2. A change of ownership exists if the beds of the new owner have previously been certified to participate, or otherwise participated, in the Medicaid program under the previous owner's provider agreement. Rates paid to facilities that have undergone a change in ownership will be based upon the acuity, costs, capital data, and pass-through of the prior owner. Thereafter, the new owner's data will be used to determine the facility's rate following the procedures specified in section C.2.c.

3. Existing facilities with disclaimer status includes any facility that receives a qualified audit opinion or disclaimer on the cost report used for rebase under section C.2.a. Facilities with a disclaimed cost report status may have adjustments made to their rates based on an evaluation by the Secretary of the Department.

4. Existing facilities with non-filer status includes any facility that fails to file a complete cost report in accordance with section A. These facilities will have their case-mix rates adjusted as follows:
   a. The statewide direct care and care related price shall be apportioned between the per diem direct care component and the per diem care related component using percentages that result in the lowest overall rate.

   b. No property tax and insurance pass-through reimbursement shall be included in the case-mix rate.

   c. The fair rental value rate calculated shall be based on 100 percent occupancy.

C. REIMBURSEMENT TO PRIVATE AND NON-STATE GOVERNMENT OWNED OR OPERATED NURSING FACILITIES

1. Definitions

Active Assessment: A resident minimum data set (MDS) assessment is considered active when it has been accepted by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS). The assessment will remain active until:

a. a subsequent MDS assessment for the same resident has been accepted by CMS~~,~~;

b. the maximum number of days (121) for the assessment has been reached~~,~~;

c. the record has been replaced by a modified assessment;

d. the record has been inactivated; or

e. the resident has been discharged.

Administrative and Operating Cost Component: The portion of the Medicaid daily rate that is attributable to the general administration and operation of a nursing facility.

Assessment Reference Date (ARD): The ~~date on~~ last day of the ~~Minimum Data Set (~~MDS~~)~~ observation period, denoted at MDS item A2300. This date is used to determine the due date and delinquency of assessments.