## Year 24 Peer Group Median Data

Each year, the Department establishes Case Mix rates. The tables described below contain the data used to calculate the 2018-2019 rates (Year 24). These tables can be accessed from this site. They are in Excel® format and Microsoft® Excel® is needed to access these files.

In addition to the data used to compute the Year 24 peer group medians and rates, the tables also contain numerous fields of additional data that may be of interest or use to the provider community. In order that users may readily distinguish between those fields that were used by DHS to compute the medians and those that were not, the list of Year 24 Field Descriptions includes a column entitled "Median Calculation": The term "dormant field" is used to indicate fields that are unused. Depending on the field, it may be vacant, or it may be filled with default values, unverified data, incomplete data, or data that is obsolete because it has not been updated. All of the fields identified by a double asterisk (\*\*) were used by DHS to compute the proposed rates; the other fields were not. In addition, while all of the fields identified by a double asterisk were verified prior to use in computing the proposed rates, the data in the other fields has not necessarily been verified.

The Year 24 Field Descriptions also includes a column entitled "Rate Calculation." As with the previously described column, the fields with asterisks were used by DHS to compute the proposed rates. All other fields were not verified.

## YEAR 24 TABLE DESCRIPTIONS

| TABLE            | PURPOSE OF TABLE FOR MEDIAN CALCULATION   |
|------------------|---|
| TABLE_6          | Used to determine MSA by county code.   |
| TABLE_7          | Used to determine inflation factors for each report period and the mid point of the rate year.  |
| TABLE_23         | Used to determine financial yield rate.   |
| TABLE_44         | Used to determine all non-terminated facilities as of 4/1/2018. Used to determine the Provider ID (Internal provider ID) and county code for these facilities. Used to determine county facilities.   |
| TABLE_46_<br>512 | Used to determine default RUG III 5.12 44 Group CMI values.   |
| TABLE_48         | Used to determine certified and allowable bed information as of 04/01/2018.   |
| TABLE_49         | Used to determine actual and available resident days for facilities not in the median calculation and their exempt status. Used to determine real estate tax amount for facilities not in the median calculation.   |
| TABLE_52         | Used to determine audited ending beds for report period. Used to determine audited resident and available days for report period.   |
| TABLE_59         | Used to determine audited NF costs for report periods ending 12/31/1996 and after. Denotes reported costs.  |
| TABLE_62         | Used to determine the Total Facility CMI and validity status of the RUG III 5.12 44 Group normalized CMI for picture dates used in the median calculation. Used to determine the MA CMI for the 02/01/2018 picture date. If the MA Count is zero, the statewide average of 1.11 is used in rates. |
| TABLE_64         | Static list of Audit_ID and report end date for each audit number to be used in the median calculation  |
| TABLE_65         | Used to identify the Budget Adjustment Factor for the final NF Rate.  |

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## **YEAR 24 FIELD DESCRIPTIONS**

