

5101:3-3-42 **Calculation of quarterly and annual nursing facility (NF) average case mix scores.**

- (A) Definitions: Terms used in this rule have the same meaning as in rule 5101:3-3-40 of the Administrative Code.
- (B) The Ohio department of ~~human services (ODHS)~~ job and family services (ODJFS) shall process resident assessment data submitted by NFs in accordance with rule 5101:3-3-40 of the Administrative Code and shall classify residents using the RUG III classification system to determine resident case mix scores in accordance with rule 5101:3-3-41 of the Administrative Code. These resident case mix scores, based on relative resource weights as set forth in appendix E of rule 5101:3-3-41 of the Administrative Code, are used to establish the quarterly facility average case mix score. The methodology for determining the quarterly facility average case mix score is described in paragraph (D) of this rule.
- (C) The quarterly facility average case mix score from the reporting quarter is used in conjunction with the lesser of the facility's cost per case mix unit or the maximum allowable cost per case mix unit, adjusted by the inflation rate, to establish the quarterly direct care rate for the payment quarter, as outlined in rule 5101:3-3-44 of the Administrative Code. The facility's cost per case mix unit is calculated using the annual facility average case mix score. The methodology for determining the annual facility average case mix score is described in paragraph (E) of this rule.
- (D) This paragraph describes the method for calculating the facility's quarterly facility average case mix score for purposes of determining the direct care rate.
- (1) ~~ODHS~~ODJFS shall calculate and use the actual quarterly facility average case mix score for determining the quarterly direct care rate if all of the following requirements are met:
- (a) In accordance with rule 5101:3-3-40 of the Administrative Code, the NF submitted resident assessment information by the filing date, and the data included resident assessments for at least ninety per cent of all residents in medicaid-certified beds as of the reporting period end date, and
- (b) Either of the following requirements are met:
- (i) The facility's resident assessment data submitted timely for that reporting quarter provide sufficient information for accurately classifying at least ninety per cent of all residents in medicaid-certified beds into RUG III groups one through forty-four, or

- (ii) The facility's resident assessment data submitted timely and corrected timely, in accordance with the procedures outlined in rule 5101:3-3-40 of the Administrative Code for correcting incomplete or inaccurate information, for that reporting quarter, provide sufficient information for accurately classifying at least ninety per cent of all residents in medicaid-certified beds into RUG III groups one through forty-four; and
 - (c) There are no errors as described in paragraph (D) of rule 5101:3-3-40 of the Administrative Code that prevent ~~ODHS~~ODJFS from verifying the records to be used in the quarterly rate setting.
- (2) The quarterly facility average case mix score for NFs that submitted their MDS2.0 data in compliance with paragraph (D)(1) of this rule is calculated as follows:
- (a) All residents' case mix scores for the quarter, including resident scores in the forty-fifth RUG III group, are added together; then
 - (b) The sum of resident case mix scores is divided by the total number of residents.
- (3) If a NF does not comply with paragraph (D)(1) of this rule, ~~ODHS~~ODJFS shall assign the NF a penalty score. The penalty score for the quarterly facility average case mix score that is a score that is five per cent less than the facility's quarterly case mix score for the preceding calendar quarter.
- (a) ~~ODHS~~ODJFS may use the assigned penalty score in lieu of the facility's actual quarterly average case mix score to calculate the direct care rate for the first month of the payment quarter.
 - (b) ~~ODHS~~ODJFS shall continue to use the assigned penalty quarterly facility average case mix score in lieu of the facility's quarterly average case mix score calculated based on the facility's submitted information until the facility submits resident assessment data that provide sufficient information for classifying at least ninety per cent of all residents in medicaid-certified beds into rug III groups one through forty-four and do not contain any errors as described in paragraph (D) of rule 5101:3-3-40 of the Administrative Code.
 - (c) ~~ODHS~~ODJFS will calculate the facility's case mix score upon receipt of the data required by paragraph (D)(3)(b) of this rule. The calculated

score will be applied prospectively, based upon receipt date, to the next month in the quarter.

