Federal FY2019 SNF PPS Proposed Rule, SNF Value-Based Purchasing Program, and SNF Quality Reporting Program Analysis –

Part I: Update to the SNF VBP and QRP Programs

Part II: Payment Updates

Part III: Patient-Driven Payment Model

Overview:

On April 27, 2018, CMS issued the FY2019 Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Proposed Rule. The rule also includes proposals related to the SNF Value-Based Purchasing (VBP) Program and the SNF Quality Reporting Program (QRP).

LeadingAge staff has prepared an analysis of three key aspects of the proposed rule:

- Updates to the SNF VBP and QRP Programs,
- Payment Updates, and
- Patient Driven Payment Model.

Comment Period:

The rule comment period closes on June 26. LeadingAge will be submitting comments to CMS during the rule comment period. Members are encouraged to submit their own comments directly to CMS or provide their feedback to LeadingAge staff for inclusion in our comments. Feedback can be provided to Nicole Fallon at nfallon@leadingage.org, preferably by Friday, May 25 or as close to that date as possible so that it can be included in the LeadingAge comments.

Table of Contents:

Part I: Update to the SNF VBP and QRP Programs

SNF VBP

The SNF VBP program section of the proposed rule would:

- Change how performance for SNFs with low volumes or insufficient baseline performance data was scored
- Confirm baseline and performance measurement periods for FY 2021 and beyond
- Establish an extraordinary circumstances exception policy

VBP Background

The VBP program uses a single measure, the SNF 30-day all-cause readmission measure (SNFRM), to assess adjustments to SNF's Medicare fee-for-services rates beginning October 1, 2018 (FY2019). This measure was finalized in the FY2016 SNF PPS final rule. Under law, CMS is required to transition from the SNFRM to the SNF 30-day Potentially Preventable Readmission (SNFPPR), whose definition was finalized in the FY2017 SNF PPS final rule. This transition to the SNFPPR is to happen "as soon as practicable" but according to CMS will not occur before FY2021 and this latest proposed rule reinforces this timeline.

CMS solicited feedback in FY2018 SNF PPS rules on how to account for social risk factors in the readmission measures under both SNF VBP and QRP programs. Under the proposed rule, CMS has proposed no new approach but instead has committed to continue working with ASPE, the public and other key stakeholders on this issue but with a slightly modified goal of seeking to attain health equity for all beneficiaries.

The proposed rule also provides key information on the implementation of the VBP program for FY2019 and beyond.

VBP Performance Standards, Performance and Baseline Periods

Payment Impact in	Achievement Threshold	Benchmark	Performance Period	Baseline Period
FY2019	0.80218	0.83721	CY2017	CY2015
FY2020	0.80218	0.83721	FY2018	FY2016
FY2021 - proposed	TBD- Final Rule	TBD- Final Rule	FY2019	FY2017
FY2022 - proposed	TBD	TBD	FY2020	FY2018

The Achievement Threshold and Benchmark values will apply to the SNFRM measure through FY2020.

The proposed rule does not contain FY2021 achievement and benchmark numbers due to timing of the compilation of FY2017 MedPAR data. However, these values will be published in the final FY2019 SNF PPS rule and are not expected to be significantly different than FY2020.

In addition, CMS has proposed a process in the rule where it can make a one-time correction to the published achievement threshold and benchmarks should it discover an error in the data used to calculate the originally published values. This type of correction could only be done once per fiscal year. These updates would be communicated through a variety of communications channels including the CMS website, listservs, etc. to ensure awareness.

VBP Performance Scoring

Under the VBP program, CMS calculates a SNFs performance on SNFRM in two ways: 1) the SNF's year-over-year improvement on the measure; and 2) the SNF's achievement or performance on the SNFRM for that year compared to other SNFs. The better of the two scores is used in calculating the value-based incentive payment (VBIP) that the SNF will receive in that fiscal year.

CMS has proposed changes to these performance calculations for two types of SNFs:

- **SNFs lacking sufficient baseline period data:** CMS is concerned that SNFs that lack sufficient baseline period data, such as those that were newly-opened during the baseline period, or only open a short time, or under extraordinary circumstance exceptions are at risk of being assessed unreliable improvement scores and performance scores. So, CMS is proposing to not measure SNFs with fewer than 25 eligible stays during the baseline period on improvement for that program year but only measure their achievement.

- **Low-Volume SNFs:** Last year, CMS sought input on how to fairly treat low-volume SNFs under the VBP performance score calculation. In the FY2019 SNF PPS proposed rules, CMS proposes to adopt an approach similar to one of the solutions that LeadingAge offered – to keep these low-volume SNFs whole, especially where there are 0 readmissions. Essentially, CMS holds all low-volume SNFs harmless by assigning a performance score that assures the low-volume SNF's per diem rate is not reduced, as if the VBP program did not apply to the facility. If this approach is approved, it means that CMS will be redistributing an additional $6.7 million in value-based incentive payments to these low-volume SNFs in FY2019, increasing the total percentage of the payback to SNFs to 61.28%.

  CMS considered an alternative approach assigning a performance score to low-volume SNFs that would result in them receiving a VBIP of 1.2%, translating to a

0.8% reduction in the SNFs' per diem rates. If CMS were to pursue this alternative approach, only $1 million would be returned to low-volume SNFs regardless of actual readmission performance.

While LeadingAge did not think low-volume SNFs with 0 readmissions should receive a payment penalty, this approach provides neither incentive nor penalty for these facilities. So, a low-volume SNF that consistently has no or low readmissions doesn't have the opportunity to earn more than 2% back for their strong performance and conversely, is not penalized with a rate cut if they send all their patients back to the hospital. The alternative approach CMS considered also is arbitrary in it would apply the same VBIP to these low-volume SNFs regardless of actual performance.

Value-Based Incentive Payments (VBIP)

SNFs rate adjustment notifications based on their VBIP must be provided no later than 60 days prior to the fiscal year involved (by Aug 1, or sooner). This notification will be communicated in a SNF Performance Score Report that is accessed via the QIES-CASPER system. Once these reports are available, SNFs will have 30 days to review and submit corrections to their SNF performance score and ranking to: SNFVBPinquiries@cms.hhs.gov . (This process was approved last year.)

CMS will apply the 2% rate reduction required by the VBP program and the VBIP rate simultaneously to each SNF's Medicare payment rate establishing their net rate for the fiscal year. CMS did not include the range of VBIPs for FY2019 in the proposed rule but will publish them as part of the final rule.

Extraordinary Circumstances Exception (ECE) Policy for SNF VBP

CMS is proposing to establish an exceptions policy to provide relief to SNFs impacted by natural disasters or other circumstances beyond their control that affect the care provided to individuals in their facilities. Specifically, within 90 days after the event, SNFs would need to submit: an ECE request form identifying the calendar months that were impacted and supporting documentation that demonstrates the effects the extraordinary circumstance had on the care they provided. If approved, CMS would calculate improvement and achievement performance scores for the affected facilities using data from only those months not impacted by the extraordinary circumstance and in cases where the SNF had at least 25 eligible stays during the reduced performance period.

CMS would also be permitted to grant regional or local exceptions in circumstances where SNFs did not request the ECE. This process would be used for natural or man-made disasters, "which causes damages of sufficient severity and magnitude to partially or completely destroy or delay access to medical records and associated documentation or otherwise affect the facility's ability to continue normal operations." This policy is designed to align with a similar process adopted for the Quality Reporting Program.

SNF Quality Reporting Program (QRP)

Quality Measure Review

CMS launched its Meaningful Measures Initiative(MMI) in October 2017, which is one element of the Health and Human Service agency's Patients over Paperwork Initiative. As part of MMI, CMS strives to "put patients first, ensuring that they, along with their clinicians, are empowered to make decisions about their own healthcare using data-driven information that is increasingly aligned with a parsimonious set of meaningful quality measures."

CMS reviewed the SNF QRP program and determined that it substantially meets the MMI priorities --making care safer, strengthening personal and family engagement, promoting coordination of care, promoting effective prevention and treatment, and making care affordable. It also examined the factors used to remove a measure from the QRP program. There are currently 7 factors used in this process. Upon further review, CMS observed a need for one additional factor proposing to adopt an 8th factor to consider in determining whether a SNF QRP measure should be removed. This factor is essentially a cost-benefit analysis. Specifically, the proposed 8th Factor is: "The costs associated with a measure outweigh the benefit of its continued use in the program." The costs CMS will consider include costs to providers to: collect and submit data, comply with the programmatic requirements, participate in multiple quality programs and tracking numerous, sometimes duplicative measures and the cost to CMS for oversight.

In addition, CMS intends to codify all 8 removal factors as part of the final rule. The 7 factors previously finalized by CMS include:

1. Measure performance among SNFs is so high and unvarying that meaningful distinctions in improvements in performance can no longer be made.
2. Performance or improvement on a measure does not result in better resident outcomes
3. A measure does not align with current clinical guidelines or practice.
4. A more broadly applicable measure (across settings, populations, or conditions) for the particular topic is available.
5. A measure that is more proximal in time to desired resident outcomes for the particular topic is available.
6. A measure that is more strongly associated with desired resident outcomes for the particular topic is available.
7. Collection or public reporting of a measure leads to negative unintended consequences other than resident harm.

FY2020 SNF QRP Measures – Already Adopted

CMS has already approved the following 12 measures for the FY2020 SNF QRP program.

The MDS-based measures include:

- % of Patients or Residents Experiencing One or More Falls with Major Injury (NQF#0674 – application)
- Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury measure - takes effect October 1, 2018 replacing % of Patients or Residents with Pressure Ulcers that are New or Worsened (NQF#0678)
- % of Patients with Functional Assessment and Care Plan at Admission and Discharge (NQF#2631 – application of LTCH measure)
- Drug Regimen Review Conducted with Follow Up for Identified issues PAC *(Data collection begins 10/1/18 for FY2020)*
- Change in Self-Care Score for Medical Rehabilitation Patients (NQF#2633) – *This is an application of the IRF Functional Outcome Measure*
- Change in Mobility Score for Medical Rehabilitation Patients (NQF#2634) – *This is an application of the IRF Functional Outcome Measure*
- Discharge Self-Care Score for Medical Rehabilitation Patients (NQF#2635) – *This is an application of the IRF Functional Outcome Measure*
- Discharge Mobility Score for Medical Rehabilitation Patients (NQF#2636) – *This is an application of the IRF Functional Outcome Measure*

Claims-based measures include:

- Medicare Spending Per Beneficiary – Post-Acute Care Skilled Nursing Facility Quality Reporting Program
- Discharge to Community – Post-Acute Care Skilled Nursing Facility Quality Reporting Program
- Potentially-Preventable, 30-Day Post-Discharge Hospital Readmissions

<u>Two Quality Measures Delayed Another Year</u>

CMS was considering adding two new measures in FY2021 by October 1, 2018 related to the accurate communication of health information and care preferences but have decided after public comments and pilot testing of the measures that they would like additional time to develop and test the two measures. The new timeline for specifying the measures is no later than October 1, 2019 with adoption for FY2022 and data collection is proposed to begin October 1, 2020.