| TABLE            | FIELD<br>NUMBER | FIELD      | FIELD DESCRIPTION  | MEDIAN<br>CALCULATION | RATE<br>CALCULATION |
|------------------|-----------------|------------|--|-----------------------|---------------------|
| TABLE_6          | 1               | CODE       | County code  | **                    | **                  |
| TABLE_6          | 2               | NAME       | County name  |                       |                     |
| TABLE_6          | 3               | MSA        | Metropolitan statistical area  | **                    | **                  |
| TABLE_7          | 1               | DATE       | Cost report end date   | **                    |                     |
| TABLE_7          | 2               | INDEX      | DRI inflation index  | **                    |                     |
| TABLE_7          | 3               | FACTOR     | Dormant field  |                       |                     |
| TABLE_23         | 1               | RATEDATE   | Rate effective date  |                       | **                  |
| TABLE_23         | 2               | Y_AVG      | Financial yield rate   |                       | **                  |
| TABLE_44         | 1               | PROVID     | Internal provider ID   | **                    | **                  |
| TABLE_44         | 2               | RATEEFFDTE | Effective date of the rate period.  Note: If this field is empty, it is because this provider was selected for Median Calculation purposes only. This Provider was <u>not</u> selected for Rate Calculation purposes because it was Terminated <u>on or after</u> April 1 and <u>before</u> July 1 of the Rate Setting Year. | **                    | **                  |
| TABLE_44         | 3               | RATEENDDTE | End date of the rate period.   | **                    | **                  |
| TABLE_44         | 4               | PNUM       | MA provider number   | **                    | **                  |
| TABLE_44         | 5               | PROVNAME   | Provider name  |                       | **                  |
| TABLE_44         | 6               | COUNTY     | County code  | **                    | **                  |
| TABLE_44         | 7               | ELIGBEGIN  | Eligibility begin date – The date the facility began participating in the MA program or 1/1/1972, the default date if the facility was already in the MA program when NIS was implemented.   |                       | **                  |
| TABLE_44         | 8               | FISCALYE   | Reporting year   |                       |                     |
| TABLE_44         | 9               | PROVSTAT   | Provider status  | **                    | **                  |
| TABLE_44         | 10              | PROVTYPE   | Provider type  |                       | **                  |
| TABLE_44         | 11              | REGCLIENT  | Client services region   |                       |                     |
| TABLE_44         | 12              | REGPRVSVCS | Provider services region   |                       |                     |
| TABLE_44         | 13              | REGRATES   | Rates region   |                       |                     |
| TABLE_44         | 14              | TYPECONTRL | Type control   |                       |                     |
| TABLE_44         | 15              | SPECLREHAB | Special Rehabilitation indicator   | **                    |                     |
| TABLE_44         | 16              | HOSPBASED  | Hospital-Based indicator   | **                    |                     |
| TABLE_44         | 17              | HOLDHARM   | Hold Harmless indicator  |                       |                     |
| TABLE_44         | 18              | CON        | Certificate of Need indicator  |                       |                     |
| TABLE_44         | 19              | CONREDUCT  | Certificate of Need Reduction percent  |                       |                     |
| TABLE_44         | 20              | CONSCOPE   | Certificate of Need Scope.   |                       |                     |
| TABLE_46_<br>512 | 1               | SUBSCRIPT  | Sequential RUG order   |                       |                     |
| TABLE_46_<br>512 | 2               | GROUP      | Resource Utilization Group   |                       |                     |

