NEBRASKA DHHS - DIVISION OF MEDICAID & LONG-TERM CARE
MEDICAID RATE NOTIFICATION

NURSING FACILITY #1
Projected impact of full implementation $0.00

Case Mix Base Rate Before Inflation Factor	$86.79	
Non-Case Mix Base Rate Before Inflation Factor	$86.79	
Inflation Factor	3.63%	
RATE CATEGORY:		
Case Mix Base Rate After Inflation Factor	$89.94	
First Year Case Mix Transition Adjustment	$0.00	
Total Case Mix Base Rate		**$89.94**
(For each Level of Care, this Base Rate amount is multiplied by the corresponding Weighting Factor)		
Non-Case Mix Base Rate After Inflation Factor	$89.94	
First Year Non-Case Mix Transition Adjustment	$0.00	
Total Non-Case Mix Rate Component		**$89.94**
CMS Quality Star Rating	5	
Quality Rate Component		**$20.00**
5 Star =	$20.00	
4 Star =	$12.00	
3 Star =	$4.00	
Quality Assurance Assessment Rate Component		**$3.15**

The MEDICAID RATES shown in the far right column for each Level of Care 110-180 are calculated by multiplying the Case Mix Base Rate by the Weighting Factor, then adding that amount to the other Rate Components.

RATE PERIOD: JULY 1, 2020 TO JUNE 30, 2021

LEVEL OF CARE	CODE	WEIGHTING FACTOR	MEDICAID RATE
101	PA1	n/a	see below *
102	PA2	n/a	see below *
103	PB1	n/a	see below *
104	PB2	n/a	see below *

* 101-104 Paid at Assisted Living Rate + Quality Assessment Component:

July - December 2020: Estimated: Rural 81.59 + QAA; Urban 91.88 + QAA
January - June 2021: To be determined

ALF Urban Counties: Cass, Dakota, Dixon, Douglas, Lancaster, Sarpy, Saunders, Seward & Washington

110	PC1	0.81	**185.94**
111	PC2	0.83	**187.74**
112	PD1	0.89	**193.14**
113	PD2	0.91	**194.94**
114	PE1	0.97	**200.33**
115	PE2	1.00	**203.03**
120	BA1	0.60	**167.05**
121	BA2	0.71	**176.95**
122	BB1	0.82	**186.84**
123	BB2	0.86	**190.44**
130	IA1	0.67	**173.35**
131	IA2	0.72	**177.85**
132	IB1	0.85	**189.54**
133	IB2	0.88	**192.24**
140	CA1	0.95	**198.53**
141	CA2	1.06	**208.43**
142	CB1	1.07	**209.33**
143	CB2	1.15	**216.52**
144	CC1	1.25	**225.52**
145	CC2	1.42	**240.80**
150	SSA	1.28	**228.21**
151	SSB	1.33	**232.71**
152	SSC	1.44	**242.60**
160	RAA	1.07	**209.33**
161	RAB	1.24	**224.62**
162	RAC	1.31	**230.91**
163	RAD	1.66	**262.39**
170	SE1	1.54	**251.60**
171	SE2	1.79	**274.08**
172	SE3	2.10	**301.96**
180	STS	0.59	**166.15**

NOTICE DATE **September 27, 2019**

NEBRASKA DHHS - DIVISION OF MEDICAID & LONG-TERM CARE
MEDICAID RATE NOTIFICATION

NURSING FACILITY #2

Projected impact of full implementation	$20.00	
Case Mix Base Rate Before Inflation Factor	$86.79	
Non-Case Mix Base Rate Before Inflation Factor	$86.79	
Inflation Factor	3.63%	
RATE CATEGORY:		
Case Mix Base Rate After Inflation Factor	$89.94	
First Year Case Mix Transition Adjustment	-$5.00	
Total Case Mix Base Rate		**$84.94**
(For each Level of Care, this Base Rate amount is multiplied by the corresponding Weighting Factor)		
Non-Case Mix Base Rate After Inflation Factor	$89.94	
First Year Non-Case Mix Transition Adjustment	-$5.00	
Total Non-Case Mix Rate Component		**$84.94**
CMS Quality Star Rating	4	
Quality Rate Component		**$12.00**
5 Star =	$20.00	
4 Star =	$12.00	
3 Star =	$4.00	
Quality Assurance Assessment Rate Component		**$3.10**

The MEDICAID RATES shown in the far right column for each Level of Care 110-180 are calculated by multiplying the Case Mix Base Rate by the Weighting Factor, then adding that amount to the other Rate Components.

