## **Office of Rates Management**

## Nursing Facility Medicaid Weighted Average Rate

## Calculated as of 7/29/20

Current													
Medicaid	NF Total	Medicaid	Days	DC	ID	FR	QE	Q2	MW	TL	CD	SNA	TR
NF Count	Beds	CR Year											
193	18,952	19	3,333,074	172.26	52.16	14.49	3.59	0.00	0.76	243.26	5.00	16.64	264.90

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	