

State of Washington
Review of Nursing Facility Medicaid Payment Rates and Costs
Summary

	Payment-to-Cost Ratios	Payment-to-Cost Ratios
	SFY 2020	SFY 2021
<i>STANDARD NURSING FACILITIES</i>		
TOTAL - Median	89.2%	98.9%
TOTAL - Weighted Average	87.4%	96.0%
<i>HOSPITAL-BASED NURSING FACILITIES</i>		
TOTAL - Median	62.4%	68.5%
TOTAL - Weighted Average	77.5%	81.8%
<i>VETERANS & TRIBAL NURSING FACILITIES</i>		
TOTAL - Median	54.6%	60.7%
TOTAL - Weighted Average	50.6%	56.3%
<i>ALL NURSING FACILITIES</i>		
TOTAL - Median	88.3%	98.0%
TOTAL - Weighted Average	86.0%	94.3%

State of Washington
Review of Nursing Facility Medicaid Payment Rates and Costs
Summary - Grouped by Type of Facility and
Payment-to-Cost Quartile

Payment-to-Cost Ratios				Nursing Facility Characteristics														Median C	
Number of Nursing Facilities	Number of Nursing Facilities			Number of Days and Beds								Estimated Payments and Costs FYE 2018				Indi			
	Median	Weighted Average	For Profit	For Profit / Non Profit		MSA / Non MSA		Total Nursing Facility				Medicaid		Total Rate for SFY 2020 (Median)	Total Cost Per Day Adj. for Facility CMI=1.0 (Median)	Estimated Payments	Avg CY 2017 Total Facility CMI		
				Non Profit	MSA	Non MSA	Adjusted Days	Adjusted Beds	Adjusted Available Bed Days	Occupancy (Median)	Occupancy (Wtd Avg)	Adjusted Days	Percentage (Median)					Percentage (Wtd Avg)	
STANDARD NURSING FACILITIES																			
Quartile 1 (Lowest Cost)	47	99.0%	99.3%	43	4	42	5	1,477,003	4,874	1,779,010	84.3%	83.0%	948,729	63.7%	64.2%	221.66	134.87	212,699,588	2.7060
Quartile 2	47	92.0%	92.1%	38	9	39	8	1,489,741	5,136	1,874,640	82.7%	79.5%	963,321	63.0%	64.7%	220.98	148.78	217,166,215	2.6170
Quartile 3	47	85.5%	84.8%	44	3	41	6	1,276,274	4,784	1,733,684	77.0%	73.6%	843,409	66.2%	66.1%	215.27	158.59	183,381,422	2.5370
Quartile 4 (Highest Cost)	47	70.2%	68.9%	20	27	40	7	1,093,460	4,013	1,464,745	80.0%	74.7%	552,136	45.4%	50.5%	204.80	179.46	114,616,206	2.7030
TOTAL	188	89.2%	87.4%	145	43	162	26	5,336,478		6,852,079	81.1%	77.9%	3,307,595	63.0%	62.0%	215.30	152.74	727,863,431	2.6430
HOSPITAL-BASED NURSING FACILITIES																			
TOTAL	7	62.4%	77.5%	-	7	1	6	70,985	222	81,030	87.6%	87.6%	56,123	75.5%	79.1%	176.62	227.74	17,484,291	2.2220
VETERANS & TRIBAL NURSING FACILITIES																			
TOTAL	4	54.6%	50.6%	-	4	3	1	151,903	481	175,565	81.8%	86.5%	87,457	53.8%	57.6%	170.32	184.19	14,752,555	2.1670
ALL NURSING FACILITIES																			
TOTAL	199	88.3%	86.0%	145	54	166	33	5,559,366	19,510	7,108,674	81.7%	78.2%	3,451,175	63.1%	62.1%	214.59	153.26	760,100,277	2.6200

Note: All Costs, Days, and Beds are based on 2017 Adjusted Amounts. Case Mix Indices used were 2017 Average Facility CMI's and Semi-Annual 2017 Average Medicaid CMI's. Estimated payments based on estimated FYE 2020 rate x 2017 adjusted Medicaid days.