RATE PERIOD: JULY 1, 2020 TO JUNE 30, 2021

LEVEL OF CARE	CODE	WEIGHTING FACTOR	**MEDICAID RATE**
101	PA1	n/a	see below *
102	PA2	n/a	see below *
103	PB1	n/a	see below *
104	PB2	n/a	see below *

* 101-104 Paid at Assisted Living Rate + Quality Assessment Component:

July - December 2020: Estimated: Rural 81.59 + QAA; Urban 91.88 + QAA
January - June 2021: To be determined

ALF Urban Counties: Cass, Dakota, Dixon, Douglas, Lancaster, Sarpy, Saunders, Seward & Washington

110	PC1	0.81	**168.84**
111	PC2	0.83	**170.54**
112	PD1	0.89	**175.64**
113	PD2	0.91	**177.34**
114	PE1	0.97	**182.43**
115	PE2	1.00	**184.98**
120	BA1	0.60	**151.00**
121	BA2	0.71	**160.35**
122	BB1	0.82	**169.69**
123	BB2	0.86	**173.09**
130	IA1	0.67	**156.95**
131	IA2	0.72	**161.20**
132	IB1	0.85	**172.24**
133	IB2	0.88	**174.79**
140	CA1	0.95	**180.73**
141	CA2	1.06	**190.08**
142	CB1	1.07	**190.93**
143	CB2	1.15	**197.72**
144	CC1	1.25	**206.22**
145	CC2	1.42	**220.65**
150	SSA	1.28	**208.76**
151	SSB	1.33	**213.01**
152	SSC	1.44	**222.35**
160	RAA	1.07	**190.93**
161	RAB	1.24	**205.37**
162	RAC	1.31	**211.31**
163	RAD	1.66	**241.04**
170	SE1	1.54	**230.85**
171	SE2	1.79	**252.08**
172	SE3	2.10	**278.41**
180	STS	0.59	**150.15**

NOTICE DATE **September 27, 2019**

NEBRASKA DHHS - DIVISION OF MEDICAID & LONG-TERM CARE
MEDICAID RATE NOTIFICATION

NURSING FACILITY #3
Projected impact of full implementation -$20.00

Case Mix Base Rate Before Inflation Factor	$86.79	
Non-Case Mix Base Rate Before Inflation Factor	$86.79	
Inflation Factor	3.63%	
RATE CATEGORY:		
Case Mix Base Rate After Inflation Factor	$89.94	
First Year Case Mix Transition Adjustment	$5.00	
Total Case Mix Base Rate		**$94.94**
(For each Level of Care, this Base Rate amount is multiplied by the corresponding Weighting Factor)		
Non-Case Mix Base Rate After Inflation Factor	$89.94	
First Year Non-Case Mix Transition Adjustment	$5.00	
Total Non-Case Mix Rate Component		**$94.94**
CMS Quality Star Rating	3	
Quality Rate Component		**$4.00**
5 Star =	$20.00	
4 Star =	$12.00	
3 Star =	$4.00	
Quality Assurance Assessment Rate Component		**$3.00**

The MEDICAID RATES shown in the far right column for each Level of Care 110-180 are calculated by multiplying the Case Mix Base Rate by the Weighting Factor, then adding that amount to the other Rate Components.