<u>Notifications of Non-compliance and CMS Reconsideration Decisions for SNF QRP</u>

Currently, CMS notifies SNFs of their non-compliance with the SNF QRP in two ways through: the QIES ASAP system and the U.S. Mail. CMS is proposing to add a third option "via email from the Medicare Administrative Contractor (MAC)" with the caveat that upon finalizing this provision they will notify SNFs by <u>at least one</u> of these methods. This proposed change is in response to provider feedback. CMS is also proposing to make this same change for communicating its final decisions related to SNF QRP reconsideration requests.

Public Display of SNF QRP Measures:
CMS indicated last year its plans to publicly report FY2017 data for Medicare Spending Per Beneficiary and Discharge to Community measures on Nursing Home Compare beginning in CY2018. CMS proposes in this rule to begin reporting two years' worth of data instead of one year beginning in CY2019. This change would ensure that data on these measures are reported for roughly 95% of SNFs and the measures are aligned with the display periods for Inpatient Rehabilitation Facilitates and Long-Term Care Hospitals. CMS also proposes to begin displaying performance data on the four Mobility and Self Care measures in CY2020 or soon thereafter. These measures will be based upon 4 rolling quarters of data beginning with data from CY2019. If a SNF has any of the 4 quarters of data with fewer than 20 eligible cases, CMS will note that the number of cases is too small to report.

Part II: Payment Updates

The fiscal year (FY) 2019 skilled nursing facility (SNF) proposed rule includes several payment updates proposed to begin on October 1, 2018 which are summarized in this Part.

SNF Market Basket Update

The SNF market basket update for FY 2019 is 2.4% based on the Bipartisan Budget Act of 2018 according the proposed rule. This is an increase compared to prior law, which would have calculated the market basket update at 2.7% that would be adjusted down by a 0.8% multifactor productivity adjustment (MFP) yielding a 1.9% update. CMS projects the overall economic impact of this proposed rule at an estimated increase of $850 million in aggregate payments to SNFs during FY 2019.

Quality Reporting Reduction

Beginning in FY 2018, SNFs that did not submit their quality reporting data for a fiscal year will receive a 2.0 percentage point reduction to their market basket update for the fiscal year involved. CMS is proposing to apply a 2.0 percentage point reduction to the SNF market basket percentage change for the fiscal year 2019 market basket update after adjusting for the MFP. This means SNFs would did not submit would receive a negative update of -0.1% for FY 2019. LeadingAge notes that last year CMS reduced the market basket by the special rule for payment of 1.0% as opposed to the calculated market basket update of 2.0% during FY 2018. We believe that CMS should once again apply the reduction to the special rule for payment which would mean SNFs that did not submit would lose 2 percentage points from the 2.4% payment update resulting in a 0.4% update as opposed to the proposed -0.1% update.

SNF Wage Index

CMS notes the repetitive request for a SNF-specific wage index as opposed to reliance on the inpatient hospital wage index. LeadingAge has commented on the desire to move towards a SNF-specific wage index as recently as last year's proposed rule. In this year's rule CMS specifically requests comment on how a SNF-specific wage index

could be developed without creating significant administrative burdens for providers, CMS, or its contractors. Further, they request comments on specific alternatives they may consider in future rulemaking, which could be implemented in advance of, or in lieu of, a SNF-specific wage index.

Consolidated Billing

The consolidated billing provisions of Medicare Part A include a number of individual high-cost, low probability services that are excluded from SNF consolidated billing within several broader categories (chemotherapy items, chemotherapy administration services, radioisotope services, and customized prosthetic devices) that otherwise remained subject to the provision. However, the Balanced Budget Refinement Act of 1999 gives CMS statutory authority to identify additional service codes for exclusion as essentially affording the flexibility to revise the list of excluded codes in response to changes of major significance that may occur over time. LeadingAge encourages members to submit comments that include the specific HCPCS code that is associated with the service in question, as well as their rationale for requesting that the identified HCPCS code(s) be excluded.

SNF Rate Calculator

LeadingAge makes available as a member benefit a SNF rate calculator based on the proposed rule. This tool allows an organization to view the specific rates by resource utilization group (RUG) category taking into account the proposed payment update and wage index data specific to the location. The tool's rates are applicable for SNFs that did report their quality and do not reflect quality reporting reductions. Additionally, positive and negative value-based purchasing (VBP) adjustments are not yet available and as such are not incorporated into the tool.

Part III: Patient-Driven Payment Model

The FY2019 skilled nursing facility (SNF) proposed rule includes a proposal to revise the payment model from the current Resource Utilization Groups (RUG-IV) case-mix classification to the Patient-Driven Payment Model (PDPM) beginning on October 1, 2019 for FY 2020.

According to a 2017 comparison between PDPM and RUG-IV, nonprofit and government owned SNFs would see increases of 1.9% and 4.2% respectively. Smaller SNFs see increases while those with capacity of greater than 100 certified units might expect declines. Rural providers would see increases as would facilities that service residents with less therapy utilization. CMS has made available a number of provider specific tools that we encourage you to examine to estimate facility specific impacts. A provider specific PDPM impact analysis is available for fiscal year 2017 and represents estimated payments under PDPM, assuming no changes in provider behavior or resident case-mix.

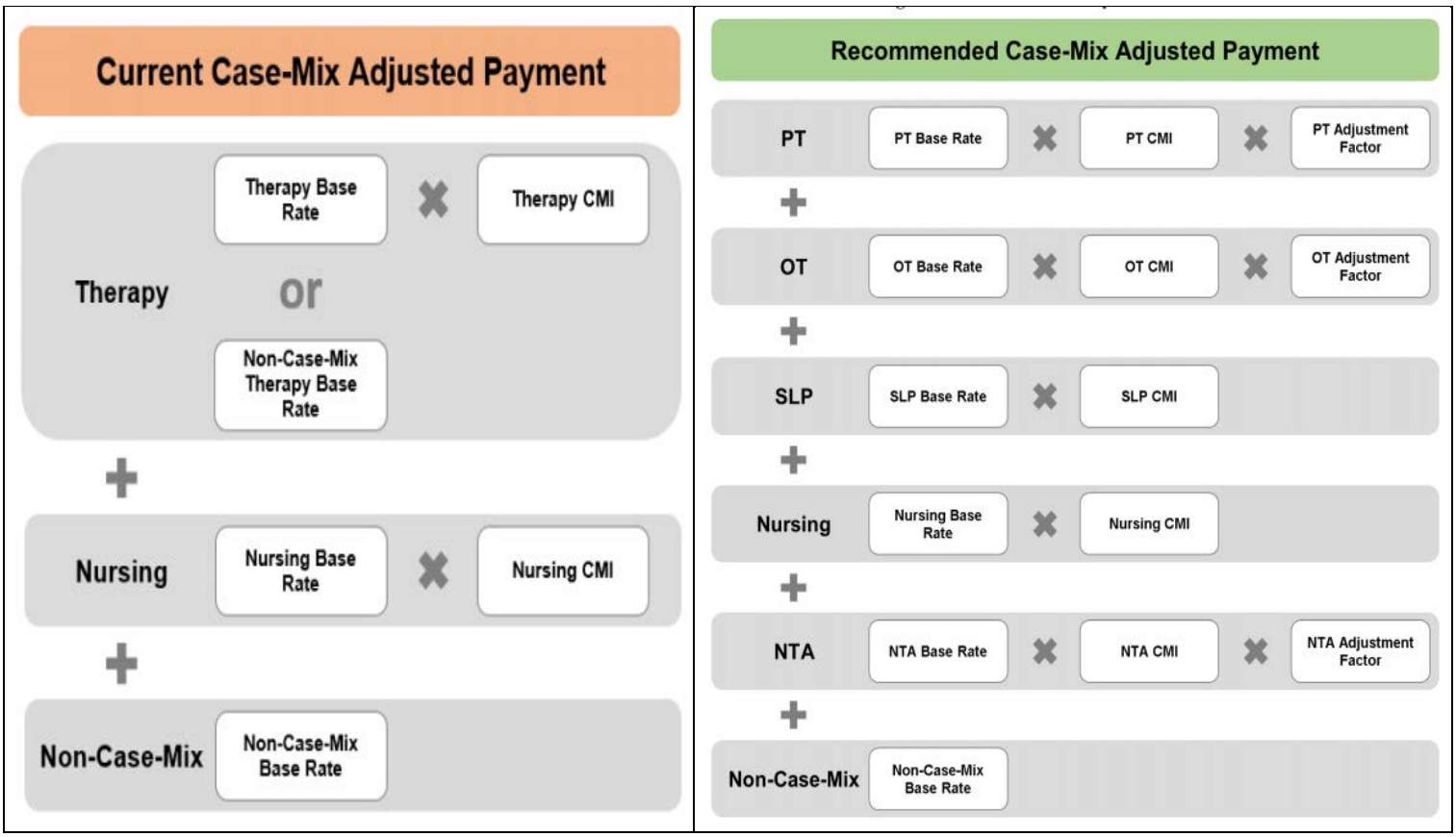
This Part summarizes highlights of the proposed changes that CMS has described in the proposed rule supported by research in a technical report.

Background

Concerns have been raised for several years about the current SNF prospective payment system (PPS) and the potential for service provision based on financial incentives as opposed to resident characteristics. Resident classification under RUG-IV is based primarily on the amount of therapy the SNF chooses to provide to a SNF resident. While the RUG–IV model classifies residents into rehabilitation groups, where payment is determined primarily based on the intensity of therapy services received by the resident, and into nursing groups, based on the intensity of nursing services received by the resident and other aspects of the resident's care and condition, only the higher paying of these groups is used for payment purposes. RUG–IV classifies each resident into a single RUG, with a single payment for all services.

By contrast, the proposed PDPM would classify each resident into five components (physical therapy (PT), occupational therapy (OT), speech-language pathology (SLP), non-therapy ancillary (NTA), and nursing) and provide a single payment based on the sum of these individual classifications. The payment for each component would be calculated by multiplying the case-mix index (CMI) for the resident's group first by the component federal base payment rate, then by the specific day in the variable per diem adjustment schedule. The proposed PDPM is designed to separately identify and adjust for the varied needs and characteristics of a resident's care and combine this information together to determine payment. CMS believes that the proposed PDPM would improve the SNF PPS by basing payments predominantly on clinical characteristics rather than service provision, thereby enhancing payment accuracy and strengthening incentives for appropriate care.