State of Washington
Review of Nursing Facility Medicaid Payment Rates and Costs
Summary - Grouped by Type of Facility and
Payment-to-Cost Quartile

Case Mix
Costs
April 2017 -
September
2017
Medicaid
CMI

2.5190

2.4210

2.3460

2.3630

2.3970

2.0980

2.0540

2.3830

Review of Nursing Facility Medicaid Payment Rates and Costs Summary - Grouped by Type of Facility and Payment-to-Cost Quartile

Table with 26 columns: Location, Vendor, Facility Name, Ownership, County, Peer, and Estimated FYE 2020 Rates and Costs Per Day. Includes sub-headers for Total Rate SFY, Cost Per Day Adj., Total Cost Per Day Adj., Rate in Excess of Cost, Payment-to-Cost Ratio, 2017 Adjusted Medicaid Days, Estimated Payments, Estimated Costs, Excess of Cost, Payment-to-Cost Ratio, 2017 Adjusted Total Beds, Days in Cost Report Time Period, 2017 Adjusted Available Days, Occupancy, % Medicaid Percentage, Avg CY 2017 Facility CMI, and April 2017 September 2017 Medicaid CMI.

Review of Nursing Facility Medicaid Payment Rates and Costs
Summary - Grouped by Type of Facility and
Payment-to-Cost Quartile

Table with columns: Location, Vendor, Facility Name, Ownership, County, Peer, Estimated FYE 2020 Rates and Costs Per Day (Total Rate SFY 2020, Cost Per Day Adj., Total Cost Per Day Adj., Rate in Excess of Cost, Payment-to-Cost Ratio, Adjusted Medicaid Days), Estimated FYE 2020 Total Payments and Costs (Estimated Payments, Estimated Costs, Payments in Excess of Cost, Payment-to-Cost Ratio, Adjusted Total Beds), Occupancy (Days in Cost Report Time Period, 2017 Adjusted Days, Occupancy), % (Medicaid Percentag e, Avg FY Total Facility CMI), and Case Mix Indices (April 2017 2017 CMI).

State of Washington
Review of Nursing Facility Medicaid Payment Rates and Costs
Summary - Grouped by Type of Facility and
Payment-to-Cost Quartile

Table with columns: Location, Vendor, FACILITY NAME, Ownership Type, County, Peer, Estimated FYE 2020 Rates and Costs Per Day, Estimated FYE 2020 Total Payments and Costs, Occupancy, %, Case Mix Indices. Includes summary rows for Quartiles 1-4 and All Standard Nursing Facilities.

**State of Washington
Review of Nursing Facility Medicaid Payment Rates and Costs
Summary - Grouped by Type of Facility and
Payment-to-Cost Quartile**

