

Purpose: State research for the Alaska Skilled Nursing Facility case mix project

State Evaluated	Idaho	Indiana	lowa	Kansas
Rate Components	Direct Care	Direct Care	Direct Care (Nurse salary and benefits & therapies)	Operating
	Indirect Care	Therapy	Indirect Care	Indirect Health Care
	Capital	Indirect Care		Direct Health Care
	Costs Exempt from Limitations	Administrative		Real and Personal Property Fee (Property)
	NATCEP	Capital		Add-Ons (Provider Tax, Incentive Factors)
Price/Cost /Hybrid	Cost	Hybrid	Cost	Cost
Current Case Mix System				
RUG Version	RUG-III	RUG-IV	RUG-III	RUG-III
	34-group	48-group	34-group	34-group
Start of Case Mix Reimbursement	July 1, 2000	October 1, 1998	July 1, 2001	July 1, 1993
Case Mix - Frequency	Quarterly adjustments to the direct care component of the calculated rate.	Quarterly - Direct care component only	Quarterly - Direct care component only	Semi-Annually - Direct care component only
Other Case Mix Factors	Annual direct care cost limitations are adjusted for each facility	Adjust Rehabilitation RUG to Non-Rehabilitation RUG once all therapy	Medicaid case-mix only for quarterly updates	
Cuie. Case illia i actors	Calculation: Total Facility case mix Score/State-wide Average case mix	-	Bi-Annual rebase uses facility total for normalization	
	score.	meeting low needs criteria receive a low needs RUG	Caps are adjusted with the Medicaid case-mix quarterly	
	360.61	incesting for needs criteria receive a for needs no o	caps are adjusted that the inedicald case him quarterly	
	The facility specific direct care cap remains constant for the rate year.			
Peer Groups	Free-Standing Nursing Facilities & Urban Hospital-Based/Rural Hospital	N/Δ	Urban/Rural	State-Wide
i cei dioups	Based Facilities	N/A	NF/SNF	State Wide
Rebase	Annually	Annually	Every 2 years	3-year base period rolls forward each year unless Legislature exempts the agency from rebasing
Provider Tax	Yes	Yes	Yes	Yes
Considerations				
Rural Providers	Indirect Cost Cap is higher for Rural Hospital-Based Providers	N/A	Direct Care Component for urban areas is higher based on the difference for the CBSA wage index for all urban areas in the state compared to the rural CBSA wage index	Facilities less than 60 beds are exempt from minimum occupancy rule.
Low Medicare Utilization	N/A	N/A	N/A	N/A
High Medicaid Utilization	N/A	N/A	Used in tax calculation	High Medicaid utilization facilities (≥65%) receive a \$0.75 per diem add-
				on.
Low Number of Licensed Beds	N/A	Minimum occupancy for < 51 Beds is 85%	Used in tax calculation	N/A
2011 114111321 01 210011304 3043		Minimum occupancy for > 50 beds is 90%	Sec in the colonials.	.,,
High Fixed Cost, Low Variable	No special considerations.	N/A	N/A	N/A
Cost Facilities	Indirect and Direct care costs are reimbursed up to a cap limitation.			
Do small and large facilities	Yes. All rate components are the same for cost classification,	The minimum occupancy limit for nursing facilities with less than fifty-	Yes. All rate components are the same for cost classification,	Yes. All rate components are the same for cost classification,
utilize the same rate	regardless of size. Cost component caps do not change, based on	one (51) beds is eighty-five percent (85%). For nursing facilities with	regardless of size. Cost component caps do not change, based on	regardless of size. Cost center limits do not change based on facility
components?	facility size.	greater than fifty (50) beds, the minimum occupancy limit is ninety	facility size.	size. However, the occupancy rule (85%) is only applied to homes with
For example, 20-bed facility	·	percent (90%). All other limits are the same regardless of facility size.	·	60 beds or more.
compared to 153-bed facility.				



Purpose: State research for the Alaska Skilled Nursing Facility case mix project

State Evaluated	Idaho	Indiana	lowa	Kansas
Are Cost Limitations Applied	No. The State operated nursing facility is not subject to cost limits.	No, State operated facilities are not reimbursed under the case mix	No. The state run facility and special population facilities certified prior	Yes.
to All Facilities?		reimbursement system.	to July 1, 1993 are not subject to limits. Special Populations certified	
			after July 1, 1993, the per diem costs are limited to the sum of 120% of	
			the Hospital Direct Median Costs and 110% of the Hospital Non-Direct	
			Median Costs.	