Visual Comparison of RUGs-IV v. PDPM



Case-Mix Components

CMS indicates that each resident's actual care needs, as opposed to service-based metrics, should be the basis for the SNF PPS and payments ought to derive from verifiable resident characteristics. Each resident would be classified into a resident group for each of the five case-mix-adjusted components. This is a revision as compared to the Resident Classification Model (RCS-I) that CMS described in an advanced notice of proposed rulemaking in 2017. In this model PT and OT each receive their own component as opposed to being combined as in RCS-I. The base rate for each case-mix-adjusted component would be multiplied by the CMI corresponding to the assigned resident group. Additionally, as noted above, separate adjustments would be applied to each resident's PT, OT, and NTA payments depending on the day of the stay. Unlike the existing RUG-IV model, no single component dominates the others in the PDPM.

Physical and Occupational Therapy

In the research that first examined the creation of the new case-mix components, it was noted that PT and OT costs were highly correlated while, SLP had a very weak correlation. However, based on feedback received regarding the RCS-I model, CMS

agreed with commenters and clinicians that PT and OT services should be addressed via separate components given the different aims of the two therapy disciplines and differences in the clinical characteristics of the resident subpopulations for which PT or OT services are warranted. For example, clinicians consulted during development of PDPM advised that personal hygiene, dressing, and upper extremity motion may bear a closer clinical relationship to OT utilization, while lower extremity motion may be more closely related to PT utilization. However, analyses found that predictors of high PT costs per day were also predictive of high OT costs per day.

Because of the strong correlation between the cost predictors between PT and OT, CMS proposes to maintain the same case-mix classification model for both components. In practice, this means that the same resident characteristics will determine a resident's classification for PT and OT payment. However, each resident will be assigned separate case-mix groups for PT and OT payment, which correspond to separate case-mix indexes and payment rates. CMS believes that providing separate case-mix-adjusted payments for PT and OT may allay concerns about inappropriate substitution across disciplines and encourage provision of these services according to clinical need.

The characteristics being proposed to assign a resident to a clinical category are the clinical reasons for the SNF stay and the resident's functional status. CMS proposes to categorize a resident into a PDPM clinical category using item I8000 on the MDS 3.0. Providers would use the first line in item I8000 to report the ICD–10–CM code that represents the primary reason for the resident's Part A SNF stay. In addition, they propose that providers record the type of surgical procedure performed during the prior inpatient stay by coding an ICD–10–PCS code that corresponds to the inpatient surgical procedure in the second line of item I8000 in cases where inpatient surgical information is required to appropriately categorize a resident under PDPM.

An alternative approach, also discussed, considers using a resident's primary diagnosis as reflected in MDS item I0020 as the basis for assigning the resident to a clinical category. The MDS item I0020 would require facilities to select a primary diagnosis from a prepopulated list of primary diagnoses representing the most common types of beneficiaries treated in a SNF, while item I8000, if used to assign residents to clinical categories, would require facilities to code a specific ICD–10–CM code that corresponds to the primary reason for the resident's Part A SNF stay. CMS is proposing the following clinical categories for PT and OT case-mix classifications:

Proposed PT and OT Clinical Categories

Major Joint Replacement or Spinal Surgery	Non-Orthopedic Surgery and Acute Neurologic
Other Orthopedic	Medical Management

In addition to clinical categories, a resident's functional ability as measured by independence in activities of daily living (ADL) is highly correlated with PT and OT costs. Under the RUG–IV case-mix system, a resident's ADL or function score is calculated based on a combination of self-performance and support items coded by SNFs in section G of the MDS 3.0 for four ADL areas: Transfers, eating, toileting, and bed mobility. These four areas are referred to as late-loss ADLs because they are typically the last functional abilities to be lost as a resident's function declines. Under the proposed PDPM, CMS proposes that section G items would be replaced with functional items from section GG of the MDS 3.0 (Functional Abilities and Goals) as the basis for calculating the function score for resident classification used under PDPM. Section GG offers standardized and more comprehensive measures of functional status and therapy needs.

Proposed Section GG Items for Functional Ability

GG0130A1	Self-care: Eating
GG0130B1	Self-care: Oral Hygiene
GG0130C1	Self-care: Toileting Hygiene
GG0170B1	Mobility: Sit to lying
GG0170C1	Mobility: Lying to sitting on side of bed
GG0170D1	Mobility: Sit to stand
GG0170E1	Mobility: Chair/bed-to-chair transfer
GG0170F1	Mobility: Toilet Transfer
GG0170J1	Mobility: Walk 50 feet with 2 turns
GG0170K1	Mobility: Walk 150 feet

Based on analyses and administrative decisions, CMS proposes 16 case-mix groups to classify residents for PT and OT payment. This improves upon the complexity present in the previously proposed RCS-I model by reducing the number of potential case-mix groups. Two factors would be used to classify each resident for PT and OT payment: clinical category and function score. Each case-mix group corresponds to one clinical category and one function score range. Under the proposed PDPM, all residents would be classified into one and only one of these 16 PT and OT case-mix groups for each of the two components. As opposed to the RUG–IV system that determines therapy payments based only on the amount of therapy provided, these groups classify residents based on the two resident characteristics shown to be most predictive of PT

and OT utilization: Clinical category and function score. The proposed case-mix classification groups for PT and OT can be found in the proposed rule on page 21049.

Speech-Language Pathology

Research indicates the appropriateness of having a separately adjusted case-mix SLP component that is specifically designed to predict relative differences in SLP costs. CMS identified three categories of predictors relevant in predicting relative differences in SLP costs: clinical reasons for the SNF stay, presence of a swallowing disorder or mechanically altered diet, and the presence of an SLP related comorbidity or cognitive impairment. One clinical category in particular, the acute neurologic group, was particularly predictive of increased SLP costs. Residents would first be categorized into one of two groups using the clinical reasons for the resident's SNF stay recorded on the first line of Item I8000 on the MDS assessment: either the ''acute neurologic'' clinical category or a ''non-neurologic'' group.

Following the clinical category, residents who exhibited the signs and symptoms of a swallowing disorder, as identified using K0100Z on the MDS 3.0, or the presence of a mechanically-altered diet, as determined by item K0510C2 on the MDS 3.0, or both showed increased SLP costs. Finally, SLP costs were notably higher for residents who had a mild to severe cognitive impairment or who had an SLP- related comorbidity present. If the resident has at least one SLP-related comorbidity, the combined flag is turned on. Based on research results CMS proposes to combine all SLP-related comorbidities into a single indicator because they found that the predictive ability of including a combined SLP comorbidity indicator is comparable to the predictive ability of including each SLP-related comorbidity as an individual predictor.

Proposed SLP-Related Comorbidities

Aphasia	Laryngeal cancer
CVA, TIA, or Stroke	Apraxia
Hemiplegia or Hemiparesis	Dysphagia
Traumatic Brain Injury	ALS
Tracheostomy Care (While a Resident)	Oral Cancers
Ventilator or Respirator (While a Resident)	Speech and Language Deficits

To develop the SLP case-mix categories CMS proposes combining the clinical category, cognitive impairment, and the presence of an SLP-related comorbidity into a single predictor combined with the presence of a swallowing disorder or mechanically

altered diet results into 12 groups. The proposed case-mix classification groups for SLP can be found in the proposed rule on page 21051.

Nursing

For the nursing component, CMS proposes to use the existing RUG–IV methodology for classifying residents into non-rehabilitation RUGs to develop a proposed nursing classification that helps ensure nursing payment reflects expected nursing utilization rather than therapy utilization. A measure of nursing utilization based on current data was not possible, as facilities do not report resident-specific nursing costs. In order to reduce complexity of the grouping classifications, the research indicates that collapsing contiguous ADL score bins for RUGs, otherwise defined by the same set of clinical traits, is unlikely to notably affect payment accuracy. This proposed revision would decrease the number of nursing case-mix groups from 43 to 25.

The second modification to the RUG–IV nursing classification methodology would update the nursing ADL score to incorporate section GG items, similar to the modification for PT and OT. Under the proposed PDPM, section G items would be replaced with an eating item, a toileting item, three transfer items, and two bed mobility items from the admission performance assessment of section GG from the MDS.

Another proposal is to update the existing nursing CMIs using the STRIVE staff time measurement data that were originally used to create the indexes. Under the current payment system, non-rehabilitation nursing indexes were calculated to capture variation in nursing utilization by using only the staff time collected for the non-rehabilitation population. CMS believes that, to provide a more accurate reflection of the relative nursing resource needs of the SNF population, the nursing indexes should reflect nursing utilization for all residents.

Finally, an 18 percent increase in payment for the nursing component for residents with HIV/AIDS. This adjustment would be applied based on the presence of ICD–10–CM code B20 on the SNF claim. The proposed case-mix classification groups for nursing can be found in the proposed rule beginning on page 21054.

Non-Therapy Ancillary

Under the current SNF PPS, payments for NTA costs incurred by SNFs are incorporated into the nursing component but there have been concerns that the current nursing CMIs do not accurately reflect the basis for or the magnitude of relative differences in resident NTA costs. The categories of cost-related resident characteristics identified through this analysis were resident comorbidities and the use of extensive services (services provided to residents that are particularly expensive and/or invasive) as predictors of NTA costs. Clinicians identified MDS items that correspond to conditions/extensive services likely related to NTA utilization. However, since many conditions/extensive services related to NTA utilization are not included on the MDS assessment, CMS mapped ICD–10 diagnosis codes from the prior inpatient claim, the first SNF claim, and section I8000 of the 5-day MDS assessment to condition categories from the Part C risk adjustment model (CCs) and the Part D risk adjustment model

(RxCCs). As a result of those analyses, a list that encompasses as many diverse and expensive conditions and extensive services as possible from the MDS assessment, the CCs, the RxCCs, and diagnoses was developed.

As a compromise between an additive count and the selection of the costliest comorbidity, CMS proposes basing a resident's NTA score, which would be used to classify the resident into an NTA case-mix classification group, on a weighted-count methodology. A resident's total comorbidity score, which would be the sum of the points associated with all of a resident's comorbidities and services, would be used to classify the resident into an NTA case-mix group. The results of the cost split analyses indicates that 6 case-mix groups would be necessary to classify residents adequately in terms of their NTA costs in a manner that captures sufficient variation in NTA costs without creating unnecessarily granular separations.

