

## **Table of Contents**

**State/Territory Name: KS**

**State Plan Amendment (SPA) #: 14-0020**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages



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**Financial Management Group**

**MAY 07 2015**

Mr. Michael Randol, Director  
Division of Health Care Finance  
Kansas Department of Health and Environment  
Landon State Office Building  
900 SW Jackson, Room 900-N  
Topeka, KS 66612-1220

RE: Kansas State Plan Amendment TN: 14-020

Dear Mr. Randol:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 14-020. This amendment updates provisions of the Nursing Facility (NF) and Nursing Facility for Mental Health (NF-MH) Quality and Efficiency Incentive Factor per diem add-on. This amendment updates charts and exhibits within the State plan that demonstrate the revised factors and limits applicable to the new rate period beginning with SFY 2015. This amendment also modifies provisions of the PEAK Nursing Home Incentive Program.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment 14-020 is approved effective July 1, 2014. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Tim Weidler at (816) 426-6429.

Sincerely,

Timothy Hill  
Director

A handwritten signature in black ink, appearing to be 'Timothy Hill', written over the printed name and title.

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: SPA #KS 14-20	2. STATE Kansas
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:  42 CFR 447.201, 42 CFR 442.10		7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$1,756,554.00 b. FFY 2015 \$5,269,661.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment, 4.19-D, Part 1, Subpart C, Exhibit C-1, Pages 14, 15, 16, 17, 17a, 18, 18a Attachment, 4.19-D, Part 1, Subpart C, Exhibit C-2, Pages 3b, 3c, 4, 5 & 5a Attachment, 4.19-D, Part 1, Subpart C, Exhibit C-3, Pages 3 & 3a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment, 4.19-D, Part 1, Subpart C, Exhibit C-1, Pages 14, 15, 16, 17 & 18 Attachment, 4.19-D, Part 1, Subpart C, Exhibit C-2, Pages 3b, 4 & 5 Attachment, 4.19-D, Part 1, Subpart C, Exhibit C-3, Pages 3 & 3a	
10. SUBJECT OF AMENDMENT: Nursing facility annual rate increases			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		X OTHER, AS SPECIFIED: Susan Mosier is the Governor's Designee	
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO: Susan Mosier, M.D. Michael Randol KDHE: Division of Health Care Finance Landon State Office Building 900 SW Jackson, Room 900-N Topeka, KS 66612-1220	
13. TYPED NAME:			
14. TITLE: Director, Division of Health Care Finance			
15. DATE SUBMITTED: September 30, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: MAY 07 2015	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 01 2014		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Kristin Fan		22. TITLE: Deputy Director, FMC	
23. REMARKS: "Pen + ink" changes to Boxes 12, 13 and 16 to reflect the new State Medicaid Director, per the States request.			

Methods and Standards for Establishing Payment Rates  
Nursing Facilities and Nursing Facilities-Mental Health

Narrative Explanation of Nursing Facility Reimbursement Formula

The table below summarizes the incentive factor outcomes and per diem add-ons:

INCENTIVE OUTCOME	INCENTIVE POINTS
CMI adjusted staffing ratio $\geq$ 75th percentile (4.97), or CMI adjusted staffing $<$ 75th percentile but improved $\geq$ 10%	\$2.25
Staff turnover rate $\leq$ 75th percentile, 42 % or Staff turnover rate $>$ 75th percentile but reduced $\geq$ 10%	\$0.20
Medicaid occupancy $\geq$ 60%	\$2.25
	\$0.20
	\$1.00
Total Incentive Points Available	\$5.90

Nursing Facility for Mental Health Quality and Efficiency Incentive Factor:

The Quality and Efficiency Incentive plan for Nursing Facilities for Mental Health (NFMH) will be established separately from NF. NFMH serve people who often do not need the NF level of care on a long term basis. There is a desire to provide incentive for NFMH to work cooperatively and in coordination with Community Mental Health Centers to facilitate the return of persons to the community.

The Quality and Efficiency Incentive Factor is a per diem add-on ranging from zero to three dollars. It is designed to encourage quality care, efficiency and cooperation with discharge planning. The incentive factor is determined by five outcome measures: case-mix adjusted nurse staffing ratio; operating expense; staff turnover rate; staff retention rate; and occupancy rate. Each provider is awarded points based on their outcomes measures and the total points for each provider determine the per diem incentive factor included in the provider's rate calculation.

