

Nursing Facility Reimbursement Overview for July 1, 2022 Rates

Department of Healthcare & Family Services

Bureau of Long-Term Care

July 25, 2022

Objectives

- Review Nursing Component Reimbursement Methodology
- Discuss Quarterly/Directed Payments for:
 - Quality Incentives
 - CNA Wage Pass-throughs
- Answer Questions on Methodology, Data and Process Issues

Our Vision for the Future

WE IMPROVE LIVES.

- ▶ We address social and structural determinants of health.
- ▶ We empower customers to maximize their health and well being.
- ▶ We provide consistent, responsive service to our colleagues and customers.
- ▶ So equity is the foundation of everything we do.



This is possible because...

...WE VALUE OUR STAFF AS OUR GREATEST ASSET. We do this by:	...WE ARE ALWAYS IMPROVING. We do this by:	...WE INSPIRE PUBLIC CONFIDENCE. We do this by:
<ul style="list-style-type: none">▶ Fully staffing a diverse workforce whose skills and experiences strengthen HFS.▶ Ensuring all staff and systems work together.▶ Maintaining a positive workplace where strong teams contribute, grow and stay.▶ Providing exceptional training programs that develop and support all employees.	<ul style="list-style-type: none">▶ Having specific and measurable goals and using analytics to improve outcomes.▶ Using technology and interagency collaboration to maximize efficiency and impact.▶ Learning from successes and failures.	<ul style="list-style-type: none">▶ Using research and analytics to drive policy and shape legislative initiatives.▶ Clearly communicating the impacts of our work.▶ Being responsible stewards of public resources.▶ Staying focused on our goals.

Nursing Component Calculation:

Line 1 – Base rate received a \$7/day increase.

Line 2 – all regional wage factors were set at 1.06.

Line 3 – Medicaid Residents number is unchanged from previous methodology

Line 4 – Case Mix Weight – the sum of all resident case mix weights - See pages 5 and 6

	RUG	PDPM	
1. STATEWIDE BASE RATE FY23	92.25	92.25	
2. REGIONAL WAGE FACTOR	1.0600	1.0600	
3. MEDICAID RESIDENTS	49	49	
4. SUM OF MEDICAID CASE MIX WEIGHT	51.64	56.7423	
5. FACILITY AVERAGE CASE MIX 4/3	1.0539	1.1580	
Total By Rate Methodology	\$103.06	\$113.24	
6. FACILITY CALCULATED MDS RATE	100% PDPM		
(line 1 * line 2 * line 5)			\$113.24
7. ALZHEIMER/DEMENTIA ADD-ON			
(SUM # ALZ/DEM FROM MDS VERIF / LINE 3 * \$.63)			\$0.19
8. SMI ADD-ON (SUM # SMI FROM MDS VERIF / LINE 3 * \$2.67)			\$0.49
9. TBI ADD-ON (SUM # TBI FROM MDS VERIF / LINE 3 * \$5.00)			\$0.00
10. Medicaid Utilization Add-on (\$4.00 * PDPM CMI)		86%	\$4.63
11. Medicaid Staffing Add-on		93%	\$24.54
12. FACILITY CALCULATED NURSING RATE (add line 6 thru 11)			\$143.09

PDPM Weights:

The entire list of PDPM Weights has been added to the Medicaid Provider – Reimbursement – Long Term Care Webpage:

<https://www2.illinois.gov/hfs/SiteCollectionDocuments/PDPMWeightsForRates20220701.pdf>

The PDPM HIPPS Code Character for each resident is listed on the Provider Rate sheet that can be downloaded through the MEDI portal.