Purpose: State research for the Alaska Skilled Nursing Facility case mix project

State Evaluated	Idaho	Indiana	lowa	Kansas
Cost Categories				
Direct Care	Lower of Cost or Direct Care Cap	Lower of Cost or Direct Care Cap	Cost subject to cap of median x 120% x Medicaid CMI for quarterly, higher if in Urban area (see above)	Cost - cap of 130% of median costs
Costs Subject to case mix	Direct nursing salaries & related benefits (RN, CNAs, unit clerks), routine nursing supplies, nursing administration, social services, medical waste disposal	1) Nursing and nursing aide services; 2) Nurse consulting services directly related to the provision of hands-on resident care; 3) Pharmacy consultants; 4) Medical director services 5) Nurse aide training; 6) Medical supplies; 7) Oxygen 8) Medical records costs; 9) Rental costs for low air loss mattresses, pressure support surfaces, and oxygen concentrators. Rental costs for these items are limited to one dollar and fifty cents (\$1.50) per resident day; 10) Support and license fees for software utilized exclusively in hands-on resident care support, such as MDS assessment software and medical records software; 11) Replacement dentures for Medicaid residents provided by the facility that exceed state Medicaid plan limitations for dentures; 12) Legend and nonlegend sterile water products used for irrigation or humidification; 13) Educational seminars for direct care staff 14) Skin protectants, sealants, moisturizers, and ointments that are applied on an as needed basis by the member, nursing facility care staff, or by prescriber's order as a part of routine care as defined in subsection (ff); 15) Parenteral and enteral nutrition costs other than meals, nutritional supplements, sterile water, and legend and nonlegend drugs; 16) Costs for the coding and input of MDS data.		Nursing salaries and benefits (RN/LPN/Aides), and nursing supplies.
Indirect/Other Care	Lower of Cost or Indirect Care Cap	Lower of Cost or Indirect Care Cap	Cost subject to cap of median other, operating, capital x 110%	Cost - cap of 115% of median costs
Administrative/ Operating	N/A	Price - 100% of median	Cost subject to minimum occupancy level	Cost - cap of 110% of median costs
Capital	Free-Standing Nursing Facilities: Reimbursed based on a Rental Rate based on age of building Hospital Based: Cost	Fair Rental Value/cost	Cost subject to minimum occupancy level	Facility specific fixed fee, can be increased for current capital expenditures. Limited to 105% of median fee.
Ancillary	Medicaid related services included with Direct & Indirect Care Components	Medicaid Cost in per diem	N/A	Reimbursed Separately
Rate Add-on	Ventilator/Tracheostomy Care, Specialized Equipment (Wheelchairs, Beds, etc.)	Special Care Unit, Ventilator Assessment, Quality	N/A	Quality incentives and Add-Ons for provider tax costs and when applicable costs not included in the cost report data such as costs associated with minimum wage increases.