The proposed case-mix classification groups for NTA can be found in the proposed rule on page 21058.

Variable Per-Diem

In examining costs over a stay, CMS found that for certain categories of SNF services, notably PT, OT and NTA services, costs declined over the course of a stay. The PDPM model proposes to revise the consistent per-diem rate to a variable per-diem rate. Constant per diem rates, by definition, do not track variations in resource use throughout a SNF stay. We believe this may lead to too few resources being allocated for SNF providers at the beginning of a stay.

In the case of the PT and OT components, costs start higher at the beginning of the stay and decline slowly over the course of the stay. The NTA component cost analyses indicate significantly increased NTA costs at the beginning of a stay that then drop to a much lower level that holds relatively constant over the remainder of the SNF stay. In addition to proposing a variable per diem adjustment, CMS further proposes separating adjustment schedules and indexes for the PT and OT components and the NTA component to more closely reflect the rate of decline in resource utilization for each component.

The adjustment factor for the PT and OT components is 1.00 for days 1 to 20. This is because the analyses indicated that PT and OT costs remain relatively high for the first 20 days and then decline. The estimated daily rates of decline for PT and OT costs relative to the initial 20 days are both 0.3 percent. Therefore, CMS proposes to set the adjustment factors such that payment would decline 2 percent every 7 days after day 20 (0.3 * 7 = 2.1).

NTA costs are very high at the beginning of the stay, drop rapidly after the first three days, and remain relatively stable from the fourth day of the stay. Starting on day 4 of a stay, the per diem costs drop to roughly one-third of the per diem costs in the initial 3 days. This suggests that many NTA services are provided in the first few days of a SNF stay. Therefore, CMS proposes setting the NTA adjustment factor to 3.00 for days 1 to 3 to reflect the extremely high initial costs, then setting it at 1.00 (two-thirds lower than the

initial level) for subsequent days. The value of the adjustment factor was set at 3.00 for the first 3 days and 1.00 after (rather than, for example, 1.00 and 0.33, respectively) for simplicity.

Case-mix adjusted federal per diem payment for a given component and a given day would be equal to the base rate for the relevant component (either urban or rural), multiplied by the CMI for that resident, multiplied by the variable per diem adjustment factor for that specific day, as applicable.

Assessments

Within the SNF PPS, there are two categories of assessments, scheduled and unscheduled. In terms of scheduled assessments, SNFs are currently required to complete assessments on or around days 5, 14, 30, 60, and 90 of a resident's Part A SNF stay, including certain grace days. Unscheduled assessments, such as the Start of Therapy (SOT) Other Medicare Required Assessment (OMRA), the End of Therapy OMRA (EOT OMRA), the Change of Therapy (COT) OMRA, and the Significant Change in Status Assessment (SCSA or Significant Change), may be required during the resident's Part A SNF stay when triggered by certain defined events. An issue, which has been raised in the past with regard to the existing SNF PPS assessment schedule, is that the sheer number of assessments, as well as the complex interplay of the assessment rules, significantly increases the administrative burden associated with the SNF PPS.

In an effort to reduce the administrative burden on providers by concurrently proposing to revise the assessments that would be required under the proposed SNF PDPM, CMS is proposing to use the 5-day SNF PPS scheduled assessment to classify a resident under the proposed SNF PDPM for the entirety of his or her Part A SNF stay effective beginning FY 2020 in conjunction with the implementation of the proposed PDPM. Effective October 1, 2019 in conjunction with the proposed implementation of the PDPM, CMS proposes requiring providers to reclassify residents as appropriate from the initial 5-day classification using a new assessment called an Interim Payment Assessment (IPA), which would be comprised of the 5-day SNF PPS MDS Item Set (Item Set NP).

Providers would be required to complete an IPA in cases where the following two criteria are met:

1. There is a change in the resident's classification in at least one of the first-tier classification criteria for any of the components under the proposed PDPM or
2. The change(s) are such that the resident would not be expected to return to his or her original clinical status within a 14-day period.

The IPA is meant to capture substantial changes to a resident's clinical condition and not every day, frequent changes. CMS considered whether an SNF completing an IPA should cause a reset in the variable per diem adjustment schedule for the associated resident. However, where an IPA is completed, CMS proposes that the assessment

would reclassify the resident for payment purposes but the resident's variable per diem adjustment schedule would continue rather than being reset on the basis of completing the IPA.

To respond to critiques of the RCS-I model and the potential to greatly limit access to therapy services, CMS proposes requiring that SNFs continue to complete the PPS Discharge Assessment, as appropriate (including the proposed therapy items), for each SNF Part A resident at the time of Part A or facility discharge. CMS believes that the combination of the 5-day Scheduled PPS Assessment, the IPA Assessment, and PPS Discharge Assessment would provide flexibility for providers to capture and report accurately the resident's condition, as well as accurately reflect resource utilization associated with that resident, while minimizing the administrative burden on providers under the proposed SNF PDPM.

Impact Analysis

CMS offers estimates of the differences between the current RUG-IV payment model and the proposed PDPM system. However, some caveats should be noted.

- The impacts presented assume consistent provider behavior in terms of how care is provided under RUG–IV and how care might be provided under the proposed PDPM.
- Changes in state Medicaid programs resulting from PDPM implementation would not have a notable impact on payments for Medicare-covered SNF stays.
- Impacts are assumed in a budget neutral manner through application of a parity adjustment to the case-mix weights under the proposed PDPM.
- Estimates are a comparison between RUG-IV and the proposed PDPM using claims data from FY 2017.

Broadly, for providers nonprofit and government owned SNFs would see increases of 1.9% and 4.2% respectively. Smaller SNFs see increases while those with capacity of greater than 100 certified units might expect declines. Rural providers would see increases as would facilities that service residents with less therapy utilization. CMS has made available a number of provider specific tools that we encourage you to examine to estimate facility specific impacts. A provider specific PDPM impact analysis is available for fiscal year 2017 and represents estimated payments under PDPM, assuming no changes in provider behavior or resident case-mix.

To assist stakeholders in understanding the process by which SNF residents would be classified into PDPM payment groups, CMS has provided three files. The first file provides a narrative step-by-step walkthrough that would allow stakeholders to manually determine a resident's PDPM classification based on the data from an MDS assessment. The second file is a spreadsheet-based grouper tool which can be used to test certain combinations of MDS items used to classify residents under the proposed PDPM, and observe their impact on the resident's PDPM classification. These files should be used in conjunction with the discussions found in the proposed rule and accompanying files to better understand the process for resident classification under

PDPM. The third file is a mapping, referenced in the narrative walkthrough file, between ICD-10-CM codes and the comorbidities used for resident classification under the NTA component.

LeadingAge Wisconsin has reviewed the PDPM's estimated impact on Wisconsin's nursing facilities and found that: Overall, our State's nursing home payments would be approximately 4.2% higher under PDPM than under the current RUGs-IV system. By ownership, nonprofit homes, on average, would see an increase of 4.5%; governmental homes, 6.7%; and for-profit homes, 3.5%. However, some facilities potentially would see a sizable swing in payments, ranging from a gain of $452,000 to a loss of $263,000. **An excerpt of the CMS data showing an abbreviated facility-specific data for Wisconsin's nursing homes is attached and posted** here.

Facilities are listed by Medicare provider number. Caution should be taken in reviewing this CMS data as the estimates derived are from multiple data sources and do not reflect facilities' current residents' case-mix, assessments or care plans.

June 2018

Provider Specific File: Main

Overview

Note: All facility traits, from Provider Name through bed size, are current as of the last day of FY 2017

Note: Providers with 10 or fewer stays are not listed to protect individually identifiable health information.

