

Suggested standard format for summarizing various nursing facility Medicaid rate setting methodologies:

1. Is there a title for the payment system?
2. Is it a “Pricing Model” versus a Cost-based approach?
3. What data bases are used as the basis for setting payment rates?
4. How frequently is the rate setting database “rebased”?
5. Please describe any resident acuity adjustment provisions in the rates setting design. (RUGs Case Mix Indices-CMIs? Other?).
6. What inflation factors/indices are used in the rates setting methodology?
7. What are the facility Peer Grouping parameters for the purpose of rate setting?
8. Does the payment system provide for special incentive provisions including:
 - a. Efficiency adjustments/incentives?
 - b. Quality adjustments/incentives, P4P programs?
 - c. Occupancy adjustments/incentives?
 - d. Incentives for de-certifying beds?
 - e. Resident discharge incentive? If so, please describe.
9. Please identify the rate components/rate structures (i.e. cost centers) for calculating rates. What costs are subsumed in each rate component?
10. Please identify caps and/or ceilings on all components of the payment rates.
11. Please include a description of the rate setting differences, if they exist, between various types of nursing facilities. For example:
 - a) Special rehabilitation facilities
 - b) Vent-care facilities

- c) For-profit
- d) Not-for-profit
- e) Hospital-based
- f) County Facilities
- g) NF Dialysis Units

12. Please identify what aspects of this payments system design you consider most positive and compelling for consideration in Pennsylvania.
13. Please identify what aspects of this payment system design you consider most negative for consideration in Pennsylvania