

Office of Rates Management

Nursing Home Medicaid Weighted Average Rate

Calculated as of 1/1/18

Days	DC	FR	ID	QE	Q2	SL	SG	RF	MW	TL	SA	TR
3,557,148	138.09	13.14	45.62	2.32	0.28	1.59	-1.59	0.04	0.29	199.78	15.69	215.47

Based upon current Medicaid Rates and '16 nursing home and exceptional care patient days. In the absence of patient days, a calculation is used:

$$\text{patient days} = 366.0 * 0.85 * \text{Beds} * 0.667$$

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
FR - CAPITAL FAIR MARKET RENTAL COMPONENT
ID - INDIRECT 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
MW - MINIMUM WAGE INCREASE ADD-ON
RF - ROLL FORWARD ADD-ON (For January 2018 Rate Only)
TL - TOTAL MEDICAID RATE AFTER BUDGET DIAL
SA - SAFETY NET ASSESSMENT PAYBACK
TR - TOTAL MEDICAID RATE FOR PAYMENT