	Sort Order	CCN	City	State	Facility Type	Ownership	Wage Index	N of Stays	N of Utilization Days	RUG-IV Total Payments ($)	PDPM Total Payments ($)	Field Added by LeadingAge Wisconsin: RUG-IV Total Payments vs PDPM Total Payments
	All US	-	-	-	-	-	-	1,873,267	50,565,548	26,661,528,455	26,661,528,456	
1	12156	525019	New Richmond	WI	Freestanding	Non-profit	1.11	33	664	314,431	371,771	57,340
2	12158	525064	New Berlin	WI	Freestanding	Non-profit	0.99	209	3,978	1,953,844	2,110,062	156,219
3	12159	525069	West Allis	WI	Freestanding	Non-profit	0.99	300	7,915	4,091,910	4,289,186	197,276
4	12160	525072	Madison	WI	Freestanding	Non-profit	1.10	104	3,286	1,754,296	1,872,826	118,530
5	12162	525085	Milwaukee	WI	Freestanding	Non-profit	0.99	95	2,452	1,258,940	1,296,620	37,680
6	12165	525108	West Allis	WI	Freestanding	Non-profit	0.99	100	2,963	1,410,902	1,628,440	217,538
7	12169	525172	Milwaukee	WI	Freestanding	Non-profit	0.99	127	3,265	1,601,477	1,722,074	120,597
8	12175	525241	Edgerton	WI	Freestanding	Non-profit	0.87	94	2,550	1,168,047	1,250,629	82,582
9	12176	525242	Waukesha	WI	Freestanding	Non-profit	0.99	76	1,942	898,993	1,012,842	113,849
10	12179	525265	La Crosse	WI	Freestanding	Non-profit	0.95	97	3,158	1,514,478	1,549,979	35,501
11	12185	525276	Madison	WI	Freestanding	Non-profit	1.10	330	7,632	4,406,814	4,167,930	(238,884)
12	12186	525279	Muskego	WI	Freestanding	Non-profit	0.99	91	3,000	1,575,200	1,512,268	(62,932)
13	12189	525286	Berlin	WI	Hospital-Based/Swing Bed	Non-profit	0.93	69	2,070	987,177	1,055,863	68,686
14	12194	525305	Madison	WI	Freestanding	Non-profit	1.10	321	7,026	3,812,709	3,953,378	140,669
15	12201	525317	Baraboo	WI	Freestanding	Non-profit	0.93	177	4,183	1,990,395	2,232,304	241,909
16	12208	525327	Greenfield	WI	Freestanding	Non-profit	0.99	134	3,946	2,076,465	1,971,352	(105,112)
17	12212	525331	Mount Horeb	WI	Freestanding	Non-profit	1.10	89	2,129	1,116,539	1,212,228	95,688
18	12225	525350	Colby	WI	Freestanding	Non-profit	0.93	53	1,289	568,705	691,043	122,338
19	12234	525360	Arpin	WI	Freestanding	Non-profit	0.93	45	1,353	530,548	759,393	228,845
20	12237	525364	Eau Claire	WI	Freestanding	Non-profit	0.97	99	2,976	1,330,979	1,608,625	277,646
21	12246	525375	Madison	WI	Freestanding	Non-profit	1.10	253	5,980	3,172,422	3,196,330	23,909
22	12247	525376	Dodgeville	WI	Hospital-Based/Swing Bed	Non-profit	1.10	39	1,157	527,135	625,072	97,937
23	12248	525382	Wauwatosa	WI	Freestanding	Non-profit	0.99	95	3,434	1,918,895	1,655,930	(262,964)
24	12249	525383	Mondovi	WI	Freestanding	Non-profit	0.93	37	830	365,259	444,988	79,729
25	12255	525395	Cuba City	WI	Hospital-Based/Swing Bed	Non-profit	0.93	16	516	215,352	268,316	52,964
26	12276	525421	Menomonee Falls	WI	Freestanding	Non-profit	0.99	328	6,020	3,103,151	3,176,226	73,075
27	12277	525422	Waukesha	WI	Freestanding	Non-profit	0.99	96	1,824	965,017	979,545	14,528
28	12279	525425	Fennimore	WI	Freestanding	Non-profit	0.93	26	730	371,594	395,125	23,530
29	12288	525437	Mauston	WI	Hospital-Based/Swing Bed	Non-profit	0.93	76	1,769	687,840	896,669	208,830
30	12289	525438	La Crosse	WI	Freestanding	Non-profit	0.95	93	1,874	828,524	993,869	165,345
31	12292	525443	Onalaska	WI	Freestanding	Non-profit	0.95	80	2,398	1,093,884	1,249,552	155,667
32	12294	525447	Beaver Dam	WI	Hospital-Based/Swing Bed	Non-profit	0.93	104	2,402	1,250,036	1,273,407	23,371
33	12300	525455	La Crosse	WI	Freestanding	Non-profit	0.95	88	2,804	1,272,421	1,453,126	180,705
34	12303	525458	Woodville	WI	Freestanding	Non-profit	1.11	50	1,557	812,287	877,809	65,522
35	12308	525465	West Bend	WI	Freestanding	Non-profit	0.99	389	7,952	3,969,921	4,261,040	291,120
36	12309	525466	Spring Valley	WI	Freestanding	Non-profit	1.11	28	703	332,305	409,224	76,919
37	12310	525467	Niagara	WI	Freestanding	Non-profit	0.93	84	2,890	1,453,374	1,428,178	(25,196)
38	12314	525476	Marinette	WI	Freestanding	Non-profit	0.93	200	4,713	2,518,398	2,444,764	(73,634)
39	12317	525480	Menomonie	WI	Freestanding	Non-profit	0.93	57	1,476	691,859	761,473	69,613
40	12327	525494	Sister Bay	WI	Freestanding	Non-profit	0.93	54	1,238	465,097	633,391	168,294
41	12329	525496	Wild Rose	WI	Freestanding	Non-profit	0.93	21	627	298,372	315,902	17,530
42	12333	525502	Baldwin	WI	Freestanding	Non-profit	1.11	24	625	333,234	361,974	28,740
43	12334	525503	Wausau	WI	Freestanding	Non-profit	0.88	114	3,039	1,456,202	1,510,446	54,245
44	12336	525505	Eau Claire	WI	Freestanding	Non-profit	0.97	15	389	167,956	200,382	32,426
45	12339	525509	Seymour	WI	Freestanding	Non-profit	0.93	27	639	270,699	311,538	40,838
46	12341	525512	Stoughton	WI	Freestanding	Non-profit	1.10	89	2,938	1,681,000	1,589,942	(91,058)
47	12344	525518	Portage	WI	Hospital-Based/Swing Bed	Non-profit	1.10	154	2,673	1,136,350	1,589,215	452,865
48	12346	525520	Lodi	WI	Freestanding	Non-profit	1.10	43	1,423	780,952	775,028	(5,924)
49	12347	525521	Black Earth	WI	Freestanding	Non-profit	1.10	25	873	495,834	482,346	(13,488)
50	12349	525523	Milwaukee	WI	Freestanding	Non-profit	0.99	166	3,725	1,977,791	1,937,084	(40,707)
51	12350	525524	Milwaukee	WI	Freestanding	Non-profit	0.99	53	816	378,490	433,161	54,671
52	12351	525525	Prairie Du Chien	WI	Freestanding	Non-profit	0.93	35	1,133	542,494	574,897	32,403
53	12352	525526	South Milwaukee	WI	Freestanding	Non-profit	0.99	60	1,920	973,993	975,326	1,333
54	12353	525527	Wittenberg	WI	Freestanding	Non-profit	0.93	38	1,020	498,919	538,332	39,413
55	12356	525531	Waupun	WI	Freestanding	Non-profit	0.93	38	1,208	589,972	650,761	60,789
56	12357	525532	St Croix Falls	WI	Freestanding	Non-profit	0.93	58	1,467	651,212	762,604	111,391
57	12360	525535	Augusta	WI	Freestanding	Non-profit	0.97	27	697	378,438	363,236	(15,202)
58	12363	525538	Waupaca	WI	Freestanding	Non-profit	0.93	80	2,321	1,189,052	1,277,329	88,277
59	12364	525539	Milwaukee	WI	Freestanding	Non-profit	0.99	60	1,045	529,840	525,077	(4,762)
60	12366	525541	Elkhorn	WI	Freestanding	Non-profit	0.93	137	3,238	1,602,068	1,729,825	127,757
61	12368	525543	Watertown	WI	Freestanding	Non-profit	0.93	221	6,404	3,172,943	3,326,532	153,589
62	12369	525544	Elmwood	WI	Freestanding	Non-profit	1.11	14	322	164,692	191,492	26,799
63	12370	525545	Wauwatosa	WI	Freestanding	Non-profit	0.99	315	7,492	3,923,504	3,907,370	(16,134)
64	12372	525548	Appleton	WI	Freestanding	Non-profit	0.93	108	2,487	1,114,083	1,262,603	148,520
65	12374	525550	Markesan	WI	Freestanding	Non-profit	0.93	66	1,930	996,324	1,008,446	12,122
66	12376	525552	Milwaukee	WI	Freestanding	Non-profit	0.99	181	4,576	2,360,295	2,324,210	(36,085)
67	12378	525554	Oshkosh	WI	Freestanding	Non-profit	0.93	73	1,976	984,184	997,097	12,912
68	12380	525557	Green Bay	WI	Freestanding	Non-profit	0.95	297	6,919	3,708,212	3,545,867	(162,344)
69	12381	525559	Green Bay	WI	Freestanding	Non-profit	0.95	130	2,969	1,292,410	1,557,090	264,680
70	12382	525560	Oconomowoc	WI	Freestanding	Non-profit	0.99	162	3,924	2,061,839	2,015,402	(46,437)
71	12383	525561	East Troy	WI	Freestanding	Non-profit	0.93	38	724	372,109	374,914	2,805
72	12386	525565	Lake Geneva	WI	Freestanding	Non-profit	0.93	136	3,478	1,606,328	1,821,220	214,892
73	12387	525567	Washburn	WI	Freestanding	Non-profit	0.93	73	1,886	880,976	950,600	69,625
74	12388	525568	Sheboygan	WI	Freestanding	Non-profit	0.95	39	1,114	496,576	564,544	67,968
75	12390	525572	Dousman	WI	Freestanding	Non-profit	0.99	106	2,309	1,208,477	1,185,838	(22,639)
76	12393	525575	Manitowoc	WI	Freestanding	Non-profit	0.93	111	2,707	1,304,990	1,398,107	93,117
77	12397	525581	New Lisbon	WI	Freestanding	Non-profit	0.93	40	1,120	435,258	572,348	137,090
78	12400	525587	Whitewater	WI	Freestanding	Non-profit	0.93	76	2,036	985,874	1,069,799	83,925
79	12401	525588	Milwaukee	WI	Freestanding	Non-profit	0.99	162	3,704	1,879,239	1,981,250	102,011
80	12404	525591	Viroqua	WI	Freestanding	Non-profit	0.93	53	1,252	559,266	664,420	105,154
81	12406	525595	Fond Du Lac	WI	Freestanding	Non-profit	0.90	88	1,969	1,043,588	950,492	(93,096)
82	12408	525598	Sheboygan	WI	Freestanding	Non-profit	0.95	84	2,036	1,053,149	1,052,906	(243)
83	12409	525599	New London	WI	Freestanding	Non-profit	0.93	35	1,015	537,942	540,503	2,561
84	12411	525603	Kenosha	WI	Freestanding	Non-profit	1.04	77	2,087	1,183,938	1,112,336	(71,602)
85	12417	525609	Manitowoc	WI	Freestanding	Non-profit	0.93	154	3,081	1,599,698	1,578,153	(21,546)

Provider Specific File: Main

Overview

Note: All facility traits, from Provider Name through bed size, are current as of the last day of FY 2017

Note: Providers with 10 or fewer stays are not listed to protect individually identifiable health information.

