

## Crosswalk of Rate Spreadsheet Fields - 2018-2019 Fiscal Year

PROVNAME	Facility Name
OWNERTYPE	Owner Type
RED	Rate Effective Date
RCRPT	Resident Care Case Mix Allowable Costs
RCINFL	Resident Care Inflated Allowable Costs
RCNEUT512	Resident Care CMI Neutralized Costs 5.12
RCPDIEM512	Resident Care Cost Per Diem 5.12
RCAVG512	Resident Care Average Per Diem 5.12
ORCRPT	Other Resident Related Case Mix Allowable Costs
ORCINFL	Other Resident Related Inflated Allowable Costs
ORCPDIEM	Other Resident Related Cost Per Diem
ORCAVERAGE	Other Resident Related Average Per Diem
ADMRPT	Administrative Case Mix Allowable Costs
ADMINFL	Administrative Inflated Allowable Costs
ADMPDIEM	Administrative Cost Per Diem
ADMAVERAGE	Administrative Average Per Diem
FACILITY	Fixed Property Component
DIBEDS	Allowable Beds
ACTCAPDAYS	Actual Resident Days
MAJORMOVABLE	Major Movable Property
PRICESET	Total Facility Value
GFRV	Fair Rental Value
YLDRATE	Financial Yield Rate
ALLOWEDTAX	Real Estate Taxes
MEDPGROUP	Median Peer Group
AUDIT	Audit Number
ENDDATE	Cost Report Year End
COUNTYNAME	County Name
SCHBEDS	Beds Reported on Schedule A
CURRBEDS	Licensed Beds as of 04/01/2018
ASSNPGROUP	Rate Peer Group
ACTDAYS	Actual Resident Days
DAYS90	Available Days at 90%
OCCUP	Occupancy Percent
CMI512	Total Facility CMI 5.12
MACMI512	MA CMI 5.12
INFLFACT1	Inflation Multiplier
RCPRICE512	Resident Care Peer Group Price 5.12
RCLIMIT512	Resident Care Limited Price 5.12
RCRATE512	Resident Care 5.12 Rate
ORCPRICE	Other Resident Related Peer Group Price 5.12
ORCLIMIT	Other Resident Related Limited Price 5.12
ORCRATE	Other Resident Related 5.12 Rate
ADMRATE	Administrative Cost Center Rate
CAPPDIEM	Capital Rate
NFRATE	Per Diem Rate
NFRATEMULT	Budget Adjustment Factor
FINALRATE	Adjusted Per Diem Rate
TOTAVAIL	Total Available Days