- (d) Data that are received too late to be used in the payment quarter will not be used in calculating the facility's annual case mix score.
 - (e) If the facility was subject to an exception review, in accordance with rule ~~5101:3-3-52~~5101:3-3-52.1 of the Administrative Code, for the preceding quarter, the assigned quarterly facility average case mix score shall be the score that is five per cent less than the score determined by the exception review.
 - (f) If the facility was assigned a quarterly average case mix score for the preceding calendar quarter, the assigned quarterly facility average case mix score shall be the score that is five per cent less than the score assigned for the preceding quarter.
- (E) This paragraph describes the method for calculating the annual facility average case mix score for purposes of computing the NF's cost per case mix unit and the direct care peer group maximum cost per case mix unit.
- (1) The annual facility average case mix score shall be calculated from no fewer than two acceptable quarterly average case mix scores. Acceptable quarterly facility average case mix scores shall be summed and divided by the total number of quarters of acceptable scores. Acceptable quarterly average case mix scores for the purposes of calculating the annual facility average case mix score include, in order of hierarchy:
 - (a) Adjusted quarterly facility average case mix scores as a result of exception review findings; or
 - (b) Quarterly average case mix scores calculated based on the facility's submitted information as described in paragraphs (D)(1) and (D)(2) of this rule and used for establishing the facility's direct care rate for at least one month of the payment quarter.
 - (2) If ~~ODHS~~ODJFS has assigned quarterly facility average case mix scores for the facility, in accordance with paragraph (D)(3) of this rule, those scores will be omitted from the facility's annual average case mix score calculation.
 - (3) Except as specified in rule 5101:3-3-53 of the Administrative Code, if at least two acceptable quarterly facility average case mix scores are not available by

March thirty-first of the following calendar year, ~~ODHSODJFS~~ may assign a cost per case mix unit that is five per cent less than the facility's calculated or assigned cost per case mix unit for the preceding calendar year.

- (F) During and after the reporting quarter, ~~ODHSODJFS~~ will process the NF's resident assessment data submitted for rate setting purposes and will send a "Case Mix Report" to the NF. Each "Case Mix Report" will contain the following four components.
- (1) The "Provider Detail Listing of Successfully Grouped Records," by which ~~ODHSODJFS~~ notifies the NF of all records that were received and successfully grouped by ~~ODHSODJFS~~. The report will include information on all assessments received, even if the records will not be used in the quarterly rate setting process;
 - (2) The "Critical Error Summary," by which ~~ODHSODJFS~~ notifies the NF of all records that have critical errors and will be assigned into the default group forty-five unless they are corrected before the end of the reporting quarter in accordance with rule 5101:3-3-40 of the Administrative Code.
 - (3) The "Provider Detail Listing of Records with Critical Errors," by which ~~ODHSODJFS~~ notifies the NF of where each assessment record listed in the critical error summary failed one or more edits; and
 - (4) The ~~discharge and reentry tracking form summary~~ "Discharge and Reentry Tracking Form Summary", by which ~~ODHSODJFS~~ notifies the NF of all discharge and reentry tracking forms that were received by ~~ODHSODJFS~~ for purposes of determining which residents will be included in the quarterly rate setting.
- (G) In addition, during the processing quarter ~~ODHSODJFS~~ shall notify NFs through a preliminary "Calculation of Facility Case Mix Scores" report of records submitted during the reporting quarter up to the filing date, that will be included in calculating the facility average case mix score.
- (1) Facilities may file corrections to these data to the extent permitted by rule 5101:3-3-40 of the Administrative Code.
 - (2) After the end of the corrections period specified in rule 5101:3-3-40 of the Administrative Code, ~~ODHSODJFS~~ shall notify NFs through a final rate setting report of records included in calculating the facility average case mix score.

Effective:

R.C. 119.032 review dates: 10/15/2002

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 5111.02, 5111.231
Rule Amplifies: 5111.01, 5111.02, 5111.231
Prior Effective Dates: 4/15/93 (Emer.), 7/1/93,
7/1/94 (Emer.), 9/30/94,
4/20/95, 7/1/98