	Sort Order	CCN	City	State	Facility Type	Ownership	Wage Index	N of Stays	N of Utilization Days	RUG-IV Total Payments ($)	PDPM Total Payments ($)	Field Added by LeadingAge Wisconsin: RUG-IV Total Payments vs PDPM Total Payments
86	12422	525617	Kaukauna	WI	Freestanding	Non-profit	0.93	118	3,213	1,589,022	1,638,056	49,034
87	12424	525621	Mount Calvary	WI	Freestanding	Non-profit	0.90	15	485	247,633	241,863	(5,771)
88	12425	525622	Soldiers Grove	WI	Freestanding	Non-profit	0.93	20	622	304,211	333,463	29,252
89	12427	525624	Blair	WI	Freestanding	Non-profit	0.93	39	1,122	533,374	567,637	34,262
90	12428	525626	Hudson	WI	Freestanding	Non-profit	1.11	96	2,490	1,308,718	1,424,807	116,089
91	12429	525627	Phillips	WI	Freestanding	Non-profit	0.93	52	866	389,738	464,394	74,656
92	12432	525630	New Glarus	WI	Freestanding	Non-profit	1.10	48	1,428	782,848	806,243	23,395
93	12433	525632	Hayward	WI	Hospital-Based/Swing Bed	Non-profit	0.93	36	619	248,206	312,981	64,775
94	12434	525635	Milwaukee	WI	Freestanding	Non-profit	0.99	188	4,409	2,311,440	2,236,915	(74,525)
95	12437	525639	Janesville	WI	Freestanding	Non-profit	0.87	34	920	397,683	436,468	38,785
96	12438	525640	Fond Du Lac	WI	Hospital-Based/Swing Bed	Non-profit	0.90	30	309	108,548	169,450	60,902
97	12439	525641	Medford	WI	Hospital-Based/Swing Bed	Non-profit	0.93	33	634	274,049	335,777	61,728
98	12442	525644	Middleton	WI	Freestanding	Non-profit	1.10	120	2,976	1,698,494	1,572,016	(126,477)
99	12445	525647	Oshkosh	WI	Freestanding	Non-profit	0.93	109	3,075	1,515,937	1,533,255	17,318
100	12447	525649	Janesville	WI	Freestanding	Non-profit	0.87	119	3,200	1,537,969	1,478,151	(59,817)
101	12451	525655	Fond Du Lac	WI	Freestanding	Non-profit	0.90	89	2,152	1,052,378	1,103,930	51,553
102	12453	525657	Montello	WI	Freestanding	Non-profit	0.93	35	961	441,203	503,623	62,420
103	12455	525660	Hazel Green	WI	Freestanding	Non-profit	0.93	19	886	343,785	415,956	72,170
104	12456	525662	Sparta	WI	Freestanding	Non-profit	0.93	51	1,673	947,242	911,382	(35,860)
105	12460	525666	Janesville	WI	Hospital-Based/Swing Bed	Non-profit	0.87	179	4,063	1,639,226	2,042,643	403,417
106	12461	525667	Reedsburg	WI	Freestanding	Non-profit	0.93	61	1,664	638,150	856,149	217,999
107	12463	525669	Racine	WI	Freestanding	Non-profit	0.90	109	3,148	1,522,584	1,529,609	7,025
108	12465	525671	Richland Center	WI	Freestanding	Non-profit	0.93	101	3,279	1,583,762	1,655,060	71,299
109	12467	525673	Spooner	WI	Freestanding	Non-profit	0.93	32	876	444,379	447,282	2,903
110	12468	525676	Sheboygan Falls	WI	Freestanding	Non-profit	0.95	65	1,854	928,983	935,728	6,745
111	12471	525680	Luck	WI	Freestanding	Non-profit	0.93	27	725	332,805	359,974	27,168
112	12473	525682	Mequon	WI	Freestanding	Non-profit	0.99	113	2,414	1,219,287	1,293,637	74,350
113	12479	525691	Colfax	WI	Freestanding	Non-profit	0.93	28	850	397,825	429,417	31,591
114	12480	525692	Madison	WI	Freestanding	Non-profit	1.10	237	5,528	3,069,013	3,009,231	(59,782)
115	12484	525700	Brookfield	WI	Freestanding	Non-profit	0.99	116	2,747	1,382,299	1,391,257	8,958
116	12487	525704	Oshkosh	WI	Freestanding	Non-profit	0.93	129	3,400	1,773,529	1,667,381	(106,148)
117	12489	525706	Osceola	WI	Freestanding	Non-profit	0.93	41	1,659	866,750	831,515	(35,234)
118	12495	525724	Altoona	WI	Freestanding	Non-profit	0.97	46	1,082	492,508	560,377	67,869
119	12163	525088	Port Edwards	WI	Freestanding	Government	0.93	78	1,333	666,675	723,533	56,858
120	12166	525114	Reedsburg	WI	Freestanding	Government	0.93	88	2,834	1,365,151	1,477,301	112,150
121	12168	525165	West Bend	WI	Freestanding	Government	0.99	118	2,898	1,495,345	1,513,426	18,081
122	12190	525290	Lancaster	WI	Freestanding	Government	0.93	26	825	321,619	412,814	91,194
123	12207	525326	Merrill	WI	Freestanding	Government	0.93	79	1,849	822,831	977,629	154,798
124	12218	525337	Plymouth	WI	Freestanding	Government	0.95	90	2,585	1,294,343	1,347,898	53,555
125	12235	525362	Darlington	WI	Freestanding	Government	0.93	24	598	261,462	304,549	43,088
126	12238	525365	Richland Center	WI	Freestanding	Government	0.93	82	2,680	1,288,177	1,377,256	89,079
127	12243	525372	Wyocena	WI	Freestanding	Government	1.10	97	3,099	1,817,069	1,778,737	(38,332)
128	12253	525390	Janesville	WI	Freestanding	Government	0.87	88	2,308	1,072,621	1,096,805	24,185
129	12260	525403	Owen	WI	Freestanding	Government	0.93	72	2,105	975,784	1,126,799	151,015
130	12280	525426	La Crosse	WI	Freestanding	Government	0.95	131	2,964	1,343,735	1,513,016	169,281
131	12283	525430	Sparta	WI	Freestanding	Government	0.93	57	1,729	762,617	898,060	135,443
132	12285	525433	Menomonie	WI	Freestanding	Government	0.93	109	2,720	1,249,410	1,446,598	197,189
133	12298	525453	Juneau	WI	Freestanding	Government	0.93	70	1,994	977,794	1,025,474	47,680
134	12311	525468	New Richmond	WI	Freestanding	Government	1.11	53	1,490	763,974	802,427	38,453
135	12312	525474	Dodgeville	WI	Freestanding	Government	1.10	30	1,129	531,899	607,260	75,361
136	12337	525507	Amery	WI	Freestanding	Government	0.93	62	1,341	688,131	707,228	19,097
137	12343	525516	Verona	WI	Freestanding	Government	1.10	23	391	165,144	227,318	62,174
138	12358	525533	Algoma	WI	Freestanding	Government	0.95	17	419	155,365	217,757	62,392
139	12359	525534	Fond Du Lac	WI	Freestanding	Government	0.90	92	2,780	1,332,718	1,377,831	45,113
140	12362	525537	Cedarburg	WI	Freestanding	Government	0.99	83	2,187	1,086,395	1,136,600	50,206
141	12379	525556	Kenosha	WI	Freestanding	Government	1.04	398	10,144	5,148,479	5,436,207	287,728
142	12384	525562	Viroqua	WI	Freestanding	Government	0.93	38	1,188	624,020	610,474	(13,545)
143	12392	525574	Appleton	WI	Freestanding	Government	0.93	119	3,184	1,385,105	1,595,209	210,105
144	12416	525608	Racine	WI	Freestanding	Government	0.90	215	5,302	2,572,921	2,593,600	20,679
145	12418	525611	Stevens Point	WI	Freestanding	Government	0.93	162	3,998	2,016,865	2,039,991	23,126
146	12423	525619	Westby	WI	Freestanding	Government	0.93	16	496	245,933	256,604	10,671
147	12430	525628	Galesville	WI	Freestanding	Government	0.93	35	923	428,244	474,634	46,390
148	12436	525638	Oshkosh	WI	Freestanding	Government	0.93	57	1,372	676,291	699,908	23,617
149	12441	525643	Monroe	WI	Freestanding	Government	1.10	129	3,629	2,031,048	2,079,863	48,815
150	12448	525652	Prairie Farm	WI	Freestanding	Government	0.93	22	844	348,700	456,788	108,088
151	12155	525009	Green Bay	WI	Freestanding	For profit	0.95	42	1,208	682,248	636,047	(46,202)
152	12157	525061	Racine	WI	Freestanding	For profit	0.90	146	3,113	1,542,654	1,512,733	(29,921)
153	12161	525074	Madison	WI	Freestanding	For profit	1.10	99	3,290	1,716,383	1,852,882	136,499
154	12164	525098	Waunakee	WI	Freestanding	For profit	1.10	135	3,305	1,734,789	1,798,612	63,823
155	12167	525125	Kenosha	WI	Freestanding	For profit	1.04	73	1,792	924,302	1,041,852	117,550
156	12170	525179	Kenosha	WI	Freestanding	For profit	1.04	178	5,827	3,210,016	3,094,579	(115,437)
157	12171	525209	West Salem	WI	Freestanding	For profit	0.95	57	1,379	641,543	703,211	61,668
158	12172	525212	Wisconsin Rapids	WI	Freestanding	For profit	0.93	130	3,661	1,944,942	1,908,725	(36,217)
159	12173	525219	Platteville	WI	Freestanding	For profit	0.93	64	1,511	725,708	802,013	76,306
160	12174	525232	Green Bay	WI	Freestanding	For profit	0.95	79	2,435	1,219,787	1,292,591	72,805
161	12177	525262	Fort Atkinson	WI	Freestanding	For profit	0.93	43	1,590	839,184	848,662	9,479
162	12178	525264	Appleton	WI	Freestanding	For profit	0.93	47	1,759	857,586	898,950	41,364
163	12180	525266	Madison	WI	Freestanding	For profit	1.10	263	6,993	3,958,280	3,879,803	(78,477)
164	12181	525270	Fond Du Lac	WI	Freestanding	For profit	0.90	42	1,350	655,356	700,697	45,341
165	12182	525271	Jefferson	WI	Freestanding	For profit	0.93	151	4,238	2,158,574	2,240,333	81,759
166	12183	525273	Beloit	WI	Freestanding	For profit	0.87	59	1,758	749,129	857,645	108,515
167	12184	525274	Fond Du Lac	WI	Freestanding	For profit	0.90	53	2,010	1,027,378	998,500	(28,878)
168	12187	525281	Kenosha	WI	Freestanding	For profit	1.04	41	1,092	595,315	646,575	51,260
169	12188	525282	Kenosha	WI	Freestanding	For profit	1.04	135	3,666	1,990,791	1,982,666	(8,124)
170	12191	525292	Monroe	WI	Freestanding	For profit	1.10	94	2,581	1,493,382	1,476,627	(16,755)
171	12192	525299	Oshkosh	WI	Freestanding	For profit	0.93	62	1,514	660,414	811,110	150,696

Provider Specific File: Main

Overview

Note: All facility traits, from Provider Name through bed size, are current as of the last day of FY 2017

Note: Providers with 10 or fewer stays are not listed to protect individually identifiable health information.