| TABLE            | FIELD<br>NUMBER | FIELD      | FIELD DESCRIPTION  | MEDIAN<br>CALCULATION | RATE CALCULATION |
|------------------|-----------------|------------|--|-----------------------|------------------|
| TABLE_46_<br>512 | 3               | СМІ        | Rug group CMI  | **                    | **               |
| TABLE_48         | 1               | PROVID     | Internal provider ID   |                       | **               |
| TABLE_48         | 2               | EFFDATEB   | Bed change effective date  |                       | **               |
| TABLE_48         | 3               | CERTIFBEDS | Certified beds   |                       | **               |
| TABLE_48         | 4               | MORBEDS    | Allowable beds   |                       | **               |
| TABLE_49         | 1               | PROVID     | Internal provider ID   |                       | **               |
| TABLE_49         | 2               | RED        | Rate effective date  |                       | **               |
| TABLE_49         | 3               | A_RESDAYS  | Annualized resident days   |                       | **               |
| TABLE_49         | 4               | A_AVDAYS   | Annualized available days  |                       | **               |
| TABLE_49         | 5               | A_RETAX    | Real estate tax  |                       | **               |
| TABLE_49         | 6               | EXEMPT     | Exempt status  |                       | **               |
| TABLE_52         | 1               | AUDIT      | Audit number   |                       |                  |
| TABLE_52         | 2               | PNUM       | MA provider number   |                       |                  |
| TABLE_52         | 3               | BEDBEGSNF  | Audited beginning SNF or NF beds   |                       |                  |
| TABLE_52         | 4               | BEDBEGOTHR | Audited beginning OTHER beds   |                       |                  |
| TABLE_52         | 5               | BEDENDSNF  | Audited ending SNF or NF beds  | **                    |                  |
| TABLE_52         | 6               | BEDENDOTH  | Audited ending OTHER beds  |                       |                  |
| TABLE_52         | 7               | ACTPDAYSNF | Audited actual SNF or NF resident days   | **                    | **               |
| TABLE_52         | 8               | ACTPDAYOTH | Audited actual OTHER resident days   |                       |                  |
| TABLE_52         | 9               | AVAILSNF   | Audited available SNF or NF resident days  | **                    | **               |
| TABLE_52         | 10              | AVAILOTH   | Audited available OTHER resident days  |                       |                  |
| TABLE_52         | 11              | AUDIT_ID   | Internal audit number ID   | **                    |                  |
| TABLE_59         | 1               | AUDIT      | Audit number   | **                    | **               |
| TABLE_59         | 2               | ISSUED     | Audit issue date   |                       |                  |
| TABLE_59         | 3               | RC         | Audited NF Resident Care Cost for report end dates of 12/31/1996 and after. If USEREPORTE is true, then the cost is the reported rather than audited figure. | **                    | **               |
| TABLE_59         | 4               | ORC        | Audited NF Other Resident Care Costs. If USEREPORTE is true, then the cost is the reported rather than audited figure.                                       | **                    |                  |
| TABLE_59         | 5               | ADM        | Audited NF Administrative Costs. If USEREPORTE is true, then the cost is the reported rather than audited figure.  | **                    |                  |
| TABLE_59         | 6               | RETAX      | Audited NF Real Estate Taxes. If USEREPORTE is true, then the Real Estate Taxes are the reported rather than audited figures.                                |                       |                  |
| TABLE_59         | 7               | MAJMOVPROP | Audited NF Major Movable Property. If USEREPORTE is true, then the Major Movable Property is the reported rather than audited figure.                        |                       | **               |
| TABLE_59         | 8               | AUDIT_ID   | Internal audit number ID   | **                    |                  |
| TABLE_59         | 9               | USEREPORTE | Indicates when reported costs instead of audited costs are used.   |                       |                  |
| TABLE_62         | 1               | PICTDATE   | Picture Date   | **                    | **               |
| TABLE_62         | 2               | PAYPROVCMI | Payment Total Facility CMI   | **                    |                  |

| TABLE    | FIELD<br>NUMBER | FIELD      | FIELD DESCRIPTION  | MEDIAN<br>CALCULATION | RATE<br>CALCULATION |
|----------|-----------------|------------|--|-----------------------|---------------------|
| TABLE_62 | 3               | PAYMACMI   | Payment MA CMI   |                       | **                  |
| TABLE_62 | 4               | ACTMA      | Number of actual MA residents  | **                    | **                  |
| TABLE_62 | 5               | ACTNONMA   | Number of actual non-MA residents                                    | **                    |                     |
| TABLE_62 | 6               | PROVID     | Internal provider ID   | **                    | **                  |
| TABLE_62 | 7               | PNUM       | Provider number  |                       |                     |
| TABLE_62 | 8               | VALID      | Valid indicator  | **                    | **                  |
| TABLE_64 | 1               | PROVID     | Internal provider ID   | **                    |                     |
| TABLE_64 | 2               | PROVNAME   | Provider name  |                       |                     |
| TABLE_64 | 3               | PNUM       | MA provider number   |                       |                     |
| TABLE_64 | 4               | AUDIT      | Audit number   | **                    |                     |
| TABLE_64 | 5               | BEGDATE    | Report begin date  |                       |                     |
| TABLE_64 | 6               | ENDDATE    | Report end date  |                       |                     |
| TABLE_64 | 7               | ISSUED     | Audit issue date   |                       |                     |
| TABLE_64 | 8               | AUDIT_ID   | Internal audit number ID   | **                    |                     |
| TABLE_64 | 9               | CR_ID      | Internal cost report ID.   | **                    |                     |
| TABLE_65 | 1               | RED        | Rate effective date  |                       |                     |
| TABLE_65 | 2               | MULTIPLIER | The multiplier applied to the NF Rate to determine the 2018 NF Rate. |                       | **                  |