Providers may earn up to two incentive points for their case mix adjusted nurse staffing ratio. They will receive two points if their case-mix adjusted staffing ratio equals or exceeds 4.02, which is 120% of the statewide NFMH median of 3.35. They will receive one point if the ratio is less than 120% of the NFMH median but greater than or equal to 3.69, which is 110% of the statewide NFMH median. Providers with staffing ratios below 110% of the NFMH median will receive no points for this incentive measure.

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Nursing Facilities and Nursing Facilities-Mental Health

Narrative Explanation of Nursing Facility Reimbursement Formula

NFMH providers may earn one point for low occupancy outcomes measures. If they have total occupancy less than 90% they will earn a point.

NFMH providers may earn one point for low operating expense outcomes measures. They will earn a point if their per diem operating expenses are below \$17.74, or 90% of the statewide median of \$19.71.

NFMH providers may earn up to two points for their turnover rate outcome measure. Providers with direct health care staff turnover equal to or below 24%, the 75<sup>th</sup> percentile statewide, will earn two points as long as contracted labor costs do not exceed 10% of the provider's total direct health care labor costs. Providers with direct health care staff turnover greater than 24% but equal to or below 36%, the 50<sup>th</sup> percentile statewide, will earn one point as long as contracted labor costs do not exceed 10% of the provider's total direct health care labor costs.

Finally, NFMH providers may earn up to two points for their retention rate outcome measure. Providers with staff retention rates at or above 84%, the 75<sup>th</sup> percentile statewide will earn two points. Providers with staff retention rates at or above 75%, the 50<sup>th</sup> percentile statewide will earn one point.

The table below summarizes the incentive factor outcomes and points:

QUALITY/EFFICIENCY OUTCOME	INCENTIVE POINTS
CMI adjusted staffing ratio $\geq$ 120% (4.02) of NF-MH median (3.35), or CMI adjusted staffing ratio between 110% (3.69) and 120%	2, or 1
Total occupancy $\leq$ 90%	1
Operating expenses $<$ \$17.74, 90% of NF-MH median, \$19.71	1
Staff turnover rate $\leq$ 75th percentile, 24% Staff turnover rate $\leq$ 50th percentile, 36% Contracted labor $<$ 10% of total direct health care labor costs	2, or 1
Staff retention $\geq$ 75th percentile, 84% Staff retention $\geq$ 50th percentile, 75%	2, or 1
Total Incentive Points Available	8

## KANSAS MEDICAID STATE PLAN

Attachment 4.19D

Part 1

Subpart C

Exhibit C-1

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### Methods and Standards for Establishing Payment Rates Nursing Facilities and Nursing Facilities-Mental Health

#### Narrative Explanation of Nursing Facility Reimbursement Formula

points will be used to determine each provider's incentive factor based on the following table.

<u>Total Incentive Points:</u>	<u>Incentive Factor Per Diem:</u>
Tier 1: 6-8 points	\$7.50
Tier 2: 5 points	\$5.00
Tier 3: 4 points	\$2.50
Tier 4: 0-3 points	\$0.00

#### The Culture Change/Person-Centered Care Incentive Program

The Culture Change/Person-Centered Care Incentive Program (PEAK 2.0) includes five different incentive levels to recognize homes that are either pursuing culture change, have made major achievements in the pursuit of culture change, have met minimum competencies in person-centered care, have sustained person-centered care, or are mentoring others in person-centered care.

Each incentive level has a specific pay-for-performance incentive per diem attached to it that homes can earn by meeting defined outcomes. The first two levels are intended to encourage quality improvement for homes that have not yet met the minimum competency requirements for a person-centered care home. Homes can earn both of these incentives simultaneously as they progress toward the minimum competency level. The third level recognizes those homes that have attained a minimum level of core competency in person-centered care. The fourth and fifth levels are reserved for those homes that have demonstrated sustained person-centered care for multiple years and have gone on to mentor other homes in their pursuit of person-centered care. The table below provides a brief overview of each of the levels.

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## Methods and Standards for Establishing Payment Rates Nursing Facilities and Nursing Facilities-Mental Health

