

Office of Rates Management

Nursing Facility Medicaid Weighted Average Rate

Calculated as of 12/3/18

Current Medicaid NF Count	NF Total Beds	Medicaid CR Year	Days	DC	ID	FR	QE	Q2	SL	SG	RF	MW	TL	SA	TR
202	19,650	17	3,452,647	150.07	48.06	13.54	2.31	0.29	0.14	-0.14	0.00	0.57	214.84	16.68	231.52

Based upon current Medicaid Rates and 2017 nursing facility and exceptional care patient days. In the absence of patient days, a calculation is used:

$$\text{patient days} = 365.0 * 0.85 * \text{Beds} * 0.667$$

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
SL - STABILIZER ADD-ON 1% LOSS GIVE BACK
SG - STABILIZER ADD-ON HOLD HARMLESS GAIN TAKE BACK
RF - ROLL FORWARD ADD-ON (For January 2018 Rate Only)
MW - MINIMUM WAGE INCREASE ADD-ON
TL - TOTAL MEDICAID RATE AFTER BUDGET DIAL
SA - SAFETY NET ASSESSMENT PAYBACK
TR - TOTAL MEDICAID RATE FOR PAYMENT