RATE PERIOD: JULY 1, 2020 TO JUNE 30, 2021

LEVEL OF CARE	CODE	WEIGHTING FACTOR	MEDICAID RATE
101	PA1	n/a	see below *
102	PA2	n/a	see below *
103	PB1	n/a	see below *
104	PB2	n/a	see below *

* 101-104 Paid at Assisted Living Rate + Quality Assessment Component:

July - December 2020: Estimated: Rural 81.59 + QAA; Urban 91.88 + QAA
January - June 2021: To be determined
ALF Urban Counties: Cass, Dakota, Dixon, Douglas, Lancaster, Sarpy, Saunders, Seward & Washington

110	PC1	0.81	**178.84**
111	PC2	0.83	**180.74**
112	PD1	0.89	**186.44**
113	PD2	0.91	**188.34**
114	PE1	0.97	**194.03**
115	PE2	1.00	**196.88**
120	BA1	0.60	**158.90**
121	BA2	0.71	**169.35**
122	BB1	0.82	**179.79**
123	BB2	0.86	**183.59**
130	IA1	0.67	**165.55**
131	IA2	0.72	**170.30**
132	IB1	0.85	**182.64**
133	IB2	0.88	**185.49**
140	CA1	0.95	**192.13**
141	CA2	1.06	**202.58**
142	CB1	1.07	**203.53**
143	CB2	1.15	**211.12**
144	CC1	1.25	**220.62**
145	CC2	1.42	**236.75**
150	SSA	1.28	**223.46**
151	SSB	1.33	**228.21**
152	SSC	1.44	**238.65**
160	RAA	1.07	**203.53**
161	RAB	1.24	**219.67**
162	RAC	1.31	**226.31**
163	RAD	1.66	**259.54**
170	SE1	1.54	**248.15**
171	SE2	1.79	**271.88**
172	SE3	2.10	**301.31**
180	STS	0.59	**157.95**

NOTICE DATE **September 27, 2019**

NEBRASKA DHHS - DIVISION OF MEDICAID & LONG-TERM CARE
MEDICAID RATE NOTIFICATION

NURSING FACILITY #4

Projected impact of full implementation -$17.46

Case Mix Base Rate Before Inflation Factor	$86.79	
Non-Case Mix Base Rate Before Inflation Factor	$86.79	
Inflation Factor	3.63%	
RATE CATEGORY:		
Case Mix Base Rate After Inflation Factor	$89.94	
First Year Case Mix Transition Adjustment	$4.37	
Total Case Mix Base Rate		**$94.31**
(For each Level of Care, this Base Rate amount is multiplied by the corresponding Weighting Factor)		
Non-Case Mix Base Rate After Inflation Factor	$89.94	
First Year Non-Case Mix Transition Adjustment	$4.36	
Total Non-Case Mix Rate Component		**$94.30**
CMS Quality Star Rating	2	
Quality Rate Component		**$0.00**
5 Star =	$20.00	
4 Star =	$12.00	
3 Star =	$4.00	
Quality Assurance Assessment Rate Component		**$3.20**

The MEDICAID RATES shown in the far right column for each Level of Care 110-180 are calculated by multiplying the Case Mix Base Rate by the Weighting Factor, then adding that amount to the other Rate Components.

RATE PERIOD: JULY 1, 2020 TO JUNE 30, 2021

LEVEL OF CARE	CODE	WEIGHTING FACTOR	MEDICAID RATE
101	PA1	n/a	see below *
102	PA2	n/a	see below *
103	PB1	n/a	see below *
104	PB2	n/a	see below *

* 101-104 Paid at Assisted Living Rate + Quality Assessment Component:

July - December 2020: Estimated: Rural 81.59 + QAA; Urban 91.88 + QAA
January - June 2021: To be determined

ALF Urban Counties: Cass, Dakota, Dixon, Douglas, Lancaster, Sarpy, Saunders, Seward & Washington