DRAFT

Purpose: State research for the Alaska

Rate Components Rot-Case Mix Staffling Rot-Case Mix Other Rot-Case Mix System Russ Wissin Russ Wi	State Evaluated	Kentucky	Montana	Wyoming
Non-Case Mix Staffing Case Mix Other Non-Case Mix Other Non-Case Mix Other Non-Case Mix Staffing Capital Price Ost Myhdrd Price RUG-Wission Agroup Rug-Wission Agro				
Case Mix Other Roc-Case Mix Other Capital Price	nate components	_	· · · · · · · · · · · · · · · · · · ·	
Non-Case Mix Other Capital RUG Version Rug I providers are lower than urban No difference in rate setting NA NA Rug Fine Version Rug Fine Version Rug Fine Version Rug Version Ru		9	reasoning case mix adjusted 20% of badget.	
Capital Price Price Price Price				Operating
Price Outrent Case Mix System RUG-UII Start of Case Mix - Frequency Case Mix - Frequency Case Mix - Frequency Chief Case Mix Reimbursement January 1, 2000 Case Mix - Frequency Chief Case Mix Factors Time-weighted case mix calculation Facility average Medical CMI includes Medical and Medicare/Medical dual eligible Time-weighted case mix calculation Facility average Medical CMI average is compared to state CMI average, to arrive at a facility acutry ratio. When the facility average Medical CMI average is compared to state CMI average, to arrive at a facility acutry ratio. This arrive at the facility case mix adjusted nursing component toughted price, to arrive at the facility case mix adjusted nursing component rate. State-Wride. All NF facilities are under the same rate methodology. Capital appraisals performed every 5 years to update bed value Capital appraisals performed every 5 years to update bed value Annually Ann				
Rud System Rud		·		
RUG-HI 34-group A9-group 48-group 48-group 48-group 51-group 51-gr		Price	Price	Price
Start of Case Mix Reimbursement Annuary 1, 2000 2001 2001 2001 2001 2001 2001 2	<u>-</u>			
State of Case Mix Frequency Quarterly - case mix components only Quarterly - Four Quarter average is used in nursing component rate setting. Other Case Mix Factors Time-weighted case mix calculation Facility average Medicaid CMI average is compared to state CMI average is compared to state CMI average is used in nursing component rate setting. Other Case Mix Factors Time-weighted case mix calculation Facility average Medicaid CMI includes Medicard CMI average is compared to state CMI average in the average is calculation average in the average is calculation average i	RUG Version			
Case Mix - Frequency Quarterly - case mix components only Quarterly - case mix components only Setting. Other Case Mix Factors Time-weighted case mix collculation Facility average Medicaid CMI includes Medicaid and Medicare/Medicaid dual eligible Facility four quarter Medicaid CMI average is compared to state CMI average, to arrive at a facility acuty ratio. This ratio is multiplied by the nursing component rate. Peer Groups Urban/Rural State-Wide. All NF facilities are under the same rate methodology. State/Private/Governmental Licensed beds sizes Rebase Every 4 years (unless policy delays) Capital appraisals performed every 5 years to update bed value Annual inflation adjustments Provider Tax Yes Yes Yes Yes Yes Yes Yes Rural Providers Prices for rural providers are lower than urban No difference in rate setting N/A N/A N/A N/A N/A N/A N/A N/A		34-group	34-group	48-group
Case Mix - Frequency Quarterly - case mix components only Setting. Other Case Mix Factors Time-weighted case mix collutation Facility average Medicaid CMI outdes Medicaid Madeicare/Medicaid dual eligible Facility four quarter Medicaid CMI average is compared to state CMI average, to arrive at a facility acustry ratio. This ratio is multiplied by the nursing component rate at the facility case mix adjusted nursing component rate. Peer Groups Urban/Rural Urban/Rural Urban/Rural State-Wide. All NF facilities are under the same rate methodology. State/Private/Governmental Licensed beds sizes Rebase Every 4 years (unless policy delays) Capital appraisals performed every 5 years to update bed value Annual inflation adjustments Provider Tax Yes Providers Providers Prices for rural providers are lower than urban No difference in rate setting N/A No difference in rate setting N/A No difference in rate setting N/A No difference in rate setting No difference in rate setting Red range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group Shi.	Start of Case Mix Reimbursement	January 1, 2000	2001	July 1, 2015
Setting Sett		, ,		
Setting	Casa Mir. Francisco	Quarterly, sace mix components only	Quarterly Faur Quarter average is used in nursing component rate	Quarterly, Healthcare component only
Time-weighted case mix calculation Facility average Modicard CMI includes Medicard Midelicard/Medicard/Medicard/Medicard/Medicard/Medicard dual eligible Facility average Modicard CMI includes Medicard Amodificate Medicard CMI includes Medicard/Medicard dual eligible Facility average Modicard CMI includes Medicard Midelicard/Medicard dual eligible Facility average Modicard CMI includes Medicard CMI includes Medicard full average to arrive at a facility acutry ratio. This ratio is multiplied by the nursing component budgeted price, to arrive at the facility case mix adjusted nursing component rate. State/Private/Governmental Licensed beds sizes Rebase Every 4 years (unless policy delays) Capital appraisals performed every 5 years to update bed value Annually Annually Annually Frovider Tax Yes Ves Considerations Rural Providers Prices for rural providers are lower than urban No difference in rate setting N/A High Medicard Utilization N/A N/A N/A N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group so long the cost coverage of the	case wix - Frequency	Quarterly - case mix components only		Quarterly - Healthcare component only
Facility average Medicaid CMI includes Medicaid and Medicare/Medicaid dual eligible Peer Groups Urban/Rural Every 4 years (unless policy delays) Capital appraisals performed every 5 years to update bed value Annual inflation adjustments Provider Tax Provider Tax Rural Providers Prices for rural providers are lower than urban Low Medicare Utilization Low Medicare Utilization N/A N/A N/A N/A N/A N/A N/A N/		war and the transfer of the transfer of		