PDPM Nursing Component General Classification Information				
PDPM Case Mix Group	PDPM HIPPS Code Character	PDPM Weights for Rate Setting		
		National PDPM Weight As of April 1, 2022	(w/ Budget Neutral Factor of .7858)	
ES3	A	4.06	3.1903	
ES2	B	3.07	2.4124	
ES1	C	2.93	2.3024	
HDE2	D	2.40	1.8859	
HDE1	E	1.99	1.5637	
HBC2	F	2.24	1.7602	
HBC1	G	1.86	1.4616	
LDE2	H	2.08	1.6345	
LDE1	I	1.73	1.3594	
LBC2	J	1.72	1.3516	
LBC1	K	1.43	1.1237	
CDE2	L	1.87	1.4694	
CDE1	M	1.62	1.2730	
CBC2	N	1.55	1.2180	
CA2	O	1.09	0.8565	
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Provider Rate Sheet Supporting Documentation:

Resident specific PDPM and RUG Case Mix values are listed on the provider specific rate sheet.

In addition, residents eligible for the Alzheimer, SMI and TBI add-ons are listed.

	PDPM CMI	A2300	RUG Max	CMI Value	ALZ/ DEM	SMI	TBI
S	0.7779	03/31/22	BA1	0.53	0	1	0
S	0.7779	02/21/22	BA1	0.53	0	1	0
R	0.8172	01/17/22	BA2	0.58	0	1	0
H	1.6345	02/09/22	LD2	1.54	0	0	0
O	0.8565	03/03/22	CA2	0.73	1	0	0
J	1.3516	02/26/22	LB2	1.21	0	0	0
H	1.6345	02/16/22	LE2	1.61	1	0	0
L	1.4694	02/04/22	CD2	1.29	1	0	0
T	1.2337	02/10/22	RAC	1.36	0	0	0
L	1.4694	01/01/22	RAD	1.58	0	0	0
R	0.8172	02/25/22	BA2	0.58	0	1	0
F	1.7602	03/25/22	HC2	1.57	0	0	0
S	0.7779	01/21/22	BA1	0.53	0	1	0
V	0.9587	01/31/22	PB2	0.7	1	0	0
W	0.5579	02/14/22	RAA	0.82	0	0	0
R	0.8172	01/01/22	BB2	0.81	0	0	0
R	0.8172	03/26/22	BA2	0.58	1	1	0
S	0.7779	02/02/22	BA1	0.53	0	1	0
=====				=====	=====	=====	=====
	56.7423			51.64	15	9	0

Nursing Component Calculation:

Lines 5 and 6 are calculations and defined on the rate sheet.

5 – Total Case Weights/Total Residents.

6 – Statewide Base Rate * Regional Wage Factor * Facility Average Case Mix

Lines 7, 8, and 9 remain unchanged from the previous methodology.

Line 10 – Medicaid Access Adjustment based on Medicaid Utilization percentage – see page 8 for data sources. PDPM case mix is applied to the add-on

	RUG	PDPM	
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Medicaid Utilization Percentage:

Medicaid Utilization Percentage Calculation for July 1, 2022, Rate Period

Medicaid Days Source: MMIS Paid Claim Days for 10/1/2020 - 9/30/2021 (will roll forward each quarter)

Total Occupied Bed Day Source: Provider Tax Filings for 10/1/2020 - 9/30/2021 (will roll forward each quarter)

MMAI days are the higher of encounter claim data or 84% of the eligible billing based on the MMIS admission date segments.

Medicaid					
Medicaid FFS Days	Managed Care Days (Non-MMAI)	Medicaid MMAI Days (estimated)	Total Medicaid Resident Days Per Annum	Total Occupied Bed Days	Medicaid Utilization %
3,446	9,826	233	13,505	21,010	64.28%
2,014	11,228	4,250	17,492	20,280	86.25%
4,076	4,788	1,305	10,169	37,403	27.19%
6,648	11,469	6,089	24,206	33,458	72.35%
3,629	15,926	499	20,054	27,869	71.96%
4,251	4,679	2,512	11,442	23,590	48.50%
3,348	3,277	3,738	10,363	25,463	40.70%
1,024	2,149	1,344	4,517	14,058	32.13%
2,673	2,655	1,489	6,817	11,969	56.96%
4,398	36,343	92	40,833	54,965	74.29%
3,672	10,054	2,830	16,556	25,288	65.47%
1,819	3,948	947	6,714	31,535	21.29%
7,523	18,801	3,787	30,111	43,030	69.98%
2,141	3,118	1,797	7,056	18,866	37.40%
7,476	11,652	9,463	28,591	40,791	70.09%

Nursing Component Calculation:

Line 11 – Staffing Add-on – See pages 10, 11, 12 and 13 for data sources and calculation.