110	PC1	0.81	**173.89**
111	PC2	0.83	**175.78**
112	PD1	0.89	**181.44**
113	PD2	0.91	**183.32**
114	PE1	0.97	**188.98**
115	PE2	1.00	**191.81**
120	BA1	0.60	**154.09**
121	BA2	0.71	**164.46**
122	BB1	0.82	**174.83**
123	BB2	0.86	**178.61**
130	IA1	0.67	**160.69**
131	IA2	0.72	**165.40**
132	IB1	0.85	**177.66**
133	IB2	0.88	**180.49**
140	CA1	0.95	**187.09**
141	CA2	1.06	**197.47**
142	CB1	1.07	**198.41**
143	CB2	1.15	**205.96**
144	CC1	1.25	**215.39**
145	CC2	1.42	**231.42**
150	SSA	1.28	**218.22**
151	SSB	1.33	**222.93**
152	SSC	1.44	**233.31**
160	RAA	1.07	**198.41**
161	RAB	1.24	**214.44**
162	RAC	1.31	**221.05**
163	RAD	1.66	**254.05**
170	SE1	1.54	**242.74**
171	SE2	1.79	**266.31**
172	SE3	2.10	**295.55**
180	STS	0.59	**153.14**

NOTICE DATE **September 27, 2019**

NEBRASKA DHHS - DIVISION OF MEDICAID & LONG-TERM CARE
MEDICAID RATE NOTIFICATION

NURSING FACILITY #5
Projected impact of full implementation $17.46

Case Mix Base Rate Before Inflation Factor	$86.79	
Non-Case Mix Base Rate Before Inflation Factor	$86.79	
Inflation Factor	3.63%	
RATE CATEGORY:		
Case Mix Base Rate After Inflation Factor	$89.94	
First Year Case Mix Transition Adjustment	-$4.37	
Total Case Mix Base Rate		**$85.57**
(For each Level of Care, this Base Rate amount is multiplied by the corresponding Weighting Factor)		
Non-Case Mix Base Rate After Inflation Factor	$89.94	
First Year Non-Case Mix Transition Adjustment	-$4.36	
Total Non-Case Mix Rate Component		**$85.58**
CMS Quality Star Rating	5	
Quality Rate Component		**$20.00**
5 Star =	$20.00	
4 Star =	$12.00	
3 Star =	$4.00	
Quality Assurance Assessment Rate Component		**$3.20**

The MEDICAID RATES shown in the far right column for each Level of Care 110-180 are calculated by multiplying the Case Mix Base Rate by the Weighting Factor, then adding that amount to the other Rate Components.

RATE PERIOD: JULY 1, 2020 TO JUNE 30, 2021

LEVEL OF CARE	CODE	WEIGHTING FACTOR	**MEDICAID RATE**
101	PA1	n/a	see below *
102	PA2	n/a	see below *
103	PB1	n/a	see below *
104	PB2	n/a	see below *

* 101-104 Paid at Assisted Living Rate + Quality Assessment Component:

July - December 2020: Estimated: Rural 81.59 + QAA; Urban 91.88 + QAA
January - June 2021: To be determined

ALF Urban Counties: Cass, Dakota, Dixon, Douglas, Lancaster, Sarpy, Saunders, Seward & Washington

110	PC1	0.81	**178.09**
111	PC2	0.83	**179.80**
112	PD1	0.89	**184.94**
113	PD2	0.91	**186.65**
114	PE1	0.97	**191.78**
115	PE2	1.00	**194.35**
120	BA1	0.60	**160.12**
121	BA2	0.71	**169.53**
122	BB1	0.82	**178.95**
123	BB2	0.86	**182.37**
130	IA1	0.67	**166.11**
131	IA2	0.72	**170.39**
132	IB1	0.85	**181.51**
133	IB2	0.88	**184.08**
140	CA1	0.95	**190.07**
141	CA2	1.06	**199.48**
142	CB1	1.07	**200.34**
143	CB2	1.15	**207.19**
144	CC1	1.25	**215.74**
145	CC2	1.42	**230.29**
150	SSA	1.28	**218.31**
151	SSB	1.33	**222.59**
152	SSC	1.44	**232.00**
160	RAA	1.07	**200.34**
161	RAB	1.24	**214.89**
162	RAC	1.31	**220.88**
163	RAD	1.66	**250.83**
170	SE1	1.54	**240.56**
171	SE2	1.79	**261.95**
172	SE3	2.10	**288.48**
180	STS	0.59	**159.27**

NOTICE DATE **September 27, 2019**