

Metric	Components																									
RUG Grouper	RUG-III Version 5.12b 34 group, index maximizer model																									
Payment Method	Facility average case mix indices to used to adjust the Direct Health Care costs in the determination of upper payment limits and rate calculation																									
Frequency	Four times per year.																									
Snap Shot Date(s)	<p>First day of each calendar quarter</p> <p>Rate Effective Date: Snap Shot Date:</p> <ul style="list-style-type: none"> • July 1 • October 1 • January 1 • April 1 • April 1 • July 1 • October 1 • January 1 <p>MDS Calendar Quarter and CMI Report Types - Electronic Posting Schedule:</p> <table border="1"> <thead> <tr> <th>MDS Calendar Quarter</th> <th>January 1 to March 31</th> <th>April 1 to June 30</th> <th>July 1 to September 30</th> <th>October 1 to December 31</th> </tr> </thead> <tbody> <tr> <td>Report Type</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>First Preliminary</td> <td>April 29</td> <td>July 30</td> <td>October 30</td> <td>January 30</td> </tr> <tr> <td>Second Preliminary</td> <td>May 31</td> <td>August 31</td> <td>November 30</td> <td>February 28</td> </tr> <tr> <td>Final</td> <td>July 29</td> <td>October 29</td> <td>January 29</td> <td>April 28</td> </tr> </tbody> </table>	MDS Calendar Quarter	January 1 to March 31	April 1 to June 30	July 1 to September 30	October 1 to December 31	Report Type					First Preliminary	April 29	July 30	October 30	January 30	Second Preliminary	May 31	August 31	November 30	February 28	Final	July 29	October 29	January 29	April 28
MDS Calendar Quarter	January 1 to March 31	April 1 to June 30	July 1 to September 30	October 1 to December 31																						
Report Type																										
First Preliminary	April 29	July 30	October 30	January 30																						
Second Preliminary	May 31	August 31	November 30	February 28																						
Final	July 29	October 29	January 29	April 28																						
Based on Daily Weighted Average	No Quarterly																									
Medicaid Audit	Yes Quarterly																									
MDS Selection	<ul style="list-style-type: none"> • Medicaid is known to be a per diem payer source on the first day of the calendar quarter or at any time during the preceding quarter • Resident's most current assessment available on the first day of each calendar quarter. • Excluding those receiving hospice services. 																									
Calculation Method	Three average case mix indices (each month in the quarter to determine quarterly) for each Medicaid nursing facility shall be determined four times per year. Simple average.																									

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Non-Medicaid Averages Utilized in Rate Calculation	The private-pay/other average CMI is the simple average, carried to four decimal places, of all indices for residents where neither Medicaid nor Medicare were known to be the per diem payer source on the first day of the calendar quarter or at any time during the preceding quarter
Default	Resident assessments that cannot be classified will be assigned the lowest CMI for the State (PA1).
Corrections	Not stated
Clinical Add-Ons	Case mix indices for ventilator-dependent residents for whom additional reimbursement has been determined shall be excluded from the average CMI calculations.
Clinical Performance Incentive Add-Ons	

Work in Progress

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