### Narrative Explanation of Nursing Facility Reimbursement Formula

#### PEAK Nursing Home Incentive Program

Level & Per Diem Incentive	Summary of Required Nursing Home Action	Incentive Duration
<p>Level 0</p> <p>The Foundation</p> <p>\$0.50</p>	<p>Home completes the KCCI evaluation tool according to the application instructions. Home participates in all required activities noted in "The Foundation" timeline and workbook. Homes that do not complete the requirements at this level must sit out of the program for one year before they are eligible for reapplication.</p>	<p>Available beginning July 1 of enrollment year. Incentive granted for one full fiscal year.</p>
<p>Level 1</p> <p>Pursuit of Culture Change</p> <p>\$0.50</p>	<p>Homes should submit the KCCI evaluation tool (annually). Home submits an action plan addressing 4 PEAK 2.0 cores in Domains 1-4. The home self-reports progress on the action planned cores via phone conference with the PEAK team. The home may be selected for a random site visit. The home must participate in the random site visit, if selected, to continue incentive payment. Homes should demonstrate successful completion of 75% of core competencies selected. A home can apply for Levels 1 &amp; 2 in the same year. Homes that do not achieve Level 2 with three consecutive years of participation at Level 1 must return to a Level 0 or sit out for two years depending on KDADS and KSU's recommendation.</p>	<p>Available beginning July 1 of enrollment year. Incentive granted for one full fiscal year.</p>

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Narrative Explanation of Nursing Facility Reimbursement Formula

<p>Level 2</p> <p>Culture Change Achievement</p> <p>\$1.00</p>	<p>This is a bridge level to acknowledge achievement in Level 1. Homes may receive this level at the same time they are working on other PEAK core areas at Level 1. Homes may receive this incentive for up to 3 years. If Level 3 is not achieved at the end of the third year, homes must start back at Level 0 or 1 depending on KDADS and KSU's recommendation.</p>	<p>Available beginning July 1 following confirmed completion of action plan goals. Incentive is granted for one full fiscal year.</p>
<p>Level 3</p> <p>Person-Centered Care Home</p> <p>\$2.00</p>	<p>Demonstrates minimum competency as a person-centered care home (see KDADS full criteria). This is confirmed through a combination of the following: Demonstration of success in other levels of the program. Performing successfully on a Level 2 screening call with the KSU PEAK 2.0 team. Passing a full site visit.</p>	<p>Available beginning July 1 following confirmed minimum competency as a person-centered care home. Incentive is granted for one full fiscal year. Renewable bi-annually.</p>
<p>Level 4</p> <p>Sustained Person-Centered Care Home</p> <p>\$3.00</p>	<p>Homes earn person-centered care home award two consecutive years.</p>	<p>Available beginning July 1 following confirmation of the upkeep of minimum person-centered care competencies. Incentive is granted for two fiscal years. Renewable bi-annually.</p>



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## Methods and Standards for Establishing Payment Rates Nursing Facilities and Nursing Facilities-Mental Health

### Narrative Explanation of Nursing Facility Reimbursement Formula

Level 5  Person-Centered Care Mentor Home  \$4.00	Homes earn sustained person-centered care home award and successfully engage in mentoring activities suggested by KDADS (see KDADS mentoring activities). Mentoring activities should be documented.	Available beginning July 1 following confirmation of mentor home standards. Incentive is granted for two fiscal years. Renewable bi-annually.
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### Survey and Certification Performance Adjustment

The survey and certification performance of each NF and NF-MH provider will be reviewed prior to any incentive factor payment. In order to qualify for the incentive factor a home must not have received any health care survey deficiency of scope and severity level "H" or higher during the survey review period. Homes that receive "G" level deficiencies, but no "H" level or higher deficiencies, and that correct the "G" level deficiencies within 30 days of the survey, will receive 50% of the calculated incentive factor. Homes that receive no deficiencies higher than scope and severity level "F" will receive 100% of the calculated incentive factor. The survey and certification review period will be the 15-month period ending one quarter prior to the rate effective date. The following table lists the rate effective dates and corresponding review period end dates.

#### Rate Effective Date:

July 1  
October 1  
January 1  
April 1

#### Review Period End Date:

March 31st  
June 30th  
September 30th  
December 31st

### 10) Rate Effective Date

Rate effective dates are determined in accordance with K.A.R. 30-10-19. The rate may be revised for an add-on reimbursement factor (i.e., rebased property fee), desk review adjustment or field audit adjustment.

TN-MS-KS 14-20 Approval Date **MAY 07 2015** Effective Date: July 1, 2014 Supersedes TN-MS-12-06

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**11) Retroactive Rate Adjustments**

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Exhibit C-2

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PEAK INCENTIVE FACTOR EFFECTIVE 07/01/14

