

Preliminary SFY 2012 WI T19 FFS Nursing Home Model

Calculation of Medicaid Access Incentive

	NF	ICF/MR
1 Monthly Bed Assessment	\$ 170.00	\$ 840.00
2 Days per month	<u>30.4</u>	<u>30.4</u>
3 Daily Bed Assessment	\$ 5.59	\$ 27.63
4 Patients per Bed	<u>90.5%</u>	<u>90.5%</u>
5 Bed Assessment per Patient Day	\$ 6.18	\$ 30.53
6 Medicaid Patient Percentage	<u>64.0%</u>	<u>99.5%</u>
7 Bed Assessment per Medicaid Patient Day (=MAI)	<u>\$ 9.65</u>	<u>\$ 30.69</u>
	Prior Year MAI	\$ 28.42
	Change	\$ 2.27
	PDs	74,189
	Expend.	\$ 168,410

Budgeted Amounts for Rate and Acuity Increases

	NF	ICF/MR
1 Rate increase supported by GPR/FED <i>% of base expenditures</i>	\$ - 0.0%	\$ 257,298 1.5%
2 Increase in patient liability (est.)	\$ -	\$ -
3 Provision for Medicaid Access Incentive	\$ -	\$ 168,410
4 Provision for Acuity Increase (1% CMI Increase)	\$ 7,257,000	\$ -
Total	\$ 7,257,000	\$ 425,708 2.5%