

### South Dakota Case Mix Rate Model

Date Prepared: 1/27/2020  
Version: 1.8

**DRAFT - Subject To Change - Not for General Distribution**

This model was developed by Myers and Stauffer LC for the South Dakota Department of Human Services. It is a working model and subject to change. It is intended for use by the Department and the workgroup they have assembled.

### Parameters and Analysis

#### General

**Cost Report Data for Fiscal Years Ending in:**

**Inflation Options:**  
Index:  Through Date:

**Rate Analysis Groupings:**  
**HB/FS:** Hospital Based (shared costs with hospital) vs. Free Standing Facilities  
**U/R:** Urban (within OMB defined CBSA) vs. Rural  
**S/L:** Small vs. Large Facilities **Small Facilities are < or =**  **beds**

Analysis Group:	All	HB	FS	U	R	S	L	NF	AC NFs	638 NFs
Count:	106	19	87	28	78	67	39	97	8	1

#### Direct Care

		All	HB	FS	U	R	S	L	NF	AC NFs	638 NFs
<b>Type of Rate:</b> <input type="text" value="Cost - Ceilings"/>	<b>Occupancy Rule:</b> <input type="text" value="Y"/>	\$ 98.43	\$ 106.37	\$ 96.87	\$ 103.72	\$ 96.38	\$ 91.38	\$ 104.54			
<b>CMI Data Options:</b> Overall CMI Calculation: <input type="text" value="Exclude Mdcr"/> Medicaid CMI Source: <input type="text" value="2018"/>		\$ 164.94	\$ 134.47	\$ 164.94	\$ 151.10	\$ 164.94	\$ 164.94	\$ 151.10			
<b>Ceiling/Limit/Price Calculations:</b> Median: \$ 86.51 Max. Ceiling/Limit/Price: <input type="text" value="125%"/> \$ 108.14 Min. Ceiling: <input type="text" value="115%"/> \$ 99.49 Exclude CMI < 1.0: <input type="text" value="Y"/>	<b>Rate Analysis:</b> Wtd. Avg. Rate: Maximum Rate: Minimum Rate: Average Cost Coverage: Facilities Impacted by Max Limit: Facilities Impacted by Min Limit:	\$ 54.32	\$ 66.58	\$ 54.32	\$ 70.78	\$ 54.32	\$ 54.32	\$ 70.78			
	<b>Maximum Rate @ CMI 1.0:</b> <input type="text" value="\$ 106.41"/>	97.75%	93.00%	99.00%	98.00%	98.00%	99.00%	97.00%			
		15	6	9	4	11	6	9			
		28	11	17	10	18	12	16			

#### General Administrative

		All	HB	FS	U	R	S	L	NF	AC NFs	638 NFs
<b>Type of Rate:</b> <input type="text" value="Cost - Ceilings"/>	<b>Occupancy Rule:</b> <input type="text" value="Y"/>	\$ 19.48	\$ 18.86	\$ 19.60	\$ 19.93	\$ 19.31	\$ 19.19	\$ 19.73			
<b>Other Rate Options:</b> Include with Non-Direct: <input type="text" value="N"/>		\$ 20.33	\$ 20.33	\$ 20.33	\$ 20.33	\$ 20.33	\$ 20.33	\$ 20.33			
<b>Ceiling/Limit/Price Calculations:</b> Median: \$ 18.65 Max. Ceiling/Limit/Price: <input type="text" value="110%"/> \$ 20.52 Min. Ceiling: <input type="text" value="105%"/> \$ 19.58 Exclude CMI < 1.0: <input type="text" value="Y"/> Exclude Chains: <input type="text" value="Y"/>	<b>Rate Analysis:</b> Wtd. Avg. Rate: Maximum Rate: Minimum Rate: Average Cost Coverage: Facilities Impacted by Max Limit: Facilities Impacted by Min Limit:	\$ 10.85	\$ 10.85	\$ 13.66	\$ 13.78	\$ 10.85	\$ 10.85	\$ 13.76			
	<b>Maximum Rate:</b> <input type="text" value="\$ 20.33"/>	73.22%	78.00%	72.00%	65.00%	76.00%	78.00%	69.00%			
		78	12	66	23	55	47	31			
		81	12	69	24	57	48	33			

