

Glossary:

1. **Case-Mix Index** – A numeric score that identifies the relative resources used by similar residents or facilities and represents the average resource consumption of those residents or facilities
2. **Case-Mix Neutralization** – The process of removing cost variations for direct patient care costs associated with different levels of resident case-mix
3. **DMAS** – Department of Medical Assistance Services
4. **FRV** – Fair Rental Value
5. **NATCEP** – Nurse Aide Training and Competency Evaluation Program
6. **NHDB** – Nursing Home Database
7. **Case-Mix Normalization** – The process by which the average case mix for the state is set to 1.0
8. **Passive Enrollment** –All eligible members are enrolled unless they take action to disenroll. This applies to the Medicare-Medicaid Alignment Demonstration
9. **PFY** – Provider Fiscal Year
10. **Rebasing** – The process of updating cost data used to calculate peer group ceilings or prices for subsequent base years
11. **Resource Utilization Groups (RUGs)** – A resident classification system that classifies residents by the intensity of each resident’s needs. DMAS currently uses a RUGs III grouper. The most current grouper is RUGS IV. The number of classifications can vary based on the population and purpose.
12. **SFY** – State Fiscal Year