	Sort Order	CCN	City	State	Facility Type	Ownership	Wage Index	N of Stays	N of Utilization Days	RUG-IV Total Payments ($)	PDPM Total Payments ($)	Field Added by LeadingAge Wisconsin RUG-IV Total Payments vs PDPM Total Payments
172	12193	525304	Marshfield	WI	Freestanding	For profit	0.93	90	2,522	1,334,630	1,299,960	(34,670)
173	12195	525306	Sturgeon Bay	WI	Freestanding	For profit	0.93	67	2,370	1,245,122	1,224,049	(21,073)
174	12196	525307	Green Bay	WI	Freestanding	For profit	0.95	23	896	404,178	434,401	30,222
175	12197	525309	Glendale	WI	Freestanding	For profit	0.99	48	1,398	696,983	771,663	74,680
176	12198	525313	Sun Prairie	WI	Freestanding	For profit	1.10	60	1,298	675,582	796,327	120,745
177	12199	525314	Lake Mills	WI	Freestanding	For profit	0.93	45	1,376	665,040	703,577	38,537
178	12200	525315	Weyauwega	WI	Freestanding	For profit	0.93	16	529	287,556	285,928	(1,627)
179	12202	525318	Kenosha	WI	Freestanding	For profit	1.04	69	1,917	997,579	1,054,939	57,359
180	12203	525319	Milwaukee	WI	Freestanding	For profit	0.99	31	588	285,021	303,579	18,558
181	12204	525321	Muscoda	WI	Freestanding	For profit	0.93	49	1,451	631,937	785,085	153,148
182	12205	525324	Delavan	WI	Freestanding	For profit	0.93	82	1,795	780,699	1,004,593	223,894
183	12206	525325	Milwaukee	WI	Freestanding	For profit	0.99	110	2,395	1,257,118	1,312,969	55,851
184	12209	525328	Ashland	WI	Freestanding	For profit	0.93	50	1,882	1,058,793	924,734	(134,059)
185	12210	525329	Rib Lake	WI	Freestanding	For profit	0.93	23	688	349,306	363,541	14,235
186	12211	525330	Middleton	WI	Freestanding	For profit	1.10	132	3,380	1,780,649	1,932,857	152,208
187	12213	525332	Tomahawk	WI	Freestanding	For profit	0.93	27	994	535,106	504,468	(30,638)
188	12214	525333	Watertown	WI	Freestanding	For profit	0.93	66	2,254	1,202,866	1,135,235	(67,631)
189	12215	525334	Tomahawk	WI	Freestanding	For profit	0.93	28	856	381,321	443,595	62,274
190	12216	525335	Shawano	WI	Freestanding	For profit	0.93	46	1,429	757,447	744,492	(12,956)
191	12217	525336	Chilton	WI	Freestanding	For profit	0.93	26	710	371,903	358,513	(13,390)
192	12219	525338	Beaver Dam	WI	Freestanding	For profit	0.93	47	1,417	655,985	778,499	122,514
193	12220	525339	Waupaca	WI	Freestanding	For profit	0.93	52	1,473	711,139	800,613	89,474
194	12221	525342	Green Bay	WI	Freestanding	For profit	0.95	40	889	420,617	468,423	47,806
195	12222	525343	Shawano	WI	Freestanding	For profit	0.93	34	994	511,541	526,738	15,197
196	12223	525346	Williams Bay	WI	Freestanding	For profit	0.93	63	1,711	912,697	927,187	14,490
197	12224	525348	Clintonville	WI	Freestanding	For profit	0.93	27	903	447,237	486,623	39,386
198	12226	525351	Friendship	WI	Freestanding	For profit	0.93	72	2,480	1,109,480	1,246,137	136,657
199	12227	525352	Lancaster	WI	Freestanding	For profit	0.93	23	617	318,275	319,743	1,468
200	12228	525353	Stevens Point	WI	Freestanding	For profit	0.93	106	3,145	1,712,067	1,616,496	(95,570)
201	12229	525354	Mineral Point	WI	Freestanding	For profit	1.10	15	406	260,807	243,810	(16,997)
202	12230	525355	Randolph	WI	Freestanding	For profit	1.10	69	1,753	938,485	989,434	50,950
203	12231	525357	Kewaunee	WI	Freestanding	For profit	0.95	37	796	416,140	422,360	6,220
204	12232	525358	Florence	WI	Freestanding	For profit	0.93	61	1,684	787,846	900,948	113,103
205	12233	525359	Milwaukee	WI	Freestanding	For profit	0.99	121	3,214	1,646,624	1,716,680	70,055
206	12236	525363	Suring	WI	Freestanding	For profit	0.95	11	267	101,477	129,089	27,612
207	12239	525367	Milwaukee	WI	Freestanding	For profit	0.99	58	2,484	1,297,091	1,403,351	106,260
208	12240	525369	Wausau	WI	Freestanding	For profit	0.88	143	3,368	1,515,777	1,633,730	117,954
209	12241	525370	Superior	WI	Freestanding	For profit	1.01	55	1,431	746,037	768,462	22,424
210	12242	525371	Glendale	WI	Freestanding	For profit	0.99	73	1,832	970,023	1,038,809	68,786
211	12244	525373	Boscobel	WI	Freestanding	For profit	0.93	14	443	204,551	235,566	31,015
212	12245	525374	Rice Lake	WI	Freestanding	For profit	0.93	41	1,213	584,196	637,955	53,759
213	12250	525386	Ashland	WI	Freestanding	For profit	0.93	91	2,455	1,351,042	1,247,937	(103,104)
214	12251	525387	Eau Claire	WI	Freestanding	For profit	0.97	193	4,192	2,089,168	2,273,983	184,815
215	12252	525389	Manitowoc	WI	Freestanding	For profit	0.93	49	1,470	796,970	867,145	70,174
216	12254	525391	Wisconsin Dells	WI	Freestanding	For profit	1.10	101	3,116	1,744,467	1,798,978	54,511
217	12256	525396	Spring Green	WI	Freestanding	For profit	0.93	48	1,126	544,072	601,896	57,824
218	12257	525397	Superior	WI	Freestanding	For profit	1.01	76	1,919	985,516	1,011,579	26,063
219	12258	525398	Prescott	WI	Freestanding	For profit	1.11	30	747	345,593	394,945	49,352
220	12259	525402	Amery	WI	Freestanding	For profit	0.93	41	1,246	649,426	678,850	29,424
221	12261	525405	Wausau	WI	Freestanding	For profit	0.88	76	2,549	1,199,307	1,221,281	21,974
222	12262	525406	Omro	WI	Freestanding	For profit	0.93	16	485	233,567	255,594	22,028
223	12263	525407	Appleton	WI	Freestanding	For profit	0.93	30	875	459,666	431,069	(28,597)
224	12264	525408	South Range	WI	Freestanding	For profit	1.01	59	1,961	990,004	1,066,663	76,659
225	12265	525409	Black River Falls	WI	Freestanding	For profit	0.93	31	689	331,247	353,881	22,634
226	12266	525410	Antigo	WI	Freestanding	For profit	0.93	99	3,528	1,943,801	1,815,285	(128,516)
227	12267	525411	New Holstein	WI	Freestanding	For profit	0.93	30	753	382,596	368,301	(14,295)
228	12268	525412	Shawano	WI	Freestanding	For profit	0.93	35	1,114	624,756	567,838	(56,918)
229	12269	525413	South Milwaukee	WI	Freestanding	For profit	0.99	250	6,042	3,232,406	3,157,978	(74,428)
230	12270	525414	Milwaukee	WI	Freestanding	For profit	0.99	92	2,555	1,206,966	1,369,149	162,183
231	12271	525415	Menomonee Falls	WI	Freestanding	For profit	0.99	42	1,273	659,237	663,306	4,069
232	12272	525417	Milwaukee	WI	Freestanding	For profit	0.99	62	2,121	1,116,114	1,176,994	60,880
233	12273	525418	Evansville	WI	Freestanding	For profit	0.87	29	716	302,180	344,617	42,437
234	12274	525419	Chippewa Falls	WI	Freestanding	For profit	0.97	125	2,990	1,281,879	1,536,726	254,847
235	12275	525420	Schofield	WI	Freestanding	For profit	0.88	49	1,630	834,886	784,736	(50,151)
236	12278	525424	Brookfield	WI	Freestanding	For profit	0.99	119	4,318	2,028,391	2,266,394	238,002
237	12281	525427	Green Bay	WI	Freestanding	For profit	0.95	20	789	368,170	423,958	55,788
238	12282	525429	Wisconsin Rapids	WI	Freestanding	For profit	0.93	63	2,171	1,002,448	1,158,471	156,023
239	12284	525431	Kenosha	WI	Freestanding	For profit	1.04	25	822	422,031	456,550	34,520
240	12286	525434	Hayward	WI	Freestanding	For profit	0.93	31	861	432,129	467,196	35,067
241	12287	525435	Abbotsford	WI	Freestanding	For profit	0.88	30	930	430,833	450,034	19,202
242	12290	525441	Manitowoc	WI	Freestanding	For profit	0.93	81	2,110	1,042,569	1,131,290	88,720
243	12291	525442	Tomah	WI	Freestanding	For profit	0.93	102	3,514	1,681,923	1,758,720	76,797
244	12293	525445	Columbus	WI	Freestanding	For profit	1.10	67	1,736	949,281	961,592	12,312
245	12295	525449	Oconto Falls	WI	Freestanding	For profit	0.95	41	1,440	737,365	735,095	(2,270)
246	12296	525451	Peshtigo	WI	Freestanding	For profit	0.93	88	2,364	1,188,856	1,217,695	28,839
247	12297	525452	Elroy	WI	Freestanding	For profit	0.93	72	2,080	1,023,575	1,075,804	52,229
248	12299	525454	Altoona	WI	Freestanding	For profit	0.97	99	2,994	1,532,323	1,577,908	45,585
249	12301	525456	Sheboygan	WI	Freestanding	For profit	0.95	39	859	424,515	446,019	21,504
250	12302	525457	Peshtigo	WI	Freestanding	For profit	0.93	111	2,729	1,324,922	1,393,927	69,004
251	12304	525459	Rhinelander	WI	Freestanding	For profit	0.93	64	2,008	919,187	1,042,036	122,849
252	12305	525461	Slinger	WI	Freestanding	For profit	0.99	162	4,735	2,596,451	2,526,732	(69,718)
253	12306	525462	Sauk City	WI	Freestanding	For profit	0.93	108	3,400	1,923,586	1,751,022	(172,564)
254	12307	525463	Menasha	WI	Freestanding	For profit	0.93	62	2,146	1,087,963	1,064,448	(23,515)
255	12313	525475	Manitowoc	WI	Freestanding	For profit	0.93	140	3,328	1,664,588	1,733,940	69,352
256	12315	525477	Saint Francis	WI	Freestanding	For profit	0.99	46	1,341	705,173	689,353	(15,820)
257	12316	525479	Bloomer	WI	Hospital-Based/Swing Bed	For profit	0.97	31	449	173,258	239,745	66,487

Provider Specific File: Main

Overview

Note: All facility traits, from Provider Name through bed size, are current as of the last day of FY 2017

Note: Providers with 10 or fewer stays are not listed to protect individually identifiable health information.