Medicare/Medicaid dual eligible This ratio is multiplied by the nursing component budgeted price, to arrive at the facility case mix adjusted nursing component rate. Peer Groups Urban/Rural State-Wide. All NF facilities are under the same rate methodology. State/Private/Governmental Licensed beds sizes Rebase Every 4 years (unless policy delays) Capital appraisals performed every 5 years to update bed value Annual inflation adjustments Yes Yes Yes Yes Yes Considerations Rural Providers Prices for rural providers are lower than urban No difference in rate setting N/A High Medicaid Utilization N/A N/A N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group 5%. High Fixed Cost, Low Variable Cost Facilities N/A N/A No difference in rate setting She der ange adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group 5%. No difference in rate setting Robert She der ange adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group so long the cost coverage of the each group so long the cost coverage of the each group so long the cost coverage of the each group so long the cost coverage of the each group so long the cost coverage of the each group so long the cost coverage of the each group so long the cost coverage of the each group so long the cost coverage of the each group so long the cost coverage of the each group so long the cost coverage of the each group so long the cost coverage of the each group so long the cost coverage of the each group so long the cost coverage of the each group so long the cost coverage of the each group so long the cost coverage of the each group so long the cost coverage of the each group so long the cost coverage of the each group so long the cost coverage of th	Other Case Wilx Factors			
This ratio is multiplied by the nursing component budgeted price, to arrive at the facility case mix adjusted nursing component rate. State-Wide. All NF facilities are under the same rate methodology. State/Private/Governmental Licensed beds sizes Rebase Every 4 years (unless policy delays) Capital appraisals performed every 5 years to update bed value Annually Annually Annually Provider Tax Ves Yes Yes Yes Ves Considerations Rural Providers Prices for rural providers are lower than urban No difference in rate setting N/A Low Medicare Utilization N/A N/A N/A N/A N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group S%. High Fixed Cost, Low Variable Cost facilities N/A No difference in rate setting N/A No difference in rate setting			average, to arrive at a facility acuity ratio.	
arrive at the facility case mix adjusted nursing component rate. Peer Groups Urban/Rural State-Wide. All NF facilities are under the same rate methodology. Ucensed beds sizes		Medicare/Medicaid dual eligible		
Peer Groups Urban/Rural State-Wide. All NF facilities are under the same rate methodology. Licensed beds sizes Rebase Every 4 years (unless policy delays) Capital appraisals performed every 5 years to update bed value Annually Annually Annually Annually Provider Tax Yes Yes Yes Yes Yes Rural Providers Prices for rural providers are lower than urban No difference in rate setting N/A Low Medicare Utilization N/A N/A N/A N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group 5%. High Fixed Cost, Low Variable Cost Facilities N/A N/A N/A No difference in rate setting N/A No difference in rate setting N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group So.				
Rebase Every 4 years (unless policy delays) Capital appraisals performed every 5 years to update bed value Annual inflation adjustments Provider Tax Yes Yes Yes Considerations Rural Providers Prices for rural providers are lower than urban No difference in rate setting N/A Low Medicare Utilization Capital component calculation uses floor of 90% occupancy N/A Low Number of Licensed Beds N/A High Medicaid Utilization N/A N/A N/A N/A N/A N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group Cost Facilities N/A N/A N/A N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group S/S. N/A Bed range adjustments - State can adjust rates of cost coverach bed group so long the cost coverage of the each gr			arrive at the facility case mix adjusted nursing component rate.	
Rebase Every 4 years (unless policy delays) Capital appraisals performed every 5 years to update bed value Annual inflation adjustments Provider Tax Yes Yes Yes Considerations Rural Providers Prices for rural providers are lower than urban No difference in rate setting N/A Low Medicare Utilization Capital component calculation uses floor of 90% occupancy N/A High Medicaid Utilization N/A Low Number of Licensed Beds N/A High Fixed Cost, Low Variable Cost Facilities N/A No difference in rate setting Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group Cost Facilities N/A No difference in rate setting Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group S/S. N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group S/S. N/A Bed range adjustments - State can adjust rates of cost coverage of the each group S/S.				
Rebase Every 4 years (unless policy delays) Capital appraisals performed every 5 years to update bed value Annual inflation adjustments Provider Tax Yes Yes Yes Considerations Rural Providers Prices for rural providers are lower than urban No difference in rate setting N/A Low Medicare Utilization Capital component calculation uses floor of 90% occupancy N/A Low Number of Licensed Beds N/A High Medicaid Utilization N/A N/A N/A N/A N/A N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group Cost Facilities N/A N/A N/A N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group S/S. N/A Bed range adjustments - State can adjust rates of cost coverach bed group so long the cost coverage of the each gr				
Rebase Every 4 years (unless policy delays) Capital appraisals performed every 5 years to update bed value Annual inflation adjustments Yes Yes Yes Yes Yes Yes Yes Annually Annually Annually Yes Yes Annually No difference in rate setting N/A Low Medicare Utilization N/A N/A N/A N/A N/A N/A Low Number of Licensed Beds N/A N/A N/A N/A N/A N/A N/A N/	Peer Groups	Urban/Rural	State-Wide. All NF facilities are under the same rate methodology.	State/Private/Governmental
Capital appraisals performed every 5 years to update bed value Annual inflation adjustments Yes Yes Yes Yes Yes Area Provider Tax Considerations Rural Providers Prices for rural providers are lower than urban No difference in rate setting N/A N/A N/A High Medicaid Utilization N/A N/A N/A N/A N/A N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group S/A High Fixed Cost, Low Variable Cost Facilities N/A N/A No difference in rate setting N/A N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group S/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group so long the cost cove				Licensed beds sizes
Capital appraisals performed every 5 years to update bed value Annual inflation adjustments Yes Yes Yes Yes Yes Area Provider Tax Considerations Rural Providers Prices for rural providers are lower than urban No difference in rate setting N/A N/A N/A High Medicaid Utilization N/A N/A N/A N/A N/A N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group S/A High Fixed Cost, Low Variable Cost Facilities N/A N/A No difference in rate setting N/A N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group S/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group so long the cost cove				
