## Crosswalk of Rate Spreadsheet Fields - 2015-2016 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 Resident Care Average Per Diem 5.12

ORCRPT Other Resident Related Case Mix Allowable Costs
ORCINFL Other Resident Related Inflated Allowable Costs

ORCPDIEM
ORCAVERAGE
Other Resident Related Cost Per Diem
ORCAVERAGE
Other Resident Related Average Per Diem
Administrative Case Mix Allowable Costs
ADMINFL
Administrative Inflated Allowable Costs

ADMPDIEM Administrative Cost Per Diem
ADMAVERAGE Administrative Average Per Diem
FACILITY Fixed Property Component

Allowable Beds **DIBEDS ACTCAPDAYS Actual Resident Days** Major Movable Property **MAJORMOVABLE PRICESET Total Facility Value GFRV** Fair Rental Value Financial Yield Rate YLDRATE 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 04/01/2015

ASSNPGROUP
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 NFRATEX Adjusted Per Diem Rate

FINALRATE Rate

TOTAVAIL Total Available Days