Level & Per Diem Incentive	Summary of Required Nursing Home Action	Incentive Duration
<p>Level 0</p> <p>The Foundation</p> <p>\$0.50</p>	<p>Home completes the KCCI evaluation tool according to the application instructions. Home participates in all required activities noted in "The Foundation" timeline and workbook. Homes that do not complete the requirements at this level must sit out of the program for one year before they are eligible for reapplication.</p>	<p>Available beginning July 1 of enrollment year. Incentive granted for one full fiscal year.</p>
<p>Level 1</p> <p>Pursuit of Culture Change</p> <p>\$0.50</p>	<p>Homes should submit the KCCI evaluation tool (annually). Home submits an action plan addressing 4 PEAK 2.0 cores in Domains 1-4. The home self-reports progress on the action planned cores via phone conference with the PEAK team. The home may be selected for a random site visit. The home must participate in the random site visit, if selected, to continue incentive payment. Homes should demonstrate successful completion of 75% of core competencies selected. A home can apply for Levels 1 &amp; 2 in the same year. Homes that do not achieve Level 2 with three consecutive years of participation at Level 1 must return to a Level 0 or sit out for two years depending on KDADS and KSU's recommendation.</p>	<p>Available beginning July 1 of enrollment year. Incentive granted for one full fiscal year.</p>
<p>Level 2</p> <p>Culture Change Achievement</p> <p>\$1.00</p>	<p>This is a bridge level to acknowledge achievement in Level 1. Homes may receive this level at the same time they are working on other PEAK core areas at Level 1. Homes may receive this incentive for up to 3 years. If Level 3 is not achieved at the end of the third year, homes must start back at Level 0 or 1 depending on KDADS and KSU's recommendation.</p>	<p>Available beginning July 1 following confirmed completion of action plan goals. Incentive is granted for one full fiscal year.</p>

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<p>Level 3</p> <p>Person-Centered Care Home</p> <p>\$2.00</p>	<p>Demonstrates minimum competency as a person-centered care home (see KDADS full criteria). This is confirmed through a combination of the following: High score on the KCCI evaluation tool. Demonstration of success in other levels of the program. Performing successfully on a Level 2 screening call with the KSU PEAK 2.0 team. Passing a full site visit.</p>	<p>Available beginning July 1 following confirmed minimum competency as a person-centered care home. Incentive is granted for one full fiscal year. Renewable biennially.</p>
<p>Level 4</p> <p>Sustained Person-Centered Care Home</p> <p>\$3.00</p>	<p>Homes earn person-centered care home award two consecutive years.</p>	<p>Available beginning July 1 following confirmation of the upkeep of minimum person-centered care competencies. Incentive is granted for two fiscal years. Renewable biennially.</p>
<p>Level 5</p> <p>Person-Centered Care Mentor Home</p> <p>\$4.00</p>	<p>Homes earn sustained person-centered care home award and successfully engage in mentoring activities suggested by KDADS (see KDADS mentoring activities). Mentoring activities should be documented.</p>	<p>Available beginning July 1 following confirmation of mentor home standards. Incentive is granted for two fiscal years. Renewable biennially.</p>

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Exhibit C-2

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OWNER/RELATED PARTY SALARY LIMITATIONS  
EFFECTIVE 07/01/14

Job Classification		Salary Range**	Bed Capacity				
			0-59	60-120	121+	0-99	100 Any Size
Administrator	*	23	35,235				
	*	28		45,032			
	*	31			52,104		
Co-Administrator	*	19	29,016				
	*	22		33,613			
	*	24			37,003		
Accountant II		25					38,896
Attorney II		33					57,429
Bookkeeper		15					23,878
Secretary II		15					23,878
Gen. Maint. & Repair Tech Senior		18					27,643
Physical Plant Supervisor		24					37,003
Physical Plant Supervisor Senior		26					40,872
Cook Senior		14					22,714
Food Service Supervisor Senior		19					29,016
Housekeeping/Laundry Worker		10					18,720
Director of Nursing (RN III)	*	30					49,650
Registered Nurse	*	29					47,258
Licensed Practical Nurse (LPN)	*	19					29,016
LPN Supervisor	*	20					30,493
Health Care Assistant (Nurse Aides)	*	13					21,694
Mental Health Aide		14					22,714
Physical Therapist II	*	27					42,806
Physical Therapist Aide		13					21,694
Occupational Therapist II	*	26					40,872
Speech Pathologist/Audiologist I	*	26					40,872
Activity Therapy Tech.		14					22,714
Activity Therapist I	*	23					35,235
Social Worker Specialist	*	25					38,896
Medical Records Administrator		24					37,003
Medical Records Technician		19					29,016
Central Office Staff (3+ Facilities)							
Chief Executive Officer		36					66,518
Chief Operating Officer		34					60,382
All Other Chief Officers		31					52,104
* License/Registration/Certificate Requirement							
** Step 5 of the salary range has been used to set the limits.							