Annual inflation adjustments Yes Yes Yes Yes Yes Wes Considerations Rural Providers Prices for rural providers are lower than urban No difference in rate setting N/A Low Medicare Utilization Capital component calculation uses floor of 90% occupancy N/A N/A N/A N/A N/A N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group S%. High Fixed Cost, Low Variable Cost Facilities N/A N/A No difference in rate setting N/A No difference in rate setting Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group S%.	Rebase	Every 4 years (unless policy delays)	Annually	Annually
Annual inflation adjustments Yes Yes Yes Yes Yes Wes Considerations Rural Providers Prices for rural providers are lower than urban No difference in rate setting N/A Low Medicare Utilization Capital component calculation uses floor of 90% occupancy N/A N/A N/A N/A N/A N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group S%. High Fixed Cost, Low Variable Cost Facilities N/A N/A No difference in rate setting N/A No difference in rate setting Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group S%.		Capital appraisals performed every 5 years to update bed value		
Provider Tax Ves Ves Ves Ves Considerations Rural Providers Prices for rural providers are lower than urban No difference in rate setting N/A Low Medicare Utilization Capital component calculation uses floor of 90% occupancy N/A N/A N/A N/A N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group So. So. High Fixed Cost, Low Variable Cost, Low Variable Cost Facilities N/A N/A N/A N/A N/A N/A N/A N/A				
Rural Providers Prices for rural providers are lower than urban No difference in rate setting N/A Low Medicare Utilization Capital component calculation uses floor of 90% occupancy N/A N/A N/A N/A N/A Low Number of Licensed Beds N/A N/A N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group 5%. High Fixed Cost, Low Variable Cost, Low Variable Cost Facilities N/A N/A No difference in rate setting Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each	Provider Tax	Yes	Yes	Yes
Low Medicare Utilization Capital component calculation uses floor of 90% occupancy N/A N/A N/A N/A N/A Low Number of Licensed Beds N/A N/A N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group 5%. High Fixed Cost, Low Variable Cost, Low Variable Cost Facilities N/A N/A N/A Bed range adjustments - State can adjust rates of cost coverage of the each group so long the cost cov	Considerations			
Low Medicare Utilization Capital component calculation uses floor of 90% occupancy N/A N/A N/A N/A N/A N/A N/A Low Number of Licensed Beds N/A N/A N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group so				l
High Medicaid Utilization N/A N/A N/A N/A N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group 5%. High Fixed Cost, Low Variable Cost Facilities N/A No difference in rate setting Bed range adjustments - State can adjust rates of cost coverage of the each group so long the cost coverage of the	Rural Providers	Prices for rural providers are lower than urban	No difference in rate setting	N/A
High Medicaid Utilization N/A N/A N/A N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group 5%. High Fixed Cost, Low Variable Cost Facilities N/A N/A N/A N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group 5%. N/A N/A N/A Bed range adjustments - State can adjust rates of cost coverage of the each group so long the cost coverage of the each group s				
High Medicaid Utilization N/A N/A N/A N/A N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group 5%. High Fixed Cost, Low Variable Cost Facilities N/A No difference in rate setting Bed range adjustments - State can adjust rates of cost coverage of the each group so long the cost coverage of the				
Low Number of Licensed Beds N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group 5%. High Fixed Cost, Low Variable Cost, Low Variable Cost Facilities N/A No difference in rate setting Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group so long the cost coverage of the each group	Low Medicare Utilization	Capital component calculation uses floor of 90% occupancy	N/A	N/A
Low Number of Licensed Beds N/A N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group 5%. High Fixed Cost, Low Variable Cost Facilities N/A No difference in rate setting Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group so long the co				
Low Number of Licensed Beds N/A N/A Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group 5%. High Fixed Cost, Low Variable Cost Facilities N/A No difference in rate setting Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group so long the co				
each bed group so long the cost coverage of the each group 5%. High Fixed Cost, Low Variable Cost Facilities N/A No difference in rate setting Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group so long the each group so long the cost coverage of the each group so long the eac	High Medicaid Utilization	N/A	N/A	N/A
High Fixed Cost, Low Variable Cost Facilities N/A No difference in rate setting Bed range adjustments - State can adjust rates of cost coverage of the each group so long the each group so long the cost coverage of the each group so long the each group so long the each group so long				
High Fixed Cost, Low Variable Cost Facilities N/A No difference in rate setting Bed range adjustments - State can adjust rates of cost coverage of the each group so long the each group so long the cost coverage of the each group so long the each group so long the each group so long		11/4	N/A	
High Fixed Cost, Low Variable Cost Facilities N/A No difference in rate setting Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group	Low Number of Licensed Beds	N/A	N/A	
High Fixed Cost, Low Variable Cost, Low Variable Cost Facilities N/A No difference in rate setting Bed range adjustments - State can adjust rates of cost cover each bed group so long the cost coverage of the each group				
Cost Facilities each bed group so long the cost coverage of the each group				5%.
	High Fixed Cost, Low Variable	N/A	No difference in rate setting	Bed range adjustments - State can adjust rates of cost coverage for
	Cost Facilities			each bed group so long the cost coverage of the each group remains +
				5%.
Do small and large facilities Yes Yes Yes Yes Yes Ves, but there is bed range adjustment.	Do small and large facilities	Yes	Yes	
utilize the same rate	_			, bearinge adjustment
components?				
For example, 20-bed facility				
compared to 153-bed facility.				