Line 12 – calculation is the sum of lines 6 through 11.

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Staffing Incentive STRIVE Targets:

This chart shows the expected nursing minutes/hours per day for each RUG-IV Code.

The full list of expected nursing time has been added to the Medicaid Provider – Reimbursement – Long Term Care Webpage:

<https://www2.illinois.gov/hfs/SiteCollectionDocuments/STRIVETargetsForRates20220701.pdf>

RUG-IV Code		Minutes per Resident Day				Hours per Resident Day			
		RN	LPN	CNA	TOTAL NURSE TIME	RN	LPN	CNA	TOTAL NURSE TIME
Clinic	CD1	15.31	41.90	151.40	208.61	0.26	0.70	2.52	3.48
	CC1	16.00	35.10	126.91	178.01	0.27	0.59	2.12	2.97
	CB1	16.17	34.99	118.45	169.61	0.27	0.58	1.97	2.83
	CA1	22.39	40.22	72.76	135.37	0.37	0.67	1.21	2.26
Behavioral Symptoms and Cognitive Performance	BB2	11.30	33.26	117.96	162.52	0.19	0.55	1.97	2.71
	BA2	18.34	41.18	101.56	161.08	0.31	0.69	1.69	2.68
	BB1	14.93	32.83	114.30	162.06	0.25	0.55	1.91	2.70
	BA1	13.60	31.57	86.06	131.23	0.23	0.53	1.43	2.19
Reduced Physical Functioning	PE2	15.11	39.76	163.58	218.45	0.25	0.66	2.73	3.64
	PD2	12.09	38.01	163.38	213.48	0.20	0.63	2.72	3.56
	PC2	8.14	33.51	124.90	166.55	0.14	0.56	2.08	2.78
	PB2	15.49	38.95	118.83	173.27	0.26	0.65	1.98	2.89
	PA2	5.50	35.91	73.16	114.57	0.09	0.60	1.22	1.91
	PE1	19.91	36.07	161.23	217.21	0.33	0.60	2.69	3.62
	PD1	16.18	33.58	147.31	197.07	0.27	0.56	2.46	3.28
	PC1	14.07	36.94	123.74	174.75	0.23	0.62	2.06	2.91
	PB1	12.49	31.80	95.60	139.89	0.21	0.53	1.59	2.33
PA1	14.32	32.42	70.77	117.51	0.24	0.54	1.18	1.96	

Source: Pp. 24-25 of Design for Care Compare Nursing Home Five-Star Quality Rating System: Technical Users' Guide July 2022
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/usersguide.pdf>