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Exhibit C-2

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OWNER/ADMINISTRATOR LIMITATION TABLE EFFECTIVE 07/01/14

Number	Total Bed	Maximum Owner/Admin	Limit			Cost of Living State Emp.
of Beds	Days	Compensation	PPD	F/Y	Amount	
15	5,475	\$22,327	\$4.08	76	10,000	---
16	5,840	24,541	\$4.20	77	10280	2.800%
17	6,205	26,755	\$4.20	78	10537	2.500%
18	6,570	28,969	\$4.41	79	11301	7.250%
19	6,935	31,183	\$4.50	80	11781	4.250%
20	7,300	33,397	\$4.57	81	12617	7.100%
21	7,665	35,611	\$4.65	82	13248	5.000%
22	8,030	37,825	\$4.71	83	14109	6.500%
23	8,395	40,039	\$4.77	84	14426	2.250%
24	8,760	42,253	\$4.82	85	15147	5.000%
25	9,125	44,467	\$4.87	86	15933	5.190%
26	9,490	46,681	\$4.92	87	16411	3.000%
27	9,855	48,895	\$4.96	88	16575	1.000%
28	10,220	51,109	\$5.00	89	17238	4.000%
29	10,585	53,323	\$5.04	90	17755	3.000%
30	10,950	55,537	\$5.07	91	18021	1.500%
31	11,315	57,751	\$5.10	92	18021	0.000%
32	11,680	59,965	\$5.13	93	18111	0.500%
33	12,045	62,179	\$5.16	94	18202	0.500%
34	12,410	64,393	\$5.19	95	18407	1.125%
35	12,775	66,607	\$5.21	96	18591	1.000%
36	13,140	68,821	\$5.24	97	18591	0.000%
37	13,505	71,035	\$5.26	98	18777	1.000%
38	13,870	73,249	\$5.28	99	19059	1.500%
39	14,235	75,463	\$5.30	00	19250	1.000%
40	14,600	77,677	\$5.32	01	19250	0.000%
41	14,965	79,891	\$5.34	02	19683	2.250%
42	15,330	82,105	\$5.36	03	19683	0.000%
43	15,695	84,319	\$5.37	04	19978	1.500%
44	16,060	86,533	\$5.39	05	20577	3.000%
45	16,425	88,747	\$5.40	06	20834	1.250%
46	16,790	90,961	\$5.42	07	21355	2.500%
47	17,155	93,175	\$5.43	08	21782	2.000%
48	17,520	95,389	\$5.44	09	22327	2.500%
49	17,885	97,603	\$5.46	10	22327	0.000%
50	18,250	99,817	\$5.47	11	22327	0.000%
				12	22327	0.000%
				13	22327	0.000%
				14	22327	0.000%
				15	22327	0.000%

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Exhibit C-2

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OWNER/ADMINISTRATOR LIMITATION TABLE EFFECTIVE 07/01/14

90th Percentile PPD  
Administrator & Co-  
Administrator Salary.

COMPILATION OF NF  
INCENTIVE POINTS AWARDED  
EFF. 07/01/14

INCENTIVE AWARDED	# OF PROVIDERS	PERCENTAGE
\$0.00	80	24.8%
\$0.20	23	7.1%
\$0.40	2	0.6%
\$1.00	65	20.2%
\$1.20	37	11.5%
\$1.40	5	1.6%
\$2.25	47	14.6%
\$2.45	6	1.9%
\$3.25	19	5.9%
\$3.45	4	1.2%
\$4.50	23	7.1%
\$5.50	11	3.4%
TOTALS	322	100%

PEAK INCENTIVE AWARDED	# OF PROVIDERS	PERCENTAGE
\$0.00	100	31.1%
\$0.50	164	50.9%
\$1.50	50	15.5%
\$2.00	2	0.6%
\$3.00	1	0.3%
\$4.00	5	1.6%
TOTALS	322	100.0%



COMPILATION OF NF-MH  
INCENTIVE POINTS AWARDED  
EFF. 07/01/14

INCENTIVE AWARDED	# OF PROVIDERS	PERCENTAGE
\$0.00	7	63.6%
\$2.50	1	9.1%
\$5.00	2	18.2%
\$7.50	1	9.1%
TOTALS	11	100.0%

PEAK INCENTIVE AWARDED	# OF PROVIDERS	PERCENTAGE
\$0.00	6	54.4%
\$0.50	3	27.3%
\$1.00	2	18.2%
\$2.00	0	0.0%
\$3.00	0	0.0%
\$4.00	0	0.0%
TOTALS	11	100.0%