DRAFT

Purpose: State research for the Alaska

Kentucky	Montana	Wyoming
	N/A	No, the State operated facility is not subject to caps.
	•	·



DRAFT

Purpose: State research for the Alaska

State Evaluated	Kentucky	Montana	Wyoming
ost Categories			
Direct Care	Price - 100% of average	Nursing Price - 20% of state-wide price (based on state budget)	Price
Costs Subject to case mix	Staffing (wages, benefits, FTE/absenteeism) for RN, LPN, Aides, DON, Activities, Medical Records; Non-personnel operating (supplies, education & training)	Nursing Price is case-mix adjusted.	Healthcare
Indirect/Other Care	Price - 100% of average	Price - 80% of state-wide price (Based on state budget)	N/A
Administrative/ Operating	Price- average based on historical percentages	See Indirect/Other	Price - with pass-troughs based on cost for property tax, insurance, ar utilities
Capital	Fair Rental Value \$58,820 maximum bed value with 9% rate of return	Reimbursed under the Admin price component.	Price - based on age of the building
Ancillary	Reimbursed Separately	Reimbursed outside the base rate. Provider must apply directly with Department. Paid outside the base rate.	Based on ancillary charges - Allowed % - Medicaid 100%, Medicare 10%, other 100%, Non-NF 0%.
Rate Add-on	Potential rate sanctions based on MDS RUG validation reviews	Ancillary: Reimbursed outside the base rate. Provider must apply directly with Department. Paid outside the base rate. Direct Care Wage add-on: Yes	Extraordinary care cost Rate add-on based on individual needs for care outside of per diem