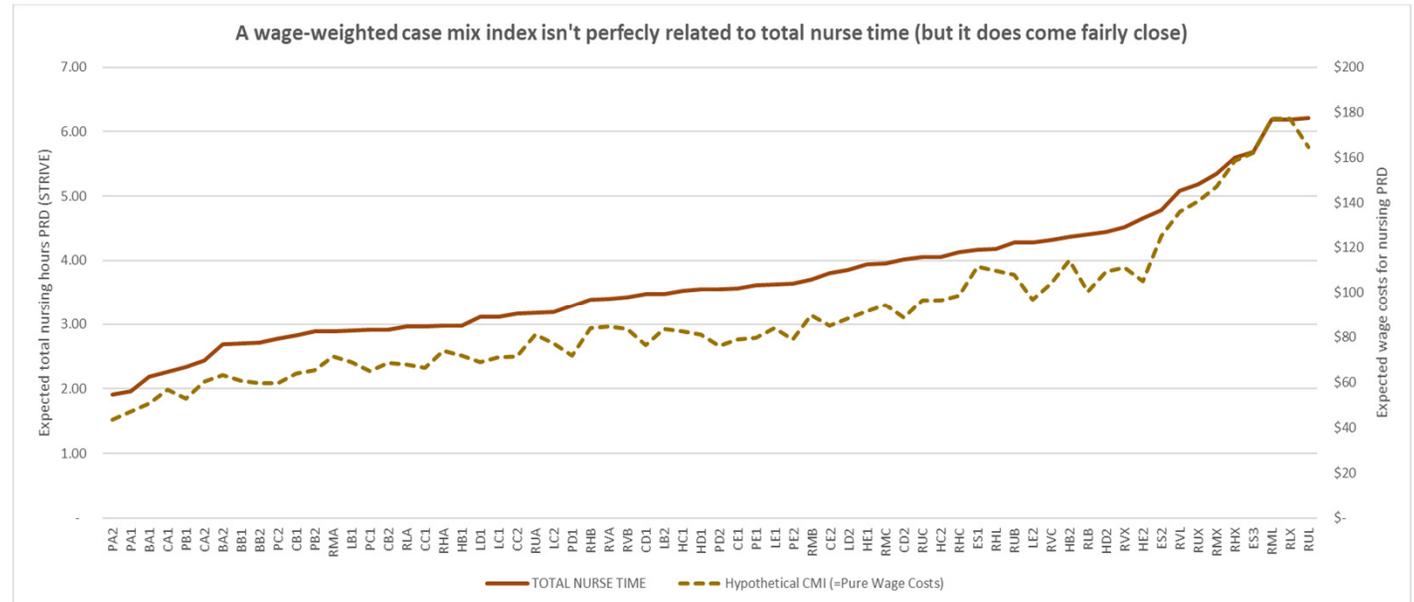
Staffing Incentive STRIVE Targets:

This chart shows the expected nursing minutes/hours per day for each RUG-IV Code.

For comparative purposes, a wage-weighted CMI was added using wage costs of \$40, \$30 and \$18 per hour for RNs, LPNs and CNAs

Because their wages differ, the expected *mix* of RN, LPN and CNA hours (see p. 10) can alter the relationship between a facility's overall resident CMI and its target level of total nurse staffing.

Facilities with different CMIs (dotted line) could end up with the same expected level of *total* nurse staffing (solid line).



Staffing Incentive Per Diem Scale:

This chart shows the incremental rate increases for the staffing incentive.

For the first two quarters, there is a floor established at 85% of the STRIVE target.

This chart has been added to the Medicaid Provider – Reimbursement – Long Term Care Webpage:

<https://www2.illinois.gov/hfs/SiteCollectionDocuments/StaffingPerDiemScaleForRates20220701.pdf>

Staffing Incentive Per Diem Scale	
Reported Total Nursing Hours as a Percentage of Case Mix (STRIVE)	
Total Nursing Hours	Per Diem Payment
125% and Above	\$ 38.68
124%	\$ 38.48
123%	\$ 38.28
122%	\$ 38.08
121%	\$ 37.89
120%	\$ 37.69
119%	\$ 37.49
118%	\$ 37.29
117%	\$ 37.09
116%	\$ 36.89
115%	\$ 36.69
114%	\$ 36.49
113%	\$ 36.30
112%	\$ 36.10
111%	\$ 35.90
110%	\$ 35.70
109%	\$ 35.11
108%	\$ 34.51
107%	\$ 33.92
106%	\$ 33.32
105%	\$ 32.73
104%	\$ 32.13
103%	\$ 31.54
102%	\$ 30.94
101%	\$ 30.35
100%	\$ 29.75