	Sort Order	CCN	City	State	Facility Type	Ownership	Wage Index	N of Stays	N of Utilization Days	RUG-IV Total Payments ($)	PDPM Total Payments ($)	Field Added by LeadingAge Wisconsin: RUG-IV Total Payments vs PDPM Total Payments
258	12318	525481	Neenah	WI	Freestanding	For profit	0.93	23	763	429,016	385,238	(43,778)
259	12319	525482	Burlington	WI	Freestanding	For profit	0.90	94	3,370	1,489,224	1,647,022	157,797
260	12320	525483	Ellsworth	WI	Freestanding	For profit	1.11	30	973	588,923	545,924	(42,999)
261	12321	525484	Appleton	WI	Freestanding	For profit	0.93	41	1,387	673,717	709,114	35,397
262	12322	525486	Green Bay	WI	Freestanding	For profit	0.95	72	1,792	856,188	901,812	45,625
263	12323	525488	Black River Falls	WI	Freestanding	For profit	0.93	35	907	520,832	484,118	(36,713)
264	12324	525489	Crivitz	WI	Freestanding	For profit	0.93	64	1,062	552,679	572,697	20,018
265	12325	525490	Waukesha	WI	Freestanding	For profit	0.99	55	2,341	1,154,553	1,144,995	(9,558)
266	12326	525493	Milwaukee	WI	Freestanding	For profit	0.99	106	2,709	1,341,716	1,448,370	106,655
267	12328	525495	Racine	WI	Hospital-Based/Swing Bed	For profit	0.90	127	2,937	1,395,432	1,459,699	64,268
268	12330	525497	Clintonville	WI	Freestanding	For profit	0.93	30	888	456,355	460,610	4,255
269	12331	525498	Milwaukee	WI	Freestanding	For profit	0.99	89	2,204	1,199,921	1,248,963	49,042
270	12332	525499	Hammond	WI	Freestanding	For profit	1.11	45	1,148	597,568	633,513	35,945
271	12335	525504	Milwaukee	WI	Freestanding	For profit	0.99	216	7,656	3,977,485	3,951,545	(25,940)
272	12338	525508	Clinton	WI	Freestanding	For profit	0.87	64	1,943	960,622	905,826	(54,797)
273	12340	525511	Sheboygan	WI	Freestanding	For profit	0.95	98	2,623	1,339,167	1,403,539	64,371
274	12342	525513	River Falls	WI	Freestanding	For profit	1.11	85	2,436	1,360,627	1,383,455	22,829
275	12345	525519	Brookfield	WI	Freestanding	For profit	0.99	187	4,600	2,072,893	2,369,924	297,031
276	12348	525522	Fond Du Lac	WI	Freestanding	For profit	0.90	23	681	324,759	339,521	14,762
277	12354	525528	Brookfield	WI	Freestanding	For profit	0.99	209	4,879	2,742,535	2,532,607	(209,929)
278	12355	525529	Milwaukee	WI	Freestanding	For profit	0.99	64	1,806	796,005	1,006,565	210,560
279	12361	525536	Oregon	WI	Freestanding	For profit	1.10	42	1,034	532,160	530,792	(1,367)
280	12365	525540	Hurley	WI	Freestanding	For profit	0.93	61	2,765	1,395,320	1,367,049	(28,271)
281	12367	525542	Union Grove	WI	Freestanding	For profit	0.90	63	1,418	647,586	703,493	55,907
282	12371	525547	Glendale	WI	Freestanding	For profit	0.99	98	3,267	1,757,186	1,727,384	(29,801)
283	12373	525549	Greendale	WI	Freestanding	For profit	0.99	465	10,944	5,713,735	5,664,918	(48,817)
284	12375	525551	Ripon	WI	Freestanding	For profit	0.90	27	724	331,697	354,321	22,624
285	12377	525553	Shell Lake	WI	Freestanding	For profit	0.93	58	1,717	751,837	887,423	135,585
286	12385	525564	Pepin	WI	Freestanding	For profit	0.93	32	875	439,350	482,244	42,894
287	12389	525571	Green Bay	WI	Freestanding	For profit	0.95	93	2,639	1,344,553	1,379,500	34,948
288	12391	525573	De Pere	WI	Freestanding	For profit	0.95	236	6,124	3,007,940	3,155,305	147,365
289	12394	525578	Cedarburg	WI	Freestanding	For profit	0.99	111	2,659	1,285,214	1,416,422	131,208
290	12395	525579	Little Chute	WI	Freestanding	For profit	0.93	22	552	286,451	285,420	(1,031)
291	12396	525580	Bloomer	WI	Freestanding	For profit	0.97	19	587	277,175	294,786	17,611
292	12398	525583	Appleton	WI	Freestanding	For profit	0.93	111	3,285	1,616,118	1,695,992	79,874
293	12399	525586	Port Washington	WI	Freestanding	For profit	0.99	78	2,194	1,091,043	1,144,126	53,083
294	12402	525589	Rhinelander	WI	Freestanding	For profit	0.93	285	6,393	3,008,273	3,338,808	330,536
295	12403	525590	Green Bay	WI	Freestanding	For profit	0.95	11	313	145,963	148,051	2,088
296	12405	525592	Ladysmith	WI	Freestanding	For profit	0.93	44	825	403,874	449,097	45,223
297	12407	525596	Hales Corners	WI	Freestanding	For profit	0.99	208	4,404	2,041,184	2,287,979	246,795
298	12410	525600	West Allis	WI	Freestanding	For profit	0.99	106	2,839	1,519,177	1,439,358	(79,819)
299	12412	525604	Greenfield	WI	Freestanding	For profit	0.99	285	7,453	3,998,923	3,898,567	(100,356)
300	12413	525605	Sheboygan	WI	Freestanding	For profit	0.95	27	1,137	528,958	571,994	43,036
301	12414	525606	Strum	WI	Freestanding	For profit	0.93	11	227	92,238	118,795	26,557
302	12415	525607	Sheboygan	WI	Freestanding	For profit	0.95	30	842	394,310	429,073	34,763
303	12419	525612	Park Falls	WI	Freestanding	For profit	0.93	89	2,555	1,388,326	1,403,233	14,907
304	12420	525613	Superior	WI	Freestanding	For profit	1.01	84	2,437	1,344,966	1,298,080	(46,886)
305	12421	525616	Mayville	WI	Freestanding	For profit	0.93	38	1,251	687,743	658,904	(28,839)
306	12426	525623	Laona	WI	Freestanding	For profit	0.93	14	302	107,595	153,106	45,511
307	12431	525629	Neillsville	WI	Freestanding	For profit	0.93	40	790	380,538	418,313	37,774
308	12435	525637	Cornell	WI	Freestanding	For profit	0.97	25	596	295,986	323,839	27,853
309	12440	525642	Lomira	WI	Freestanding	For profit	0.93	31	773	369,229	410,143	40,914
310	12443	525645	Mukwonago	WI	Freestanding	For profit	0.99	128	2,090	1,015,754	1,113,336	97,582
311	12444	525646	Waukesha	WI	Freestanding	For profit	0.99	165	3,813	2,027,698	2,054,276	26,579
312	12446	525648	Barron	WI	Freestanding	For profit	0.93	37	1,140	515,545	584,808	69,264
313	12449	525653	Germantown	WI	Freestanding	For profit	0.99	157	4,361	2,301,532	2,300,947	(585)
314	12450	525654	Rice Lake	WI	Freestanding	For profit	0.93	30	689	299,943	370,704	70,760
315	12452	525656	Verona	WI	Freestanding	For profit	1.10	69	1,690	931,183	901,617	(29,566)
316	12454	525659	Pleasant Prairie	WI	Freestanding	For profit	1.04	199	5,141	2,819,894	2,870,159	50,265
317	12457	525663	Beloit	WI	Freestanding	For profit	0.87	194	6,813	3,414,876	3,228,311	(186,565)
318	12458	525664	Two Rivers	WI	Freestanding	For profit	0.93	41	1,199	686,233	629,475	(56,758)
319	12459	525665	Frederic	WI	Freestanding	For profit	0.93	79	2,426	1,071,201	1,238,539	167,339
320	12462	525668	Mequon	WI	Freestanding	For profit	0.99	299	7,241	3,785,965	3,775,567	(10,397)
321	12464	525670	Oconto	WI	Freestanding	For profit	0.95	22	674	297,494	327,795	30,301
322	12466	525672	Chetek	WI	Freestanding	For profit	0.93	32	951	505,529	500,041	(5,488)
323	12469	525677	Walworth	WI	Freestanding	For profit	0.93	19	520	290,245	271,663	(18,583)
324	12470	525678	Minocqua	WI	Freestanding	For profit	0.93	165	3,992	1,949,553	2,055,089	105,536
325	12472	525681	Stoughton	WI	Freestanding	For profit	1.10	97	3,750	1,956,829	2,129,428	172,598
326	12474	525683	Brodhead	WI	Freestanding	For profit	1.10	56	1,200	599,592	681,118	81,526
327	12475	525684	Marshfield	WI	Freestanding	For profit	0.88	95	2,410	1,231,607	1,145,518	(86,088)
328	12476	525685	Plymouth	WI	Freestanding	For profit	0.95	22	740	380,501	376,591	(3,910)
329	12477	525686	Muskego	WI	Freestanding	For profit	0.99	39	718	328,135	387,763	59,628
330	12478	525689	Shawano	WI	Freestanding	For profit	0.93	15	429	237,262	220,385	(16,877)
331	12481	525694	Dallas	WI	Freestanding	For profit	0.93	42	791	327,750	417,486	89,736
332	12482	525697	Mellen	WI	Freestanding	For profit	0.93	22	586	276,767	300,440	23,673
333	12483	525699	Weston	WI	Freestanding	For profit	0.88	238	5,399	2,469,088	2,608,200	139,112
334	12485	525701	Eau Claire	WI	Freestanding	For profit	0.97	275	5,052	2,479,054	2,567,099	88,044
335	12486	525702	Oconomowoc	WI	Freestanding	For profit	0.99	149	4,073	2,111,824	2,180,710	68,886
336	12488	525705	Milwaukee	WI	Freestanding	For profit	0.99	43	1,902	1,000,324	1,015,138	14,814
337	12490	525707	Milwaukee	WI	Freestanding	For profit	0.99	47	1,503	752,424	783,233	30,809
338	12491	525709	Osseo	WI	Hospital-Based/Swing Bed	For profit	0.93	53	959	418,439	511,298	92,858
339	12492	525711	Weston	WI	Freestanding	For profit	0.88	111	2,377	1,002,692	1,141,664	138,972
340	12493	525712	Cumberland	WI	Hospital-Based/Swing Bed	For profit	0.93	12	600	268,015	280,440	12,426
341	12494	525715	Rice Lake	WI	Freestanding	For profit	0.93	95	2,217	1,071,169	1,161,466	90,297
										388,573,891	404,704,520	16,130,629