876A</b>			<b>PDPM Shadow Rates. For informational use only. This is NOT your rate</b>			Growth Allowance:			Base Period Overall:			1.3871	1.4210	
H/B ?: No			Case Mix Per Diem Rate Effective Date: <b>07/01/23</b>			BIMS: 34.9%								
MDS & Nurse Hrs Data per Quarter Ending: 03/31/23			Nurse Hours per On-Site Day/Quality Incentive:			3.93			5.0%			Qtrly Mcaid:	1.3913	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g		h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
<b>Cost Center Peer Groups per Selected Options</b>														
Type of Facility within Peer Group														
Bed Size Range within Peer Group														
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
Peer Group Standards: Percentile														
Peer Group Standards: Multiplier														
Efficiency Measures (Maximums)														
<b>Per Diem Costs and Add-ons</b>														
GL-PL- Insurance Costs														
Total Nursing Facility Days GL-PL Ins. Rpt														
Standard Per Diem (After CMA for Routine Svcs)														
<u>Allowed @ 95% of Std</u>														
Growth Allowance 0.0%														
CMA Allowed Per Diem (After Growth Allowance)														
Quarterly Facility Case Mix Index for Medicaid Residents														
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem														
Quarterly Medicaid CMA Allowed Per Diem														
<b>Quarterly Per Diem Add-On Amounts</b>														
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)														
Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%														
Nursing Home Provider Fee														
<b>Total Quarterly Per Diem Add-On Amounts</b>														
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$291.24</b>	<b>\$147.99</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%	<b>\$205.61</b>												

**PDPM Shadow Rates. 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>7/1/2023</b>				Qtrly BIMS score:			27.54%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			2.30	2.0%	Quarterly Medicaid:			1.4190	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$7,366,288	\$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 Adjstmts	(\$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 Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$101.27									
12	Net Per Diems after Model Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.56	\$99.82	\$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	\$211.56	\$99.82	\$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>1.4190</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.64									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$253.38	\$141.64	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.53	\$1.53									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.05	\$3.05									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.43	\$5.11	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$275.81</b>	<b>\$146.75</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>\$194.03</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 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>701562744A</b> <b>PDPM Shadow Rates. For informational use only. This is NOT your effective rate.</b>				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2085	1.4210
PDPM Per Diem Rate Effective Date: <b>7/1/2023</b>				Qtrly BIMS score:			29.41%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.39	3.0%	Quarterly Medicaid:			1.3176	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$2,873,552	\$1,430,138	\$0	\$262,218	\$307,981	\$0	\$488,256		\$384,959	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$70,601)	\$0	\$0	\$0	\$0	\$0	(\$45,565)		(\$25,036)		
	As Filed Cost Center Costs (GL/PL)	<b>As Filed FY21 GL/PL Rpt</b>								\$36,081			
	As Filed Cost Center Costs (Taxes and Insurance)	<b>As Filed FY21 C/R</b>										\$25,036	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,864,068	\$1,430,138	\$0	\$262,218	\$307,981	\$0	\$442,691	\$36,081	\$359,923	\$25,036	
8	Total Nursing Facility Days	As Filed Days = 15,681	15,681										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,681								15,681			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.64	\$91.20	\$0.00	\$16.72	\$19.64	(with L&H)	\$28.23	\$2.30	\$22.95	\$1.60	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<b>1.2085</b>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.46									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.46	\$0.00	\$16.72	\$19.64		\$28.23	\$2.30	\$22.95	\$1.60	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.66	\$75.46	\$0.00	\$16.72	\$19.64		\$28.23	\$2.30	12.71 (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	\$156.66	\$75.46	\$0.00	\$16.72	\$19.64	\$0.00	\$28.23	\$2.30	\$12.71	\$1.60	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<b>1.3176</b>									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.43									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.63	\$99.43	\$0.00	\$16.72	\$19.64	\$0.00	\$28.23	\$2.30	\$12.71	\$1.60	
<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	\$0.98	\$0.98									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.93	\$2.93									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.54	\$4.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$203.17</b>	<b>\$103.87</b>	<b>\$0.00</b>	<b>\$16.94</b>	<b>\$20.05</b>	<b>\$0.00</b>	<b>\$45.70</b>	<b>\$2.30</b>	<b>\$12.71</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>\$139.55</b>										

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>7/1/2023</b>				Qtrly BIMS score:			45.45%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/23</b>				Nurse Hrs per On-Site Day/Q			3.37	4.0%	Quarterly Medicaid:			1.4724	1.4181
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmts	(\$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	FY21 Audited C/R Days	30,107										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								30,107			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.01									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$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>1.4724</b>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.89									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.28	\$86.89	\$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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.19	\$5.19									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.77	\$3.77									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.59	\$9.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Model Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$195.87</b>	<b>\$96.38</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>\$134.08</b>										

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