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Parameters and Analysis

Combined Non-Direct Care

Type of Rate:

Cost - Ceilings

Occupancy Rule:

Y

Rate Analysis

Wtd. Avg. Rate:  
Maximum Rate:  
Minimum Rate:  
Average Cost Coverage:  
Facilities Impacted by Max Limit  
Facilities Impacted by Min Limit

All	HB	FS	U	R	S	L	NF	AC NFs	638 NFs
\$ 68.00	\$ 72.62	\$ 67.09	\$ 66.45	\$ 68.60	\$ 67.32	\$ 68.59			
\$ 77.25	\$ 77.25	\$ 77.25	\$ 77.25	\$ 77.25	\$ 77.25	\$ 77.25			
\$ 41.41	\$ 55.64	\$ 41.41	\$ 50.91	\$ 41.41	\$ 42.35	\$ 41.41			
96.41%	91.00%	97.00%	99.00%	96.00%	97.00%	96.00%			
24	10	14	2	22	13	11			
37	14	23	7	30	24	13			

Ceiling/Limit/Price Calculations

Median	\$	70.87
Max. Ceiling/Limit/Price	110%	\$ 77.96
Min. Ceiling	105%	\$ 74.41
Exclude CMI < 1.0:	Y	

Maximum Rate:

\$ 77.25

Capital

Type of Rate:

Current

Rate Analysis

Wtd. Avg. Rate:  
Maximum Rate:  
Minimum Rate:  
Average Cost Coverage:  
Facilities Impacted by Limit

All	HB	FS	U	R	S	L	NF	AC NFs	638 NFs
\$ 10.88	\$ 8.31	\$ 11.38	\$ 12.26	\$ 10.34	\$ 8.52	\$ 12.92			
\$ 17.62	\$ 17.62	\$ 17.62	\$ 17.62	\$ 17.62	\$ 17.62	\$ 17.62			
\$ 0.54	\$ 1.29	\$ 0.54	\$ 0.93	\$ 0.54	\$ 0.54	\$ 3.50			
93.56%	95.00%	93.00%	92.00%	94.00%	97.00%	90.00%			
19	3	16	7	12	7	12			

Ceiling/Limit/Price Calculations

Median	\$	-
Max. Ceiling/Limit/Price	\$	17.62
Min. Ceiling		NA

Maximum Rate:

\$ 17.62

Overall Analysis

Estimated Fiscal Impact

Wtd. Avg. Rate	\$	169.99
Medicaid Days		1,046,134
Estimated Cost	\$	177,837,441.38
Estimated VBP Payments	\$	1,887,863.00
Total Wtd. Avg. Rate	\$	171.80

Rate Analysis

Wtd. Avg. Rate:  
Maximum Rate:  
Minimum Rate:  
Average Cost Coverage:  
Facilities Impacted by Increase Limit:

All	HB	FS	U	R	S	L	NF	AC NFs	638 NFs
\$ 169.99	\$ 183.68	\$ 167.31	\$ 171.41	\$ 169.45	\$ 165.52	\$ 173.87			
\$ 221.27	\$ 221.27	\$ 210.99	\$ 210.99	\$ 221.27	\$ 221.27	\$ 201.81			
\$ 127.27	\$ 138.48	\$ 127.27	\$ 127.27	\$ 129.42	\$ 127.27	\$ 138.20			
84.87%	83.00%	85.00%	84.00%	85.00%	88.00%	82.00%			
96	17	79	26	70	58	38			

Impose Increase Limit:

Y

Reg NF Increase Limit %:

8%

AC NF Increase Limit %:

10%

638 NF Increase Limit %:

10%