

**State of Iowa**  
**Case Mix #4**  
**Medicaid**  
**RUG-III 34-Grouper V.5.20**  
**Effective April 2018**

<b>Metric</b>	<b>Components</b>
<b>RUG Grouper</b>	RUG-III Version 5.12 <b>34 Grouper</b> , index maximizer model
<b>Payment Method</b>	Facility <b>average case mix</b> indices used to adjust the rate based on cost reporting.
<b>Frequency</b>	<b>Quarterly</b>
<b>Snap Shot Date(s)</b>	Snap Shot Date:      Payment Changes: <ul style="list-style-type: none"> <li>• March 31              • July 1</li> <li>• June 30                • October 1</li> <li>• September 30        • January 1</li> <li>• December 31        • April 1</li> </ul>
<b>Based on Daily Weighted Average</b>	Yes
<b>Medicaid Audit</b>	Standards of reasonableness for each major cost center of a nursing facility, financial computerized desk audit for cost reports, detailed on site audits for at least 15% of facilities of financial and statistical records.
<b>MDS Selection</b>	Most recent MDS in Calendar Quarter.
<b>Calculation Method</b>	Case Mix average for each quarter and cost reports annually to calculate overall rate.
<b>Non-Medicaid Averages Utilized in Rate Calculation</b>	A Case Mix Index Score is calculated for all payers (all patients) and for Medicaid patients. Both are used to calculate the Case Mix Score for Medicaid residents.
<b>Default</b>	Not addressed in State Plan.

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<b>Corrections</b>	MDS and Payer Source information on the Case Mix Index Report used in the payment rate calculations applicable to prior dates of service that result from appeals or audit adjustments may be processed as adjustments to the rate calculation in a subsequent period.
<b>Specialty Units</b>	ICF-MR: Intermediate Care Facilities-Mentally Retarded individuals Hospital based units
<b>Clinical Performance Incentive Add-Ons</b>	<p>Quality Improvement Initiative Program participation equals 1% adjustment of Allowed Per Diem for Routine and Special Services.</p> <p>Adjustment Factor for % of Patients for Cognitive Performance Score (BIMS/ CPS Score) Moderately severe to very severe from 0.0% up to 4.5%.</p> <p>Quality Incentive Adjustment for Clinical Measures. One point from Clinical Measures, one point from non-clinical measures and two points from either clinical or non-clinical measures.</p> <p>Additional Care Services for minimum required number of nursing hours per patient day is 2.00 actual working hours. The minimum expected to qualify for the 1.0% add-on for Quality Improvement Program is 2.50 hours per patient day.</p> <p>Facilities are reimbursed \$738.00 for each individual who has completed a state-approved training and competency program for nurse aides. At the facility's request, interim payments of \$0.25 per Medicaid patient day will be made quarterly to the facility to cover the cost of providing nurse aide testing and training.</p>

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