100%	\$ 29.75
99%	\$ 29.01
98%	\$ 28.26
97%	\$ 27.52
96%	\$ 26.78
95%	\$ 26.03
94%	\$ 25.29
93%	\$ 24.54
92%	\$ 23.80
91%	\$ 23.06
90%	\$ 22.31
89%	\$ 21.57
88%	\$ 20.83
87%	\$ 20.08
86%	\$ 19.34
85%	\$ 18.60
84%	\$ 17.85
83%	\$ 17.11
82%	\$ 16.37
81%	\$ 15.62
80%	\$ 14.88
79%	\$ 14.29
78%	\$ 13.70
77%	\$ 13.12
76%	\$ 12.53
75%	\$ 11.94
74%	\$ 11.35
73%	\$ 10.76
72%	\$ 10.18
71%	\$ 9.59
70%	\$ 9.00
Below 70%	\$ -

Staffing Incentive Rate Calculation:

Staffing Source Data: Provider Information file published by CMS on <https://data.cms.gov> in April 2022

Reported Total Nursing Hours/Case Mix Total Nursing Hours equals the Provider % of STRIVE.

This chart has been added to the Medicaid Provider – Reimbursement – Long Term Care Webpage:

<https://www2.illinois.gov/hfs/SiteCollectionDocuments/StaffingIncentiveCalculationForRates20220701.pdf>

Reported Total Nursing Hours	Case Mix Total Nursing Hours	Provider % of STRIVE	Round Down Provider % of STRIVE	Minimum % of STRIVE (Phase-In)	Greater of Provider % of STRIVE % OR Minimum % of STRIVE	Staffing Incentive Per Diem
2.2159	3.48602	63.57%	63.00%	85.00%	85.00%	\$ 18.60
2.83223	3.02414	93.65%	93.00%	85.00%	93.00%	\$ 24.54
2.99929	3.31283	90.54%	90.00%	85.00%	90.00%	\$ 22.31
2.42055	3.76282	64.33%	64.00%	85.00%	85.00%	\$ 18.60
2.81644	3.58882	78.48%	78.00%	85.00%	85.00%	\$ 18.60
2.34786	3.82158	61.44%	61.00%	85.00%	85.00%	\$ 18.60
3.88571	3.17776	122.28%	122.00%	85.00%	122.00%	\$ 38.08
3.63046	3.4835	104.22%	104.00%	85.00%	104.00%	\$ 32.13
3.53925	3.3321	106.22%	106.00%	85.00%	106.00%	\$ 33.32
2.51335	3.4547	72.75%	72.00%	85.00%	85.00%	\$ 18.60
4.29455	3.85201	111.49%	111.00%	85.00%	111.00%	\$ 35.90
3.60711	3.48128	103.61%	103.00%	85.00%	103.00%	\$ 31.54
3.13596	4.1975	74.71%	74.00%	85.00%	85.00%	\$ 18.60
3.73363	3.49925	106.70%	106.00%	85.00%	106.00%	\$ 33.32
2.85949	3.29396	86.81%	86.00%	85.00%	86.00%	\$ 19.34
2.66178	3.66437	72.64%	72.00%	85.00%	85.00%	\$ 18.60
2.95208	3.55343	83.08%	83.00%	85.00%	85.00%	\$ 18.60
3.80111	3.53749	107.45%	107.00%	85.00%	107.00%	\$ 33.92
4.05599	3.5279	114.97%	114.00%	85.00%	114.00%	\$ 36.49
2.57746	3.91344	65.86%	65.00%	85.00%	85.00%	\$ 18.60

Quality Incentive Payment Calculation:

Quality Weighted Days (QWD) is the statutory weight for the specific STAR rating * the facility's Medicaid days for the period.

A facility's payment will be equal to \$17.5M * the percentage of the facility's QWDs to the QWDs for the entire State.

This chart has been added to the Medicaid Provider – Reimbursement – Long Term Care Webpage:

<https://www2.illinois.gov/hfs/SiteCollectionDocuments/QualityIncentivePaymentCalculationFor20220701.pdf>

Formula for a Quarter's Quality Incentive Payment to Nursing Facility i

$$\$Quality_i = SW_i * M_i / QWD_{Total} * \$17,500,000$$

or

$$\$Quality_i = QWD_i / QWD_{Total} * \$17,500,000$$

Where...

