Kansas Medicaid / MediKan

Case Mix Schedule 1st - 2nd QTR 2024 ANNUAL

Total Inflated Adjusted Costs: \$1,073,224 \$1,010,728 \$927,582 Total Combined Base Cost: \$3,011,534	I: 1.0279
Address: City/State/Zip: Administrator: ***Cost Report Statistics** Calendar Year Cost Reports Used for Base Data: 12/31/2020 12/31/2021 12/31/2022 12/31/2022 12/31/2022 12/31/2022 11/31/2022	
Address: City/State/Zip: Administrator: Cost Report Statistics Calendar Year Cost Reports Used for Base Data: 12/31/2020 12/31/2021 12/31/2022 Inflation Factor: 17.888% 13.358% 5.807% Facility Cost Report Period CMI: 1.0041 1.0618 1.1287 Statewide Average CMI: 1.0041 1.0618 1.1287 Statewide Average CMI: 1.0041 1.0618 1.0865 1.0813 [b] No ro NFMM Beds: 65 60 60 60 80 80 80 80 80 80 80 80 80 80 80 80 80	
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Cost Report Adjustments: (\$2,370) \$0 (\$97)	
Total Adjusted Costs: \$1,525,197 \$1,676,016 \$1,669,877	
Total Inflated Adjusted Costs: \$1,798,024 \$1,899,898 \$1,766,847	
Total CMI Adjusted Cost: \$1,917,104 \$1,944,631 \$1,700,788	
Total Combined Base Cost: \$5,562,523	
Days Used in Division DHC: 19,174 17,244 14,729 51,147	
108.76 Case Mix Adju	sted DHC Per Dier
186.15 DHC Per Diem	
108.76 Allowable DHC	
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Deal and Daysonal Dranative Fee	
12.87 Real and Personal Property Fee 12.87 Real Property F	nal Property Fee
0.00 RPPF Rebase	
	6
12.87 RPPF Before L	% Add On
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Calculation of Medicaid Rate Operating, IDHC, and DHC Rates and RPPF (1) + (2) + (3) + (4): 224.94	6 Add On imit n
Operating, IDHC, and DHC Rates and RPPF (1) + (2) + (3) + (4): 1 Incentive Factor 2.50	6 Add On imit n
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PEAK 2.0 1.25	6 Add On imit n
Bed Tax Adjustment 3.33	6 Add On imit n
Medicaid Add-On 19.58	6 Add On imit n
Minimum Wage Adjustment 0.00	6 Add On imit n
Total Medicaid Rate Effective 07/01/2023 251.60	6 Add On imit n