Office of Rates Management

Nursing Facility Medicaid
Weighted Average Rate

Calculated as of 9/23/20

Current Medicaid NF Count	NF Total Beds	Medicaid CR Year	Days	DC	ID	FR	QE	Q2	MW	TL	CD	SNA	TR
191	18,619	19	3,287,297	172.41	52.16	14.56	3.58	0.00	0.76	243.47	7.50	16.83	267.80

Based upon current Medicaid Rates and 2019 nursing facility and exceptional care patient days. In the absence of patient days, a calculation is used:
patient days = 365.0 * 0.85 * Beds * 0.667
where 365.0 is the number of days in a year, Beds is the current licensed beds, 0.85 is minimum occupancy of a facility,
and 0.667 is the Medicaid portion of the nursing home client base.
Note does not include Oregon Pediatric Rate.

ABBREVIATIONS

DC - DIRECT CARE COMPONENT
ID - INDIRECT COMPONENT
FR - CAPITAL FAIR MARKET RENTAL COMPONENT
QE - QUALITY ENHANCEMENT
Q2 - #2 QUALITY ENHANCEMENT "No Funding for July 1, 2019 Rates"
MW - MINIMUM WAGE INCREASE ADD-ON
TL - TOTAL MEDICAID RATE AFTER BUDGET DIAL
CD - COVID-19 ADD-ON EFFECTIVE 2/1/2020
SNA - SAFETY NET ASSESSMENT PAYBACK
TR - TOTAL MEDICAID RATE FOR PAYMENT