- $QWD_i = SW_i * M_i$ = the payment quarter's quality weight total for facility i (or quality-weighted days)
- SW_i = the statutory weight applied to each STAR rating for facility i (see table below for values)
- M_i = one-fourth of the #Medicaid paid days for year ending 9 months prior for nursing facility i
- QWD_{Total} = the payment quarter's quality weight average across STAR values for the state as a whole, calculated as follows:

STAR rating	Statutory weight applied to each rating (SW_{STAR})	One-fourth of #Medicaid Paid Days for year ending 9 months prior, Statewide	Sum of all quality weight scores statewide (for one quarter)
0-1	0	$M_{STAR=0-1}$	0
2	0.75	$M_{STAR=2}$	$QWD_{STAR=2}$
3	1.5	$M_{STAR=3}$	$QWD_{STAR=3}$
4	2.5	$M_{STAR=4}$	$QWD_{STAR=4}$
5	3.5	$M_{STAR=5}$	$QWD_{STAR=5}$
Sum total = Payment quarter's quality weight total for the state =			QWD_{Total}

Quality Incentive Payment Calculation:

This chart has been added to the Medicaid Provider – Reimbursement – Long Term Care Webpage:

<https://www2.illinois.gov/hfs/SiteCollectionDocuments/NF07012022QualityIncentivePaymentListing20205162a.pdf>

Note that payments vary by both STAR Rating and Medicaid Days.

Quality Weight Calculation		Total Medicaid Days Calculation				Quality Incentive Payment Calculation		
Quality Star Rating	Quality Weight	Medicaid FFS Days	Medicaid Managed Care Days (Non-MMAI)	Medicaid MMAI Days (estimated)	Total Medicaid Resident Days Per Annum	Total Quality Weighted Medicaid Days	% of Total Quality Weighted Medicaid Days	Estimated Quarterly Incentive Payment
2	0.75	2,014	11,228	4,250	17,492	13,119	0.04481%	\$ 7,841.89
3	1.50	4,076	4,788	1,305	10,169	15,254	0.05210%	\$ 9,117.91
4	2.50	6,648	11,469	6,089	24,206	60,515	0.20670%	\$ 36,172.30
3	1.50	1,926	11,646	1,009	14,581	21,871	0.07470%	\$ 13,073.26
1	0.00	3,629	15,926	499	20,054	0	0.00000%	\$ -
4	2.50	4,251	4,679	2,512	11,442	28,604	0.09770%	\$ 17,097.67
5	3.50	3,348	3,277	3,738	10,363	36,271	0.12389%	\$ 21,680.22
4	2.50	4,834	16,308	12,250	33,392	83,479	0.28514%	\$ 49,898.68
5	3.50	1,024	2,149	1,344	4,517	15,810	0.05400%	\$ 9,449.93
4	2.50	2,673	2,655	1,489	6,817	17,043	0.05821%	\$ 10,187.41
4	2.50	4,398	36,343	92	40,833	102,083	0.34868%	\$ 61,018.50
5	3.50	3,672	10,054	2,830	16,556	57,946	0.19792%	\$ 34,636.39
4	2.50	1,819	3,948	947	6,714	16,784	0.05733%	\$ 10,032.54
5	3.50	7,523	18,801	3,787	30,111	105,388	0.35997%	\$ 62,994.03
5	3.50	2,141	3,118	1,797	7,056	24,696	0.08435%	\$ 14,761.72

Quarterly Quality Incentive Pool \$ 17,500,000

Quality Incentive Payment Calculation:

Since the number of eligible providers and Quality Weighted Days (QWDs) will vary by quarter, a per diem dollar value is being set to serve as a floor for future quarterly calculations.

The purpose is to not diminish the value of a STAR rating across time..