Location	Vendor	FACILITY NAME	Ownership Type	County	Peer	Estimated FYE 2020 Rates and Costs Per Day						Estimated FYE 2020 Total Payments and Costs				Occupancy				%	Case Mix Indices		
						Total Rate SFY 2020	Cost Per Day Adj. for CMI=1.0	Total Cost Per Day Adj. for Medicaid CMI	Rate in Excess of Cost	Payment-to-Cost Ratio	2017 Adjusted Medicaid Days	Estimated Payments	Estimated Costs	Payments in Excess of Cost	Payment-to-Cost Ratio	2017 Adjusted Total Days	2017 Adjusted Total Beds	Days in Cost Report Time Period	2017 Adjusted Available Days		Occupancy	Medicaid Percentage	Avg CY 2017 Total Facility CMI
A	B	C	D	E	F	G	H	I	J=G-I	K=G/I	L	M=G*L	N=I*L	O=M-N	P=M/N	Q	R	S	T=R*S	U=Q/T	V=L/Q	W	X
TRIBAL/VETERAN'S FACILITIES																							
31560	4176400	COLVILLE TRIBAL CONVALESCENT CENTER	Non-Profit	Okanogan	NON MSA	168.26	162.40	255.79	(87.53)	65.8%	10,463	1,760,504	2,676,331	(915,827)	65.8%	11,301	44	365	16,060	70.4%	92.6%	1,9730	1,9930
40330	4000006	WASHINGTON VETERANS HOME-RETSIL	Non-Profit	Kitsap	MSA	164.77	181.68	296.22	(131.45)	55.6%	49,994	8,237,511	14,809,223	(6,571,712)	55.6%	83,129	240	365	87,600	94.9%	60.1%	2,1390	1,9230
35060	4000121	SPOKANE VETERAN'S HOME	Non-Profit	Spokane	MSA	178.70	186.70	333.06	(154.36)	53.7%	15,867	2,835,433	5,284,663	(2,449,230)	53.7%	33,973	100	365	36,500	93.1%	46.7%	2,1950	2,1300
40340	4000014	WASHINGTON SOLDIERS HOME	Non-Profit	Pierce	MSA	172.38	347.88	575.86	(403.48)	29.9%	11,133	1,919,107	6,411,049	(4,491,942)	29.9%	23,500	97	365	35,405	66.4%	47.4%	2,2600	2,1150
SUMMARY - VETERANS & TRIBAL NURSING FACILITIES																							
4 COUNT OF FACILITIES			Profit Count	MSA Count																			
			0	3																			
			Non Profit Count	NON MSA Count		170.32	184.19	314.64	(142.91)	54.6%	13,500	2,377,270	5,847,856	#####	54.6%	28,737	99	365	35,953	81.8%	53.8%	2,1670	2,0540
			4	1																			
			4	4																			
HOSPITAL-BASED NURSING FACILITIES																							
40260	4111068	BAILEY-BOUSHAY HOUSE	Non-Profit	King	MSA	803.45	432.83	768.87	34.58	104.5%	11,904	9,564,269	9,152,628	411,641	104.5%	12,389	35	365	12,775	97.0%	96.1%	2,0890	2,0490
25900	4202115	NEWPORT COMMUNITY HOSPITAL - LTC UNIT	Non-Profit	Pernd Oreille	NON MSA	187.77	155.87	280.90	(93.13)	66.9%	12,792	2,401,954	3,593,273	(1,191,319)	66.9%	15,993	50	365	18,250	87.6%	80.0%	2,2720	2,2690
31500	4210704	NORTH VALLEY HOSPITAL	Non-Profit	Okanogan	NON MSA	176.62	146.55	276.83	(100.21)	63.8%	10,054	1,775,737	2,783,249	(1,007,512)	63.8%	12,617	42	365	15,330	82.3%	79.7%	2,0590	2,0980
39990	4219408	PROVIDENCE ST. JOSEPH HOSPITAL	Non-Profit	Stevens	NON MSA	172.09	186.32	275.60	(103.51)	62.4%	10,854	1,833,447	2,936,242	(1,102,795)	62.4%	14,214	40	365	14,600	97.4%	75.0%	2,0800	1,9970
40010	4210001	BOOKER REST HOME ANNEX	Non-Profit	Columbia	NON MSA	171.82	227.74	352.41	(180.59)	48.8%	5,058	869,066	1,782,490	(913,424)	48.8%	7,127	23	365	8,395	84.9%	71.0%	2,2220	2,1320
30800	4204509	COLUMBIA BASIN HOSPITAL	Non-Profit	Grant	NON MSA	191.03	246.11	412.45	(221.42)	46.3%	3,285	627,534	1,354,898	(727,364)	46.3%	4,353	12	365	4,380	99.4%	75.5%	2,3070	2,2600
31590	4205407	FORKS COMMUNITY HOSPITAL LTC UNIT	Non-Profit	Ciallam	NON MSA	173.52	283.38	403.42	(229.90)	43.0%	2,376	412,284	958,526	(546,242)	43.0%	4,292	20	365	7,300	58.8%	55.4%	2,3000	1,8620
SUMMARY - HOSPITAL-BASED NURSING FACILITIES																							
7 COUNT OF FACILITIES			Profit Count	MSA Count																			
			0	1																			
			Non Profit Count	NON MSA Count		176.62	227.74	352.41	(103.51)	62.4%	10,054	1,775,737	2,783,249	(913,424.00)	62.4%	12,389	35	365	12,775	87.6%	75.5%	2,2220	2,0980
			7	6																			
			7	7																			
SUMMARY - ALL FACILITIES																							
			Profit Count	MSA Count																			
			145	166																			
			Non Profit Count	NON MSA Count		214.59	153.26	253.16	(29.18)	0.88	16,561.00	3,598,438.00	4,145,808.00	(124,108,759)	88.3%	27,235.00	99	365	36,135.00	81.70%	63.10%	2,6200	2,3830
			54	33																			
			199	199																			

State of Washington
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Summary - Grouped by Type of Facility and
Payment-to-Cost Quartile

Payment-to-Cost Ratios				Nursing Facility Characteristics														Median C	
Number of Nursing Facilities	Median	Weighted Average	Number of Nursing Facilities				Number of Days and Beds						Estimated Payments and Costs FYE 2018				Indi		
			For Profit / Non Profit		MSA / Non MSA		Total Nursing Facility			Medicaid			Total Rate for SFY 2021	Total Cost Per Day Adj. for Facility CMI=1.0	Estimated Payments	Avg CY 2017 Total Facility CMI			
			For Profit	Non Profit	MSA	Non MSA	Adjusted Days	Adjusted Beds	Adjusted Available Bed Days	Occupancy (Median)	Occupancy (Wtd Avg)	Adjusted Days	Percentage (Median)	Percentage (Wtd Avg)	(Median)	(Median)			
STANDARD NURSING FACILITIES																			
Quartile 1 (Lowest Cost)	47	108.2%	108.7%	42	5	43	4	1,424,772	4,718	1,722,070	84.3%	82.7%	913,172	63.7%	64.1%	251.24	136.99	226,102,914	2.6650
Quartile 2	47	100.6%	101.1%	41	6	39	8	1,529,610	5,231	1,909,315	83.3%	80.1%	984,812	62.3%	64.4%	251.57	154.44	252,674,526	2.6780
Quartile 3	47	93.7%	93.9%	40	7	38	9	1,263,922	4,702	1,710,566	77.4%	73.9%	836,499	66.0%	66.2%	246.97	163.19	207,397,275	2.5580
Quartile 4 (Highest Cost)	47	77.4%	76.6%	22	25	42	5	1,118,174	4,156	1,510,128	79.9%	74.0%	573,112	45.4%	51.3%	235.83	185.82	136,117,014	2.6650
TOTAL	188	98.9%	96.0%	145	43	162	26	5,336,478		6,852,079	81.1%	77.9%	3,307,595	63.0%	62.0%	244.64	157.16	822,291,729	2.6430
HOSPITAL-BASED NURSING FACILITIES																			
TOTAL	7	68.5%	81.8%	-	7	1	6	70,985	222	81,030	87.6%	87.6%	56,123	75.5%	79.1%	200.72	234.34	18,988,180	2.2220
VETERANS & TRIBAL NURSING FACILITIES																			
TOTAL	4	60.7%	56.3%	-	4	3	1	151,903	481	175,565	81.8%	86.5%	87,457	53.8%	57.6%	196.11	189.54	16,896,216	2.1670
ALL NURSING FACILITIES																			
TOTAL	199	98.0%	94.3%	145	54	166	33	5,559,366	19,510	7,108,674	81.7%	78.2%	3,451,175	63.1%	62.1%	243.06	157.71	858,176,125	2.6200

Note: All Costs, Days, and Beds are based on 2017 Adjusted Amounts. Case Mix Indices used were 2017 Average Facility CMI's and Semi-Annual 2018 Average Medicaid CMI's. Estimated payments based on estimated FYE 2021 rate x 2017 adjusted Medicaid days.

State of Washington
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Summary - Grouped by Type of Facility and
Payment-to-Cost Quartile

Case Mix
Costs
April 2017 -
September
2017
Medicaid
CMI

2.4350

2.4310

2.3730

2.3610

2.3970

2.0980

2.0540

2.3830

State of Washington
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Summary - Grouped by Type of Facility and
Payment-to-Cost Quartile

Table with columns: Location, Vendor, FACILITY NAME, Ownership Type, County, Peer, Estimated FYE 2021 Rates and Costs Per Day, Estimated FYE 2021 Total Payments and Costs, Occupancy, %, Case Mix Indices. Includes rows for STANDARD NURSING FACILITIES (Quartile 1) and STANDARD NURSING FACILITIES (Quartile 2).

State of Washington
Review of Nursing Facility Medicaid Payment Rates and Costs
Summary - Grouped by Type of Facility and
Payment-to-Cost Quartile

Table with columns: Location, Vendor, FACILITY NAME, Ownership Type, County, Peer, Estimated FYE 2021 Rates and Costs Per Day, Estimated FYE 2021 Total Payments and Costs, Occupancy, %, Case Mix Indices. Includes summary rows for Standard Nursing Facilities (Quartile 1-4) and All Standard Nursing Facilities.

**State of Washington
Review of Nursing Facility Medicaid Payment Rates and Costs
Summary - Grouped by Type of Facility and
Payment-to-Cost Quartile**

Location	Vendor	FACILITY NAME	Ownership Type	County	Peer	Estimated FYE 2021 Rates and Costs Per Day						Estimated FYE 2021 Total Payments and Costs					Occupancy					%		Case Mix Indices																				
						Total Rate SFY 2021	Cost Per Day Adj. for Facility CMI=1.0	Total Cost Per Day Adj. for Medicaid CMI	Rate in Excess of Cost	Payment-to-Cost Ratio	Adjusted Medicaid Days	Estimated Payments	Estimated Costs	Payments In Excess of Cost	Payment-to-Cost Ratio	2017 Adjusted Total Days	2017 Adjusted Total Beds	Days in Cost Report Time Period	2017 Adjusted Available Days	Occupancy	Medicaid Percentage	2017 Total Facility CMI	2017 Medicaid CMI	April 2017	September																			
A	B	C	D	E	F	G	H	I	J=G-I	K=G/I	L	M=G*L	N=I*L	O=M-N	P=M/N	Q	R	S	T=R*S	U=Q/T	V=L/Q	W	X																					
TRIBAL/VETERAN'S FACILITIES																																												
31560	4176400	COLVILLE TRIBAL CONVALESCENT CENTER	Non-Profit	Okanogan	NON MSA	185.96	167.11	263.20	(77.24)	70.7%	10,463	1,945,699	2,753,862	(808,163)	70.7%	11,301	44	365	16,060	70.4%	92.6%	1.9730	1.9930																					
40330	4000006	WASHINGTON VETERANS HOME-RETSIL	Non-Profit	Kitsap	MSA	189.41	186.95	304.81	(115.40)	62.1%	49,994	9,469,364	15,238,671	(5,769,307)	62.1%	83,129	240	365	87,600	94.9%	60.1%	2.1390	1.9230																					
35060	4000121	SPOKANE VETERANS HOME	Non-Profit	Spokane	MSA	203.15	192.12	342.72	(139.57)	59.3%	15,867	3,223,381	5,437,938	(2,214,557)	59.3%	33,973	100	365	36,500	93.1%	46.7%	2.1950	2.1300																					
40340	4000014	WASHINGTON SOLDIERS HOME	Non-Profit	Pierce	MSA	202.80	357.97	592.56	(389.76)	34.2%	11,133	2,257,772	6,596,970	(4,339,198)	34.2%	23,500	97	365	35,405	66.4%	47.4%	2.2600	2.1150																					
SUMMARY - VETERANS & TRIBAL NURSING FACILITIES																																												
4 COUNT OF FACILITIES			Profit Count		MSA Count																																							
			0		3						87,457	16,896,216	30,027,441	(13,131,225)		151,903	481		175,565																									
			Non Profit Count		NON MSA Count	196.11	189.54	323.77	(127.49)	60.7%	13,500	2,740,577	6,017,454	#####	60.7%	28,737	99	365	35,953	81.8%	53.8%	2.1670	2.0540																					
			4		1									56.3%						86.5%	57.6%																							
			4		4																																							
HOSPITAL-BASED NURSING FACILITIES																																												
40260	14111068	BAILEY-BOUSHAY HOUSE	Non-Profit	King	MSA	838.68	445.38	791.16	47.52	106.0%	11,904	9,983,647	9,417,969	565,678	106.0%	12,389	35	365	12,775	97.0%	96.1%	2.0890	2.0490																					
25900	4202115	NEWPORT COMMUNITY HOSPITAL - LTC UNIT	Non-Profit	Pend Oreille	NON MSA	213.61	160.39	289.04	(75.43)	73.9%	12,792	2,732,499	3,697,400	(964,901)	73.9%	15,993	50	365	18,250	87.6%	80.0%	2.2720	2.2690																					
31500	4210704	NORTH VALLEY HOSPITAL	Non-Profit	Okanogan	NON MSA	195.21	150.80	284.86	(89.65)	68.5%	10,054	1,962,641	2,863,982	(901,341)	68.5%	12,617	42	365	15,330	82.3%	79.7%	2.0580	2.0980																					
39990	4219408	PROVIDENCE ST JOSEPH HOSPITAL	Non-Profit	Stevens	NON MSA	195.85	191.73	283.60	(87.75)	69.1%	10,654	2,086,586	3,021,474	(934,888)	69.1%	14,214	40	365	14,600	97.4%	75.0%	2.0800	1.9970																					
40010	4210001	BOOKER REST HOME ANNEX	Non-Profit	Columbia	NON MSA	195.09	234.34	362.62	(167.53)	53.8%	5,058	986,765	1,834,132	(847,367)	53.8%	7,127	23	365	8,395	84.9%	71.0%	2.2220	2.1320																					
30800	4204509	COLUMBIA BASIN HOSPITAL	Non-Profit	Grant	NON MSA	231.09	253.25	424.41	(193.32)	54.5%	3,285	759,131	1,394,187	(635,056)	54.5%	4,353	12	365	4,380	99.4%	75.5%	2.3070	2.2600																					
31590	4205407	FORKS COMMUNITY HOSPITAL LTC UNIT	Non-Profit	Clallam	NON MSA	200.72	291.59	415.11	(214.39)	48.4%	2,376	476,911	986,301	(509,390)	48.4%	4,292	20	365	7,300	58.8%	55.4%	2.3000	1.8620																					
SUMMARY - HOSPITAL-BASED NURSING FACILITIES																																												
7 COUNT OF FACILITIES			Profit Count		MSA Count																																							
			0		1						56,123	18,988,180	23,215,445	(4,227,265)		70,985	222		81,030																									
			Non Profit Count		NON MSA Count	200.72	234.34	362.62	(89.65)	68.5%	10,054	1,962,641	2,863,982	(847,367.00)	68.5%	12,389	35	365	12,775	87.6%	75.5%	2.2220	2.0980																					
			7		6									81.8%						87.6%	79.1%																							
			7		7																																							
SUMMARY - ALL FACILITIES																																												
			Profit Count		MSA Count						3,451,175	858,176,125	909,850,251	(51,674,126)		5,559,366	19,510		7,108,674																									
			145		166																																							
			Non Profit Count		NON MSA Count	243.06	157.71	260.50	(5.41)	98.0%	16,561	4,124,844	4,266,020	(141,176)	98.0%	27,235	99	365	36,135	81.7%	63.1%	2.6200	2.3830																					
			54		33									94.3%						78.2%	62.1%																							
			199		199																																							