The per diem dollar value calculated for each STAR rating for the implementing quarter serves as an initial floor:

STAR rating	Statutory weight applied to each rating (SW_{STAR})		Dollars per quality-weighted day in implementing quarter		Dollar value per Medicaid day in implementing quarter		Dollar floor $\$Floor_{STAR=j}$
0-1	0	*	$\$QWD_{3Q2022}$	= \$	-	=	0
2	0.75	*	$\$QWD_{3Q2022}$	= \$	1.793	=	$\$Floor_{STAR=2}$
3	1.5	*	$\$QWD_{3Q2022}$	= \$	3.587	=	$\$Floor_{STAR=3}$
4	2.5	*	$\$QWD_{3Q2022}$	= \$	5.977	=	$\$Floor_{STAR=4}$
5	3.5	*	$\$QWD_{3Q2022}$	= \$	8.368	=	$\$Floor_{STAR=5}$

Where...

$$\$QWD_{3Q2022} = \text{Dollars per quality-weighted day in implementing quarter} = \$17,500,000 / QWD_{\text{Total},3Q2022} = \$2.391$$

CNA Wage Pass Through Payment Calculation:

Provider notices were posted detailing the data collection process through the LTC Exchange.

Both a July 1 and an August 1 start will be allowed for the initial quarter.

Final data and certifications for either start date are due by July 31.

This chart has been added to the Medicaid Provider – Reimbursement – Long Term Care Webpage:

<https://www2.illinois.gov/hfs/SiteCollectionDocuments/CNAIncentivePaymentCalculationFor20220701.pdf>

CNA Pay Scale Formula for Nursing Facility i

Medicaid's share of resident days for year ending 9 months prior	CNA hours and status from the most recent published PBJ and quarterly facility-submitted CNA templates		Minimum pay scale = subsidized amounts	Medicaid's share of quarterly estimated cost of CNA minimum payscale	CNA payscale monthly payment
#Medicaid Paid Days _i / #Total Resident Days _i	*	# CNA hours at 1 year's Experience _i	* \$1.50	= \$E _{1,i} /3	= \$E _{1,i} monthly
#Medicaid Paid Days _i / #Total Resident Days _i	*	# CNA hours at 2 year's Experience _i	* \$2.50	= \$E _{2,i} /3	= \$E _{2,i} monthly
#Medicaid Paid Days _i / #Total Resident Days _i	*	# CNA hours at 3 year's Experience _i	* \$3.50	= \$E _{3,i} /3	= \$E _{3,i} monthly
#Medicaid Paid Days _i / #Total Resident Days _i	*	# CNA hours at 4 year's Experience _i	* \$4.50	= \$E _{4,i} /3	= \$E _{4,i} monthly
#Medicaid Paid Days _i / #Total Resident Days _i	*	# CNA hours at 5 year's Experience _i	* \$5.50	= \$E _{5,i} /3	= \$E _{5,i} monthly
#Medicaid Paid Days _i / #Total Resident Days _i	*	# CNA hours at 6+ year's Experience _i	* \$6.50	= \$E _{6,i} /3	= \$E _{6,i} monthly
#Medicaid Paid Days _i / #Total Resident Days _i	*	# CNA hours with a Promotion _i <small>(max 15% of total CNA Hours)</small>	* \$1.50	= \$P _i /3	= \$P _i monthly
Sum total = monthly payment					\$TotalCNA_i monthly

Quality and CNA Wage Payment Processes:

Payments will be calculated quarterly and paid monthly.

Providers will receive payments from both HFS and the MC plans.

Provider payment amounts from the State and each MC plan will be posted to the State's reimbursement webpage each quarter.

To facilitate payment from the MC plans, the information on this slide will need to be sent to HFS – a provider notice will be sent out this week with instructions.

MC plans should distribute monthly payments within two weeks of being paid by HFS.

Facility Name:
Facility Tax ID:
System Affiliated With:
Contact Name for Directed Payments:
Contact Phone for Directed Payments:
Contact Email for Directed Payments:
EFT Information:
Bank Name:
Account #
Routing #
Check Information:
Address:
Pay to Name:
Attention of:

Q & A: