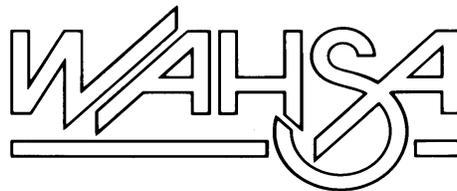


A Call to Action: The Nursing Home Quality Challenge

*A Report Addressing the Impact of Inadequate Medicaid
Payments on the Nursing Home Provider Community and
Those They Serve*



January 2011

Table of Contents

Preface	3
Executive Summary	4
Introduction	6
Section I: Nursing Home Provider Community Profile.....	6
Section II: Financial Health of Nursing Home Providers	7
Section III: 2009-11 State Budget.....	9
Note: A Brief History of Wisconsin’s Nursing Home Bed Tax.....	10
Section IV: Medicaid Rate Reform	13
Section V: July 1, 2010 – June 30, 2011 Nursing Home Payment Formula	16
Section VI: What’s It All Mean?	17
Section VII: Where Do We Go from Here?—WAHSA’s Recommendations.....	18

Preface

This briefing paper has been prepared by the Wisconsin Association of Homes and Services for the Aging (WAHSA). WAHSA is a statewide membership organization of not-for-profit corporations principally serving seniors and persons with a disability. Membership is comprised of 188 religious, fraternal, private, and governmental organizations which own, operate and/or sponsor 195 nursing homes, 14 facilities for the developmentally disabled, 87 residential care apartment complexes (RCAC), 95 community-based residential facilities (CBRF), 114 senior apartment complexes, and more than 300 community service agencies which provide programs such as Alzheimer's support, adult day care, child day care, home health, hospice, home care, and Meals on Wheels. Together, WAHSA serves 505 not-for-profit nursing home, assisted living, senior housing, and other community-based providers principally serving elderly persons and individuals with a disability. WAHSA members employ over 38,000 people who provide compassionate care and service to over 48,000 individuals each day.

WAHSA has prepared this briefing paper to document the history of the nursing home bed tax, the use of those bed tax dollars, and the chronic underfunding of our State's nursing homes. Our goal is for this paper to convince elected officials and policy makers of the need to address the funding issues that have created the nursing home quality challenge that undeniably exists today.

For more information about the content and findings of this briefing paper, please contact the WAHSA staff at (608) 255-7060 or by e-mail to: John Sauer, Executive Director (jsauer@wahsa.org); Tom Ramsey, Director of Government Relations (tramsey@wahsa.org); or Brian Schoeneck, Financial Services Director (bschoeneck@wahsa.org).

Executive Summary

There were 30,574 residents in Wisconsin's 399 licensed nursing homes in July 2010. Nearly 66% of that total, or 19,934 residents, rely on the Medicaid program (including Family Care) to pay for their nursing home care. Those 399 nursing facilities employ over 50,000 caregivers and for each dollar it costs to operate those facilities, 73-cents goes to those caregivers. But according to a 2009 analysis by the Department of Health Services (DHS), "the nursing home industry faces financial stress." The primary reason: its reliance on an underfunded Medicaid program to pay for resident care.

A 2009 comprehensive analysis of the nation's Medicaid nursing home payment systems ranked the Wisconsin system ***the worst in the nation***. In the 2009-10 payment year, the difference between the costs Wisconsin nursing homes incurred to care for their Medicaid residents and the MA reimbursement they received for providing that care ("Medicaid deficit") was \$260.8 million. Only 7% of Wisconsin's nursing homes were fully reimbursed for the Medicaid costs they incurred; on average, a Wisconsin nursing home loses \$37.71 per day for each Medicaid resident it serves, for an average annual loss of just under \$782,000. Because nursing homes are so labor intensive, this underfunding jeopardizes quality resident care.

The 2009-11 biennial budget only exacerbated an already tenuous situation for Wisconsin's nursing homes, their staff and residents. 2009 Wisconsin Act 28, the 2009-11 state budget approved by the Legislature and signed into law by the Governor, provided a 2% Medicaid rate increase to nursing homes in each year of the biennium. That 2% MA rate increase, however, was funded ***solely*** by a more than doubling of the nursing home bed tax, from \$75 per licensed bed per month to \$170 per licensed bed per month. For most private pay residents of nursing homes, the nursing home bed tax is a literal tax, one for which they are billed monthly.

The original intent of the nursing home bed tax when it first was adopted in the 1991-93 state budget was to use the bed tax funds to generate additional federal MA matching funds. Those additional federal funds would be used to pay back the tax and to provide a Medicaid rate increase to nursing facilities. But today, the bed tax is as much a tool to balance the state budget as it is a means to reimburse MA nursing home providers.

Under 2009 Act 28, the more than doubling of the bed tax generated nearly \$90 million annually in additional federal MA matching funds: in 2010-11, \$11.8 million of that total, or 13%, went to fund a 2% MA rate increase for nursing homes while \$78.2 million, or 87%, was "skimmed" by the State to fund the Medicaid base. It's quite obvious and equally unfair that the private pay nursing home residents who were forced to pay this bed tax increase played a key role in helping balance the 2009-11 state budget.

When all Act 28 budget provisions are factored in, revenues to Wisconsin nursing homes and ICFs-MR were reduced by \$129.2 million to fund state operating costs.

Following passage of the 2009-11 state budget, the DHS responded to a directive in the budget for the agency to reduce Medicaid expenditures by approximately \$625 million by "specifying" the "unspecified" MA cuts that were called for in Act 28. As part of the *ForwardHealth Rate Reform Project*, the DHS estimates a reduction in MA funding to nursing homes by \$27.9 million over the 2009-11 biennium.

For nursing home providers, therefore, the 2009-11 biennium resulted in the following: ***The nursing home bed tax was more than doubled in order to provide a 2% nursing home Medicaid rate increase but not before the State "skimmed" 87% of the federal funds generated by the bed tax increase to help balance the state budget. But the 2% rate increase morphed into a 0.7% rate reduction in FY 2010-11 when the DHS***

The State "skimmed" 87% of the federal funds generated by the bed tax increase to help balance the state budget.

decreased nursing home funding by \$27.9 million as part of the ForwardHealth Rate Reform Project.

For nursing home residents paying privately, this means rate increases. For nursing facilities, this means an already inadequate Medicaid reimbursement system has worsened. For nursing home staff, this means possible wage and/or benefit freezes or cuts. For all nursing home residents, the fear is this means jeopardized quality care.

Given that nursing homes clearly have been asked to fund more than their fair share of the State budget through rate cuts, program reductions and increased bed taxes, it is time to offer some relief to facility residents and caregivers. To address these concerns, we offer the following:

2011-13 Legislative Agenda for WAHSA Nursing Homes

- ✓ **Nursing Home Bed Tax “Skim”** – Provide nursing facilities with a 3.25% Medicaid rate increase in FY 2011-12 by eliminating the nursing home bed tax “skim” and returning the \$50 million in federal revenues generated by the more than doubling of the bed tax in 2009-11 in the form of a nursing home rate increase.
- ✓ **Certified Public Expenditure Program (CPE) Funding Split** – Enhance reimbursement to county- and municipally-operated nursing homes by requiring that “at least \$39.1 million in each fiscal year” of the federal MA funds generated by county/municipal nursing home deficits under the CPE be returned to the facilities which generated those additional federal funds and that future CPE-generated federal funds be shared/“skimmed” equally between the State and county/municipal nursing homes.
- ✓ **Chapter 50 Regulatory Reform** – (1) Eliminate “dual enforcement” citations where nursing homes are penalized for the same violation under both state and federal statutes/codes; and (2) Make it permissive for the DHS Division of Quality Assurance to cite or not cite a facility which self-reports a violation if the violation has been corrected or remains uncorrected due to circumstances beyond the facility’s control.
- ✓ **Family Care Integration** – Convert the Family Care program, which “manages” long-term care only, into a fully-integrated managed care program such as Partnership, which integrates acute and primary care as well as long-term care.
- ✓ **Restructure the Department of Health Services** – Place the Family Care and Medicaid programs within the same Division of the DHS.
- ✓ **Divestment** – Close the loopholes in the state’s Medicaid divestment statutes by mirroring federal law.

Despite the doubling of the bed tax, the authorized 2% MA rate increase was completely obliterated by 2010-11 “Rate Reform” cuts. The end result: an average rate reduction of 0.7%. ... Given that nursing homes clearly have been asked to fund more than their fair share of the State budget through rate cuts, program reductions and increased bed taxes, it is time to offer some relief to facility residents and caregivers.

We recognize these are bold recommendations. However, nursing home residents and their caregivers deserve more than has been delivered over the past several years.

The Nursing Home Quality Challenge

Introduction

Medicaid underfunding of nursing home care has become an all-too-common occurrence in Wisconsin and throughout the nation over the past decade but providers have battled valiantly to preserve quality resident care even as the necessary funds to provide that care dwindle. The question, however, is how much longer can nursing home quality care be ensured when resident acuity is rising while Medicaid reimbursement is falling? This paper attempts to outline how we got to where we are today and what must be done to address *The Nursing Home Quality Challenge*.

Section I: Nursing Home Provider Community Profile

In order to fully appreciate the mission and purpose of Wisconsin's skilled nursing facilities, it is worth reviewing some basic facts about the residents, care, services and finances of these organizations. Most of the following immediate information was contained in a November 2009 DHS presentation *Wisconsin Nursing Homes Overview* (www.wahsa.org/nhbrief.pdf):

- There are 399 licensed nursing homes in Wisconsin. Of that total, 204 (51.1%) are for-profit facilities, 133 (33.3%) are not-for-profit facilities, 47 (11.8%) are county-operated facilities, and 15 (3.8%) are operated by other governmental entities.
- There are 37,514 licensed nursing home beds in Wisconsin. Of that total, 18,169 (48.4%) of those beds are in for-profit facilities, 12,255 (32.7%) of those beds are in not-for-profit facilities, 5,658 (15.1%) of those beds are in county-operated facilities, and 1,432 (3.8%) of those beds are in nursing facilities operated by other governmental entities. The number of licensed nursing home beds has decreased by 22.4% since 1995.
- There are 16 licensed intermediate care facilities for the mentally retarded (ICF-MR) in Wisconsin, with a total of 1,053 beds.
- According to DHS estimates, there were 30,579 nursing home residents in Wisconsin as of August 2010 compared to 38,487 residents in 1995, a 20.5% decrease over 15 years.
- Of the 30,579 nursing home residents in Wisconsin as of August 2010, nearly 66% of that total were Medicaid recipients; 14% were Medicare beneficiaries; and 20% were private payors.
- In 2009, there were 3,596 Family Care enrollees in nursing homes or ICFs-MR, which accounted for 10.9% of the program's 32,863 enrollees.
- Services provided to Family Care nursing home/ICF-MR residents cost just over \$79.4 million, or 7.8% of the just over \$1 billion in Family Care expenditures.
- The average Wisconsin nursing home was built 31.3 years ago.
- The average Medicaid nursing home per diem rate in 2009-10 was \$141.77; the average Medicare per diem rate in January 2009 was \$425; the average private pay rate in January 2009 was just under \$225/day.
- In 2005, the last year these statistics were updated by the DHS, there were 58,341 nursing home admissions and 59,041 discharges. Of those admissions, 83% came from hospitals and 9% from private residences. Of those discharges, 45% were to private residences, 24% were deaths, 17% were to hospitals, and 5% were to other nursing homes (the remaining 8% were discharged to "other").

- In 2005, nursing homes employed 5,170 registered nurses (RN); 50% of that total were full-time and 50% were part-time. There were 4,489 licensed practical nurses (LPN) working in nursing homes in 2005; 45% were full-time and 55% were part-time. In 2005, there were 20,442 certified nurse assistants (CNA) employed by nursing homes; 45% were full-time and 55% were part-time. In all, nursing homes employed 50,737 caregivers in 2005, 46% full-time and 54% part-time.

Nursing homes employ more than 50,000 workers throughout the state, approximately the same number employed by Wisconsin's paper, plastics, real estate, and accommodation industries. In total, the number of direct and indirect nursing home-related jobs in the State of Wisconsin exceeds 88,000.

According to the March 2009 economic analysis *Nursing Homes' Contribution to Wisconsin's Economy & Employment* conducted by NorthStar Economics, a Wisconsin-based economic and research firm, nursing homes contribute \$5.2 billion annually to the Wisconsin economy through job creation, tax revenue, and payment for goods and services. www.wahsa.org/northstar.pdf That analysis determined Wisconsin nursing homes generated over \$342 million in state income, sales, and property taxes. In addition, the report found that nursing homes directly employ more than 50,000 workers throughout the state, approximately the same number employed by Wisconsin's paper, plastics, real estate, and accommodation industries. In total, the number of direct and indirect nursing home-related jobs in the State of Wisconsin exceeds 88,000.

While Wisconsin's skilled nursing care facilities fill an important caregiving role for our seniors and persons with a disability, they also are a major contributor to the State's workforce and economy.

Section II: Financial Health of Nursing Home Providers

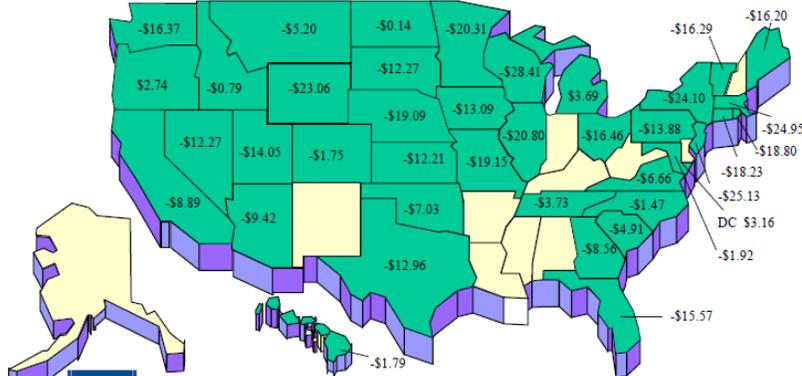
Because nearly two-thirds of all Wisconsin nursing home residents are Medicaid recipients, facilities obviously are heavily dependent on Medicaid payments to meet their operating expenses for necessary items such as staff wages and benefits, insurance, medical supplies and capital costs. Therefore, it was tremendously disheartening when a comprehensive analysis of the nation's Medicaid nursing home payment systems was released last year which **ranked the Wisconsin system worst in the nation**.

The study, *A Report on Shortfalls in Medicaid Funding for Nursing Home Care*, which was released in November 2009 by Eljay, LLC, a national accounting and consulting firm, revealed that Medicaid deficits (the difference between the total cost of care nursing facilities provided their Medicaid residents and the MA reimbursement they received for providing that care) sustained by Wisconsin nursing homes were the highest in the country and twice the national average (see map below).

Unfortunately, a comprehensive analysis of the nation's Medicaid nursing home payment systems ranked the Wisconsin payment system worst in the nation.

**The Projected Average 2009 Shortfall in Medicaid Reimbursement
Is \$14.17 Per Medicaid Patient Day**

**Average Disparity By State Between Medicaid Rates and
Allowable Medicaid Per Patient Day Costs**



Source: Eljay, LLC *A Report on Shortfalls in Medicaid Funding for Nursing Home Care*. November 2009
www.ahcancal.org/research_data/funding/Documents/2009%20Medicaid%20Shortfall%20Report.pdf

Consider the following facts as documented by Appendix A of this document and at www.wahsa.org/medunder.pdf:

- **In the 2009-10 payment year, Wisconsin nursing homes faced an aggregate Medicaid deficit of \$260.8 million. The deficit is increased to \$270.4 million Family Care losses are included.**
- Direct care costs, the costs nursing homes incur to provide hands-on care to their residents, represented \$149.1 million, or 57.2%, of the total costs Medicaid failed to reimburse.
- Approximately 93% of the 381 nursing homes in the State’s database received a Medicaid payment in 2009-10 which failed to meet the cost of care those facilities provided their Medicaid residents.
- **Wisconsin nursing facilities on average lose \$37.71 per day for each Medicaid resident they serve** (excluding Family Care-related losses). For the average Wisconsin nursing home, that results in an annual loss of just under \$782,000 to provide care to its Medicaid residents.
- To subsidize these Medicaid deficits, private pay nursing home residents on average pay nearly \$70 more per day than the facility’s MA per diem rate for virtually the same care that MA residents receive.

Wisconsin nursing facilities on average lose \$37.71 per day for each Medicaid resident they serve....resulting in an annual loss of just under \$782,000 to provide care to its Medicaid residents.

Indeed, the DHS itself has documented the serious financial challenges facing Wisconsin’s nursing homes. In the November 2009 analysis, *Wisconsin Nursing Homes Overview*, www.wahsa.org/nhbrief.pdf, staff from the DHS Division of Long-Term Care concluded:

1. “The acuity of all nursing home residents has increased over the last 5 years.”
2. “Nursing home rate increases have not kept up with inflation.”
3. “In general, nursing home buildings are old, with an average age of 31.3 years, and therefore do not incorporate modern design elements that are cost-efficient and person-centered.”
4. “Almost all” of the 65 nursing facility closures since 1999 “have been motivated by a business decision by the nursing home board and/or director that the home no longer is financially viable.”

5. **149 nursing facilities, or 41% of the State's total, are operating at a net loss** (see the DHS slide below).

Nursing Homes with a Net Loss

	<u># of Facilities with Net Loss</u>				<u>% of All Facilities by Type with Net Loss</u>			
	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
County/Other Gov't	43	48	41	39	78%	86%	77%	76%
Investor Owned	39	54	50	50	21%	29%	26%	27%
Tax Exempt	57	61	63	60	41%	45%	47%	47%
Total	139	163	154	149	37%	43%	41%	41%

Division of Long Term Care
September 2009



16

6. **“Nursing home industry faces financial stress; county nursing homes experience highest levels of deficits.”**

Section III: 2009-11 State Budget

On February 17, 2009, Governor Jim Doyle introduced 2009 Assembly Bill 75, the 2009-11 biennial budget bill. The Governor and the Legislature faced an imposing \$5.9 billion projected budget deficit and the contents of the budget bill bore out those tight fiscal conditions. In the 1,743-page biennial budget bill, Governor Doyle addressed the projected deficit by seeking to cut state agency budget requests by a net \$2.2 billion, imposing a 1% across-the-board reduction in state agency operational costs, utilizing \$2.1 billion in federal stimulus funds to offset state GPR costs and generating \$1.4 billion in new revenues through targeted income tax increases, corporate tax increases and a reduction in the capital gains exclusion.

In advance of the Governor's introduction of the 2009-11 budget bill, WAHSA was pursuing a four-pronged nursing home funding request:

1. An increase in Medicaid funding for nursing homes sufficient to support a nurse staffing level of at least 3.25 hours per resident day, at a biennial cost of \$66.9 million GPR (general purpose revenues, or state tax dollars) and \$159.4 million AF (all funds, the combination of state and federal tax dollars).
2. An increase in payments of nursing home fuel and utility costs by \$1.47 per resident day in 2009-10, which would reimburse the projected median facility fuel and utility cost of \$4.67 per resident day, and by \$1.86 per resident day in 2010-11. The total biennial cost of this request: \$9.6 million GPR and \$22.9 million AF.
3. A 3% increase in each year of the biennium in the support services cost center target, at a biennial cost of \$10.4 million GPR and \$24.9 million AF.
4. Increased property allowance incentives to help nursing homes renovate and/or replace existing facilities, at a biennial cost of \$4.2 million GPR and \$10.0 million AF.

The biennial cost of the WAHSA nursing home funding request for 2009-11 was \$91.1 million GPR and \$217.2 million AF. Unfortunately, 2009 AB 75 fell far short of that request.

Among the key nursing home-related provisions contained in 2009 AB 75 were the following:

- A doubling of the **nursing home bed tax** in 2009-10, from \$75 per licensed bed per month to \$150 per bed per month; the bed tax would be increased an additional \$20 per bed per month, from \$150/bed/month to \$170/bed/month, in 2010-11. The federal matching funds generated by the bed tax increase in part were to provide a 2% MA rate increase to nursing homes in each year of the biennium.
- The **ICF-MR bed tax** was increased from \$638/bed/month to \$701/bed/month in 2009-10 and to \$770/bed/month in 2010-11 to fund a 2% MA rate increase for ICFs-MR in each year of the biennium. Nearly \$565,000 of the additional federal dollars generated by the increase in the ICF-MR bed tax was to be used to fund the Medicaid Relocation Waiver rather than to increase the rates paid to ICFs-MR.
- The DHS was directed to reduce MA expenses by \$153.6 million GPR/\$415 million AF by June 30, 2011 through **unspecified Medicaid cuts**.
- The DHS was granted the authority to assess a **\$200 inspection fee** on nursing homes and other institutional providers when the DHS must make a second inspection visit to validate a provider's plan of correction to comply with a licensing or certification requirement.
- **Certified Public Expenditure (CPE)** payments to county and municipally-operated nursing homes were capped at \$37.1 million annually and "AB 802" funds, those federal funds generated by county/municipal nursing home losses that exceeded budgeted amounts, were to be eliminated for 2008-09 as well as for the 2009-11 biennium. In addition, Family Care losses incurred by government facilities were to be used to capture an additional \$5.2 million in CPE payments that would be used to fund Family Care expansion.
- The **Nursing Home Appeals Board** and its \$1.3 million AF annual appropriation were eliminated.

Note: A Brief History of Wisconsin's Nursing Home Bed Tax

The nursing home bed assessment/tax has evolved dramatically from its inception in 1991-92, when a \$32 per occupied bed per month tax was assessed with the support of the provider community to fund nursing home MA rate increases. There was a full "pass through" of the tax to facilities and Medicare and unoccupied beds were exempted. The bed tax then was viewed as a "win-win" funding mechanism.

But the "rules of the game" changed in the 2003-05 biennium when the federal government prohibited the full "pass through" of the tax to facilities and the tax was assessed on licensed beds rather than occupied beds. Governor Doyle's 2003-05 budget bill proposed to raise the bed tax from \$32 per occupied bed per month to \$116 per licensed bed per month; the Legislature reduced the Governor's proposed bed tax to \$75 per licensed bed per month, which generated funds to provide for a 2.6% MA rate increase for nursing homes in each year of the biennium.

In the 2005-07 budget bill, Governor Doyle again recommended an increase in the nursing home bed tax, from \$75/licensed bed/month to \$125/bed/month. Half the funds generated by the bed tax increase were to be used to cover Medicaid base funding ("skimmed") and the other half were to be used to provide for a 2% MA nursing home rate increase in each year of the biennium. The Legislature rejected this proposal and in its place adopted a GPR/FED-funded rate increase of 1.4% in each year of the biennium, a proposal the Governor subsequently vetoed. In March 2006, the Legislature passed and the Governor signed into law 2005 Act 211, which maintained the current bed tax while providing nursing homes with a GPR-funded MA rate increase of .35% in 2005-06 and 2.8% in 2006-07. **This was the first time GPR funds were used to fund a Medicaid rate increase for nursing homes since the 1993-95 biennial budget.**

From 1993 to 2006, MA rate increases for nursing homes were funded solely through claiming MA federal matching funds either through bed taxes, the intergovernmental transfer (IGT) program, and/or the governmental CPE program. No GPR funding was provided.

Governor Doyle once more proposed an increase in the bed tax in the 2007-09 budget, from \$75/licensed bed/month to \$101.10/bed/month in 2007-08 and \$125.33/bed/month in 2008-09, to fund a 2% MA nursing home rate increase in each year of the biennium. Once again, the Legislature rejected the proposed bed tax increase and instead provided no MA rate increase in 2007-08 and a 5% rate increase, primarily funded by a return of \$13.8 million in “skimmed” bed tax revenues to facilities in 2008-09.

WAHSA Position on 2009 AB 75

WAHSA nursing home members supported a Medicaid nursing home rate increase of at least 3% in each year of the biennium, to be funded by GPR and **not** by an increase in the nursing home bed tax. The proposed bed tax increase was particularly bothersome because approximately 87% of the nearly \$90 million in new funds generated by raising the bed tax from \$75 per licensed bed per month to \$170/bed/month in the 2009-11 biennium would be used to fund the Medicaid base rather than pay for nursing home care. **The reality was that many private pay nursing home residents were paying a bed tax that was being used to help balance the state budget.**

In addition to opposing an increase in the nursing home bed tax, WAHSA:

- Opposed any cuts in long-term care provider rates as part of the directive to the DHS to reduce MA expenditures by \$415 million AF in 2009-11 (“unspecified MA cuts”);
- Opposed the imposition of a \$200 “re-inspection” fee on health care facilities;
- Opposed the provision which would cap CPE payments to governmental facilities at \$37.1 million and virtually eliminate any supplemental payments to those facilities by deleting the “AB 802” provision;
- Opposed the elimination of the Nursing Home Appeals Board;
- Oppose “skimming” a portion of the additional federal funds generated by the ICF-MR bed tax increase to fund the ICF-MR Relocation Waiver and supported amending current law to impose the bed tax on *occupied* ICF-MR beds rather than *licensed* beds.

2009 Wisconsin Act 28

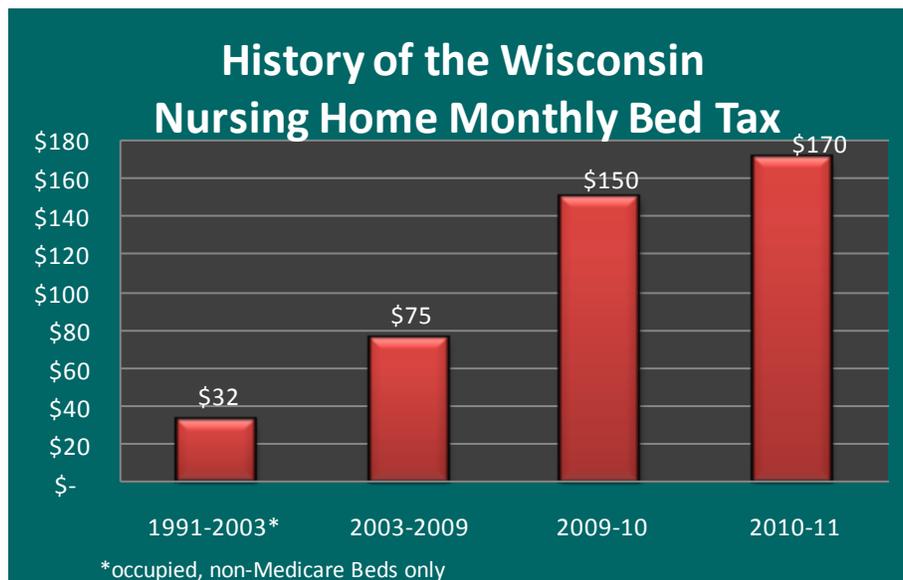
From 1993 to 2006, MA rate increases for nursing homes were funded solely through claiming MA federal matching funds either through bed taxes, the intergovernmental transfer (IGT) program, and/or the governmental CPE program. No GPR funding was provided.

After two and one-half months of deliberations, the Joint Committee on Finance on June 8, 2009 passed an amended version of AB 75, the 2009-11 biennial budget bill, on a 12-4 party-line vote, with majority Democrats supporting and minority Republicans opposing. Three days later, the Assembly passed their version of the budget bill on a 50-48 vote; the Senate followed suit on June 17th on a 17-16 vote. A conference committee of legislative leaders from both houses and both parties met a week later and produced a compromise budget document which needed approval by both houses of the Legislature before the Governor could review the proposal. On June 25th, the Senate adopted the conference committee report on a 17-15 vote; the next day, the conference committee report was concurred in by the Assembly on a 51-46 vote. Three days later, on June 29, 2009, Governor Doyle made 81 partial vetoes to the budget bill before signing the document into law as 2009 Wisconsin Act 28.

Act 28 includes the following nursing home-related provisions:

- ***A doubling of the nursing home bed tax*** in 2009-10, from \$75/licensed bed/month to \$150/bed/month, and an additional \$20

- increase in 2010-11, from \$150/bed/month to \$170/bed/month (see Chart below).
- A 2% MA nursing home rate increase in each year of the biennium, funded through federal funds generated by the bed tax increases.
- The ICF-MR bed tax increase proposed in 2009 AB 75 was adopted and part of the federal funds generated by that tax increase will be used to fund the ICF-MR Relocation Waiver.
- The DHS was directed to reduce Medicaid expenditures by \$580 million over the biennium through “unspecified” MA cuts; Governor Doyle vetoed a provision to require the DHS to submit its “unspecified MA cuts” plan to the Joint Committee on Finance for its review.
- A \$200 survey “re-inspection” fee on health care facilities.
- The elimination of the Nursing Home Appeals Board.
- The CPE cap on payments to government facilities was raised from \$37.1 million to \$38.1 million. In addition, supplemental payments to government facilities were increased by \$10.2 million in 2008-09. Finally, the Governor’s proposed elimination of the “AB 802” provisions was deleted.



Nursing homes and ICFs-MR, therefore, “contributed” more than \$129 million in state operating costs under Act 28. See Table I for further explanation.

Nursing Facility/ ICF-MR Bed Tax Increases:	\$78,189,300
Additional Certified Public Expenditure (CPE) to Fund Medicaid Base:	\$43,077,900
Additional CPE Funds to Fund Family Care Expansion:	\$5,189,000
Eliminate the Nursing Home Appeals Board Funding:	\$2,663,400
\$200 Nursing Home Survey Revisit Fee:	\$120,400
Total Nursing Home Funding Contribution:	\$129,240,000

State Skim of FED Dollars Generated from Bed Tax Increases: The Act 28 increase in the nursing home bed tax, from \$75/licensed bed/month to \$170/bed/month, resulted in \$75.4 million (\$75,430,440) in increased annual bed tax payments by nursing facilities. As shown by Table II, those additional bed tax payments generated just under \$90 million (\$89,960,579) in additional federal Medicaid matching funds (reflecting the higher federal MA matching rate under the federal “stimulus” law or ARRA, the American Recovery and Reinvestment Act). Of that total, \$11.8 million (\$11,771,312), or 13%, went for MA rate increases for nursing facilities; the remaining \$78.2 million (\$78,189,267) of the federal funds generated by the more than doubling of the bed tax, or 87%, were not used to reimburse the facilities which generated the additional federal funds but rather were used to fund Medicaid base expenses, i.e., to help balance the state budget. Even when the lower federal Medicaid matching rate post-ARRA is used to calculate the FED amounts generated by the bed tax increase (i.e., the annual base amount in fiscal year 2011-12), the annual “skim” amount still equals 81%.

		%
FED Skim to Fund MA Base-- ARRA Match	\$ 78,189,267	87%
FED Used to Fund 2009-10 Rate Increase	<u>\$ 11,771,312</u>	<u>13%</u>
Total FED Generated by Bed Tax Increase:	\$ 89,960,579	100%
FED Skim to Fund Base-- Post ARRA	\$ 50,004,746	81%
FED Used to Fund 2009-10 Rate Increase	<u>\$ 11,771,312</u>	<u>19%</u>
Total FED Generated by Bed Tax Increase:	\$ 61,776,057	100%

The end result of Act 28 is private pay residents saw their bed tax more than double to pay for an insufficient 2% MA rate for nursing homes while the vast majority of those bed tax-generated dollars were used to balance the state budget. Ignoring the fact that nursing homes advocated for a 5% rate increase, compromised to a 3% increase, but ultimately received only a 2% bump while “contributing” \$129.2 million to balance the 2009-11 budget, facilities still were asked to further “contribute” to the budget deficit through the “unspecified Medicaid cuts.” This despite the fact the DHS has revealed that 41% of those facilities are operating at a net loss. How long can nursing facilities continue to provide quality care when the resources needed to do so are not there?

...87% of the federal funds generated by the more than doubling of the bed tax was not used to reimburse the facilities which generated the additional federal funds but rather was used to fund Medicaid base expenses, i.e., to help balance the state budget.

Section IV: Medicaid Rate Reform

As introduced by Governor Doyle, 2009 Assembly Bill 75, the 2009-11 budget bill, directed the DHS to cut Medicaid expenditures by \$415 million AF by June 30, 2011. The budget bill did not specify where or how those cuts were to be made. By the time the budget bill was signed into law as 2009 Wisconsin Act 28, the directive to cut Medicaid expenditures targeted a \$625 million figure. Rather than simply stating it was in the process of cutting MA by \$625 million, the DHS attempted to paint a pretty picture by referring to this endeavor as the *ForwardHealth Rate Reform Project*.

It should be noted at the outset that these \$625 million in MA cuts/savings were in addition to and did not include the \$129.2 million “contribution” nursing homes made to balancing the 2009-11 budget.

The DHS Division of Health Care Access and Accountability established eight focus groups of Medicaid providers and consumers to help identify potential Medicaid cuts, savings or efficiencies that collectively would meet the \$625 million target. Their directive was a difficult one: how to cut \$625 million from a Medicaid program that is clearly underfunded and for the most part falls significantly short of paying the actual costs MA providers incur to provide quality health and long-term care. The only restriction placed on the focus groups was that restricting MA eligibility would not be an accepted recommendation because such a restriction was prohibited as a condition of accepting federal stimulus funds.

The 12-15 member Long-Term Care (LTC) Focus Group met for the first time on April 2, 2009. WAHSA members of the LTC Focus Group included Jeff Jenkins of Pine Haven Christian Home in Sheboygan Falls, Lynn Binnie of Fairhaven in Whitewater, David Rothmann of Brewster Village in Appleton, Dick Rau of Clement Manor in Greenfield, Steve Seybold of Homme Home in Wittenberg and WAHSA Executive Director John Sauer. A second LTC Focus Group meeting was held on May 13, 2009. The focus group’s final recommendations to the DHS were due June 1, 2009.

WAHSA outlined its recommendations in a June 1, 2009 letter from John Sauer to Jason Helgerson, the State Medicaid Director and Administrator of the DHS Division of Health Care Access and Accountability. The preponderance of that letter focused on the inability of nursing facilities and other LTC providers to withstand additional cuts to the Medicaid program and the fact that such cuts would jeopardize quality care. Among the WAHSA recommendations on ways to reduce Medicaid expenditures were the following:

1. Accept the belief of most LTC financing experts that the current Medicaid program is unsustainable and pursue an “insurance-based” LTC financing model similar that contained in the federal CLASS Act.
2. Accelerate the expansion of PACE and Partnership as a fully-integrated health and LTC delivery alternative to Family Care.
3. Offer nursing homes a cash buy-out in return for substantially downsizing or closing facilities.
4. Explore the use of telemedicine and emerging technologies as Medicaid expenditure reduction tools.
5. Reevaluate available options to further restrict an individual’s ability to divest for the purpose of achieving Medicaid eligibility.
6. Utilize private, non-state ICFs-MR as a less expensive option for the provision of respite and short-term care and services to persons with a developmental disability.
7. Federalize the nursing home enforcement system.

The DHS released its draft rate reform package in July 2009. None of the WAHSA recommendations were included in that draft reform package. In its proposal, the DHS recommended \$25.2 million AF in Medicaid cuts to nursing homes over the 2009-11 biennium. The DHS-proposed nursing home cuts would:

- Reduce the payment for MA bed hold days on average by \$26.50 per MA bed hold day – Projected MA Savings: \$1.5 million
- Eliminate the nursing home property allowance incentive payment – Projected MA Savings: \$4.4 million
- Decrease the inflation adjustment in the nursing home property tax allowance from 7% to .7% -- Projected MA Savings: \$800,000

- Raise the threshold for the Exceptional Medicaid/Medicare Utilization Adjustment (EMMUA) from a 65% combined MA/MC census to 70% -- Projected MA Savings: \$1.3 million
- **Update RUGs acuity assessments for residents of skilled nursing facilities on a quarterly basis rather than an annual basis – Projected MA Savings: \$13.5 million**
- Create an “incentive” (penalty?) for nursing homes to avoid “preventable” adverse health conditions (i.e., pressure ulcers, falls and urinary tract infections), the so-called “Never Events” – Projected MA Savings: \$2.5 million

In a July 24, 2009 follow-up letter to Helgerson and Fredi Bove, Deputy Administrator of the DHS Division of Long-Term Care, Sauer expressed WAHSA’s opposition to the DHS recommendations to eliminate the enhanced nursing home property payment and to impose “never event” penalties, raised questions on the implementation of the RUGs quarterly assessments and questioned why the divestment issue was ignored. In addition, Sauer suggested the DHS expand its current nursing home relocation and diversion programs, which arguably could generate \$4-5 million in Medicaid savings.

The final *ForwardHealth Rate Reform Project* recommendations were released by the DHS in December 2009. For nursing home and LTC providers, the final recommendations were virtually the same as those contained in the July 2009 draft, except the anticipated MA savings from the quarterly RUGs assessments was reduced from \$15.3 million to \$13.5 million (\$1.0 million in SFY10 and \$12.5 million in SFY11). **Under *Rate Reform 1.0*** (as it soon became known), **nursing homes would incur \$24.0 million AF in Medicaid cuts in 2009-11** (\$5.8 million AF in 2009-10 and \$18.2 million AF in 2010-11).

Providers also argued that the DHS cannot simultaneously expand the Medicaid program (i.e., Family Care and BadgerCare) and expect costs to be constrained or reduced.

In announcing these cuts, DHS Secretary Karen Timberlake told members of the Legislature’s Joint Committee on Finance (JFC) at a December 17, 2009 Medicaid briefing that the DHS was on track to save the full \$625 million as required under 2009 Act 28 and indeed was on target to generate \$633 million in MA savings. However, even with the \$633 million in MA savings, Timberlake told the JFC members that the MA program still might be facing a \$150 million deficit by the

June 30, 2011 end of the 2009-11 biennium. The DHS Secretary also informed the JFC members that because of the uncertainties of the national economy, the Medicaid caseload, and the availability of additional federal MA matching funds (FMAP, or federal Medical Assistance percentage), she planned to reconvene the *ForwardHealth Rate Reform Project* focus groups after the first of the year “to identify additional savings in the Medicaid program.”

At that same 12/17/09 JFC Medicaid briefing, WAHSA once again pointed out the financial uncertainties facing nursing home providers and questioned why the DHS failed to adopt any of the WAHSA MA-savings recommendations, specifically MA divestment options and their projected \$11.5 million in savings to the Medicaid program.

So, with the ink of *Rate Reform 1.0* barely dry, *Rate Reform 2.0* was convened. The first meeting of the advisory group was held on January 26, 2010. At that meeting, State Medicaid Director Jason Helgerson stated the latest MA deficit projection was \$100 million GPR/\$325 million AF as of June 30, 2011. Helgerson noted that the deficit could be virtually eliminated if Congress extends the enhanced FMAP payments for an additional six months, from its current sunset date of December 31, 2010 to June 30, 2011, but it was uncertain whether the Congress was prepared to take such action (it ultimately did, although the enhanced federal MA payments were phased down from January 1 to June 30, 2011). In light of that, Helgerson told the approximately 75 MA providers at the meeting that the *Rate Reform 2.0* exercise in further cutting Medicaid expenditures will help ensure MA policies are “efficient and efficacious and that we begin now to prepare for the budget challenges looming in 2011-2013.”

Helgerson said the goal of *Rate Reform 2.0* was to identify \$325 million AF in additional MA savings and implement those changes by July 1, 2010. That goal was labeled “unreasonable” by many of those in attendance, who argued that cutting the Medicaid program by nearly one billion dollars in 2009-11 would have a dramatically negative impact on quality and access to health and long-term care. Providers also argued that the DHS cannot simultaneously expand the Medicaid program (i.e., Family Care and BadgerCare) and expect costs to be constrained or reduced. Sauer recommended that the DHS spearhead a lobbying effort to convince Congress to extend the FMAP enhanced payments.

On June 10, 2010, WAHSA advisory group members and other MA providers were briefed by DHS representatives on the status of the Rate Reform project. Department officials indicated the DHS remained on track to save \$633 million under its *Rate Reform 1.0* directive. *Rate Reform 2.0* would focus on 36 proposed items which could be implemented without statutory change and would reduce MA expenditures by \$39.8 million AF. The initial *Rate Reform 2.0* MA savings target was \$325 million AF but the DHS was operating under the belief that enhanced FMAP payments would be extended to June 30, 2011.

Two of those proposed 36 MA savings items under *Rate Reform 2.0* would impact nursing homes: (1) Medicaid payment for wound vacuum equipment and negative pressure ulcer units would be eliminated since those items are eligible for Medicare reimbursement; and (2) Current policy at that time permitted nursing homes to bill for Medicaid bed hold if their occupancy was 94% or above, or if the facility had 9 or fewer vacant beds. Under *Rate Reform 2.0*, the vacant bed provision would be eliminated; MA bed hold only would be available to facilities with occupancy levels of 94% or greater. The *Rate Reform 2.0* bed hold changes and the discontinuation of MA payments for certain equipment would generate a projected \$1.4 million AF in MA savings in 2010-11. In addition, the DHS indicated it intended to eliminate the “Never Events” provision under *Rate Reform 2.0* and the \$2.5 million it was intended to save.

The projected MA savings of *Rate Reform 1.0* and *2.0* attributable to nursing homes was \$22.9 million AF over the 2009-11 biennium (\$5.8 million AF in 2009-10 and \$17.1 million AF in 2010-11).

Section V: July 1, 2010 – June 30, 2011 Nursing Home Payment Formula

Representatives of the DHS Division of Long-Term Care (DLTC), WAHSA and the Wisconsin Health Care Association (WHCA) began negotiations April 13, 2010 on the July 1, 2010 – June 30, 2011 nursing home payment formula. At that meeting, the DLTC indicated that the 2% MA rate increase provided under Act 28 for 2010-11 would generate approximately \$12.8 million in nursing home rate increase funding. The DLTC also noted there would be no additional funds budgeted for nursing home patient liability since Social Security cost-of-living adjustments were not awarded for calendar years (CY) 2010 and 2011. The elimination of patient liability funds effectively reduced the 2% MA rate increase for nursing homes to 1.5%.

The discussion became much more interesting at the June 17, 2010 nursing home formula meeting. At that meeting, DLTC officials discussed various scenarios on how to spend the \$12.8 million in rate increase funding. Their lead-off discussion, however, was a blockbuster: An analysis of the quarterly RUGs assessments performed on Medicare residents in the fourth quarter of 2009 determined that **shifting from an annual RUGs assessment to a quarterly assessment saved \$17.5 million AF in 2010-11 versus the \$12.5 million projected under *Rate Reform 1.0*.**

The DLTC also calculated the impact of using the quarterly assessments on residents admitted under Medicaid. **For those individuals, the shift to quarterly assessments provided a projected \$10.2 million MA savings in 2010-11.** However, the DHS chose not to utilize those savings as part of the Rate Reform project but rather to “reinvest” (i.e., maintain) those existing dollars within the nursing home formula **if** Congress extended the enhanced FMAP payments to June 30, 2011. As noted above, Congress ultimately did extend the FMAP payments to June 30, 2011 but at a lower percentage than those in effect on December 31, 2010, thereby allowing nursing homes to avoid yet additional cuts.

The end result: nursing home MA expenditures were cut \$27.9 million AF in 2009-11 (\$5.8 million in 2009-10 and \$22.1 million in 2010-11) under *Rate Reform 1.0 and 2.0*.

And the total nursing home “contribution” to the 2009-11 state budget, through Act 28, *Rate Reform 1.0 and 2.0*, and the July 1, 2010 – June 30, 2011 nursing home payment formula, totaled \$157,140,000. See Table III.

Nursing Facility/ ICF-MR Bed Tax Increases:	\$78,189,300
Additional Certified Public Expenditure (CPE) to Fund Medicaid Base:	\$43,077,900
Nursing Home Rate Reform Cuts (2010 - 11)*:	\$22,000,000
Nursing Home Rate Reform Cuts (2009 - 10)*:	\$5,900,000
Additional CPE Funds to Fund Family Care Expansion:	\$5,189,000
Eliminate the Nursing Home Appeals Board Funding:	\$2,663,400
\$200 Nursing Home Survey Revisit Fee:	\$120,400
Total Nursing Home Funding Contributions:	\$157,140,000
* Implemented by DHS per Unspecified Medicaid Cut Mandate	

Section VI: What’s It All Mean?

What it all means is this: **The Governor and the Legislature provided nursing homes with a 2% MA rate increase in 2009-10 and in 2010-11. But that rate increase was funded entirely by more than doubling the nursing home bed tax, which is borne substantially by private pay residents, and 87% of the federal funds generated by the bed tax increase went to balance the state budget and not for nursing home rate increases.**

Making matters worse, when the Medicaid savings generated by *Rate Reform 1.0 and 2.0* are factored in, the 2% MA nursing home rate increase in each year of the biennium under 2009 Act 28 in reality was a 1.2% increase in 2009-10 and a .7% RATE CUT in 2010-11.

Concurrently, the Wisconsin nursing home payment system continues to be ranked the worst in the nation, with the average Wisconsin nursing home losing just under \$782,000 a year serving Medicaid residents because of MA underfunding of actual costs. Stated differently, the average Wisconsin nursing home loses \$37.71 per day for each MA resident it serves.

It should be noted the DHS (under Governor Doyle) disagrees with WAHSA’s analysis that the average nursing home MA rate will be cut by .7% in 2010-11. Their response is the average nursing home rate will increase by .4% in 2010-11. The argument is over the DHS’ inclusion of projected increased acuity as part of the *rate increase* calculation, an interpretation that to our knowledge has never been accepted before. It also should be noted the DHS denied the request of WAHSA and WHCA to restore \$5 million of the \$17.5 million in MA savings

generated by implementing quarterly RUGs assessments to the 2010-11 nursing home formula (For detailed documentation on the 2010-11 rate cut see: www.wahsa.org/timblke.pdf).

Section VII: Where Do We Go from Here?—WAHSA’s Recommendations

The state’s fiscal picture and that of the Medicaid program remain bleak. Latest projections suggest a structural budget deficit in the \$3.3 billion range as of June 30, 2013. In its 2011-13 budget request, the DHS is seeking an additional \$674.6 million merely to continue operating its budget at current levels. The DHS 2011-13 budget request also seeks \$732.6 million GPR to replace the \$1.25 billion in one-time federal stimulus funding utilized by the Department in the 2009-11 biennium and **implementation of Rate Reform 3.0 to generate an additional \$300 million in Medicaid savings in 2011-13.**

Simply put, this is not a numbers or budgetary exercise – it is about the health, safety and welfare of loved ones.

But as noted above, the financial situation facing nursing homes is equally bleak and if facilities are unable to find the resources to recruit and retain caring and competent staff, people’s lives will be affected. This is not a numbers or budgetary exercise – it is about the health, safety and welfare of our loved ones. We can’t allow the discussion to be about dollars and cents – it must be about Mom and Dad, Grandma and Grandpa, Aunt and Uncle.

WAHSA’s Nursing Home Policy Agenda:

WAHSA members have developed a preliminary legislative agenda for 2011-13 and this is where our discussions with our elected officials must begin. The agenda consists of the following three items:

- **Nursing Home Bed Tax “Skim”** – Provide nursing facilities with a 3.25% MA rate increase in 2011-12 by eliminating the nursing home bed tax “skim” and returning the \$50 million in federal revenues generated by the bed tax to nursing homes in the form of a rate increase. Nursing home bed tax revenues only should be used to fund nursing home rate increases, not to balance the state budget. A 3.25% MA rate increase for nursing homes can be funded without another increase in the bed tax if the federal dollars generated by the current bed tax go back to where they belong, to the nursing homes, and particularly to the private pay residents of those nursing homes who pay the tax.
- **Certified Public Expenditure Program (CPE) Funding Split** – Enhance reimbursement to county- and municipally-operated nursing homes by requiring that “at least \$39.1 million in each fiscal year” of the federal MA funds generated by county/municipal nursing home deficits under the CPE program be returned to the facilities which generated those additional federal funds and that future CPE-generated federal funds be shared equally between the State and county/municipal nursing homes.

The nursing home quality challenge has hit county nursing facilities, which represent 11% of the nursing facilities in the state but incur 38% of the Medicaid losses, particularly hard. Since 1986, 15 county facilities either have closed or been sold. Thirty-nine county facilities remain in operation but many county boards currently are discussing whether to continue to operate a nursing home because of those onerous Medicaid losses and the cost to subsidize those losses that is borne by the county property taxpayer. Ironically, the MA losses incurred by county nursing homes have generated over \$2.4 billion in federal MA matching funds in the past decade, but only 28% of those county-generated federal funds have gone back to county nursing homes. If the State “skimmed” less, more county nursing homes would have a greater chance for

survival. An even greater irony is federal MA funding decreases when county nursing home deficits decrease, which they surely do when they go out of business. But the greater concern is who will care for the hard-to-care for residents that rely on the safety net of the county nursing home when the county nursing home is no longer there? And at what cost?

- **Dual Enforcement/Self Reporting** – Amend Chapter 50, Wis. Stats., by (1) Prohibiting the DHS Division of Quality Assurance (DQA) from issuing a notice of violation (NOV) of a state requirement to a Medicaid/Medicare-certified nursing home if the DQA has cited the facility for a violation of a federal requirement that is based on the same facts (a modified 2003 Assembly Bill 842); and (2) Provide discretion to the DQA on whether to cite a facility for a self-reported violation if the facility has corrected the violation or has made every reasonable effort to prevent and correct the violation but the violation has occurred and remains uncorrected due to circumstances beyond the nursing home’s control. A WAHSA task force has been working with DQA representatives to identify areas of common ground and areas where we’ll agree to disagree.
- **Family Care Integration** – Convert the Family Care program, which “manages” long-term care only, into a fully-integrated managed care program like the Partnership program, which adds Medicare funding to the mix by integrating acute and primary care as well as long-term care.
- **Restructure the Department of Health Services** – Place the Medicaid program and the Family Care program within the same Division of the DHS so that the purchaser of health care and long-term care services and the payor of those service costs are one and the same.
- **Divestment** – Close loopholes in Wisconsin’s Medicaid divestment statutes by mirroring federal law in an attempt to ensure that only those who truly are unable to pay for the care and treatment they need are eligible for Medicaid services.

Legislative approval of these items would be an excellent start toward addressing the quality of care challenges that currently face nursing home providers and the residents they serve.

Appendix A

Fact Sheet: Medicaid Underpayment for Resident Care

and

2009-2010 Nursing Facility Medicaid Losses by Senate District

Fact Sheet: Medicaid Underpayment for Resident Care

A comprehensive analysis of the nation's Medicaid nursing home payment systems ranked the Wisconsin system the worst in the country. The study, "A Report on Shortfalls in Medicaid Funding for Nursing Home Care" released in November 2009 by Eljay, LLP, a national accounting and long-term care consulting firm, revealed that Medicaid deficits sustained by Wisconsin's nursing facilities are the highest in the country, or twice the national average (loss per nursing home resident/day).

The national report and ranking came as no surprise to the Wisconsin nursing home community. Indeed, the Wisconsin Medicaid program's own database of facility-specific cost and reimbursement information vividly illustrates the system's inadequacies. It reveals the following:

- Medicaid recipients as of July 2010 (19,934 residents), including Family Care enrollees, comprise nearly 66% of all residents served in Wisconsin nursing facilities (30,574 total residents). Sources: Bureau of Nursing Home Resident Care, Division of Quality Assurance/Bureau of Nursing Home Services, Division of Long Term Care
- Labor costs represent approximately 73% of the total cost of providing care to nursing home residents. Nursing homes employ just under 51,000 individuals and 60% of that total are personnel performing nursing care and services (RNs, LPNs, and certified nursing assistants).
- In the 2009-2010 payment year, the difference between the total cost of the care facilities provided their Medicaid residents and the Medicaid reimbursement they received for providing that care (i.e., the "Medicaid deficit") was \$260,809,729*. The "Medicaid deficit" to care for the 828 nursing home residents enrolled in Family Care was \$9,607,552. The total "Medicaid deficit" for the nearly 20,000 Medicaid/Family Care residents in nursing facilities was \$270,435,771.
- Direct care costs, the costs to provide hands-on care to residents, represented \$149,118,467*, or 57.2%, of the total costs Medicaid failed to reimburse facilities in 2009-2010.
- Approximately 93% of the 381 nursing facilities in the state's database received a Medicaid payment in 2009-10 which failed to meet the cost of care they provided their Medicaid residents.
- Wisconsin nursing facilities on average lose \$37.71* per day for each Medicaid resident they serve. For the average Wisconsin nursing home, that results in an annual loss of \$781,900* to provide care to its Medicaid residents.
- As a result of the failure of the Medicaid program to pay the resident care costs for which it is responsible, private paying residents are compelled to pay rates that average approximately \$70 per day higher than a facility's Medicaid payment rate (Average 2009-2010 Medicaid payment rate: \$141.77 per day). It is these private pay residents, most of whom also pay the \$170 per month nursing home bed tax, who are being asked to subsidize this Medicaid underfunding.

**Excludes Family Care-related losses
October 2010*



**Wisconsin Nursing Facilities
Summary of Medicaid Deficits
Payment Year 2009-10**

<u>State</u>		<u>State</u>		<u>Direct Care</u>	<u>Overall</u>	<u>Medicaid</u>
<u>Senator</u>	<u>Facility</u>	<u>City</u>	<u>Representative</u>	<u>Medicaid %</u>	<u>Medicaid Loss</u>	<u>Medicaid Loss/Day</u>
Carpenter	Cameo Care Center	Milwaukee	Krusick	48.97%	\$ 49,409	\$ 50,513 \$ 2.79
Carpenter	Maple Ridge Health and Rehab.	Milwaukee	Krusick	51.01%	\$ -	\$ 395,599 \$ 29.79
Carpenter	SouthPointe HealthCare Center	Greenfield	Krusick	52.46%	\$ 585,763	\$ 896,936 \$ 27.84
Carpenter	Mt. Carmel Health & Rehab Center	Greenfield	Krusick	58.05%	\$ 609,515	\$ 2,795,512 \$ 31.42
Carpenter	Mercy Residential & Rehab Center	Milwaukee	Zamarripa	34.59%	\$ 34,792	\$ 180,404 \$ 24.47
Carpenter	Sunrise Care Center, Inc.	Milwaukee	Zepnick	50.60%	\$ -	\$ 396,752 \$ 22.56
Carpenter	St. Ann Rest Home	Milwaukee	Zepnick	87.14%	\$ 77,813	\$ 212,415 \$ 13.76
Carpenter	Wheaton Franciscan - Terrace at St. Francis	Milwaukee	Zepnick	27.41%	\$ 417,275	\$ 538,940 \$ 73.37
	Carpenter Total				\$ 1,774,568	\$ 5,467,072
S. Cogg	Highland Heights Health Care Center	Milwaukee	Young	67.78%	\$ -	\$ 110,726 \$ 5.69
Cowles	Ledge View Nursing Center	De Pere	Weininger	68.69%	\$ -	\$ - \$ -
Cowles	Rennes Health & Rehab Center - De Pere	De Pere	Weininger	26.81%	\$ 211,098	\$ 315,046 \$ 28.01
Cowles	San Luis Medical & Rehab Center	Green Bay	Weininger	63.22%	\$ 500,427	\$ 782,055 \$ 28.67
Cowles	Woodside Lutheran Home	Green Bay	Weininger	56.43%	\$ 983,461	\$ 1,420,075 \$ 47.85
Cowles	Good Shepherd Home	Seymour	Steinke	57.78%	\$ 262,809	\$ 282,407 \$ 17.38
Cowles	St. Paul Elder Services	Kaukauna	Steinke	53.74%	\$ 994,116	\$ 1,199,879 \$ 48.71
Cowles	Evergreen Care Center	Shawano	Tauchen	75.05%	\$ -	\$ - \$ -
Cowles	Birch Hill Care Center	Shawano	Tauchen	54.80%	\$ -	\$ - \$ -
Cowles	Sharpe Care	Oconto Falls	Tauchen	63.12%	\$ -	\$ 71,506 \$ 3.34
Cowles	The Woodlands of Gillett	Gillett	Tauchen	48.52%	\$ 1,564	\$ 113,921 \$ 18.79
Cowles	Woodland Village	Suring	Tauchen	61.96%	\$ 83,503	\$ 195,828 \$ 18.08
Cowles	Manor Care Health Services - Shawano	Shawano	Tauchen	60.60%	\$ 274,425	\$ 1,021,580 \$ 64.00
Cowles	Maple Lane Health Care Center	Shawano	Tauchen	76.29%	\$ 495,658	\$ 924,448 \$ 46.81
	Cowles Total				\$ 3,807,061	\$ 6,326,746

Source: 2008 Medicaid Cost Reports: Excludes Family Care Related %s and Losses
Wisconsin Association of Homes and Services for the Aging (WAHSA)
January 2011, www.wahsa.org

**Wisconsin Nursing Facilities
Summary of Medicaid Deficits
Payment Year 2009-10**

<u>State Senator</u>	<u>Facility</u>	<u>City</u>	<u>State Representative</u>	<u>Medicaid %</u>	<u>Direct Care Medicaid Loss</u>	<u>Overall Medicaid Loss</u>	<u>Medicaid Loss/Day</u>
T. Cullen	Edgerton Hospital & Health Services	Edgerton	Wynn	71.45%	\$ 226,649	\$ 266,202	\$ 17.09
T. Cullen	Fairhaven	Whitewater	Wynn	44.10%	\$ 563,882	\$ 946,742	\$ 74.17
T. Cullen	Rock Haven	Janesville	Wynn	87.18%	\$ 4,083,398	\$ 5,847,800	\$ 142.23
T. Cullen	St Elizabeth's Nursing Home	Janesville	Knilans	77.19%	\$ -	\$ 72,512	\$ 6.01
T. Cullen	Cedar Crest Health Center	Janesville	Knilans	46.50%	\$ 722,953	\$ 864,019	\$ 55.81
T. Cullen	Premier Rehabilitation & SNF	Beloit	Loudenbeck	67.70%	\$ 126,630	\$ 214,759	\$ 7.99
T. Cullen	Alden-Meadow Park HCC	Clinton	Loudenbeck	71.31%	\$ 3,939	\$ 287,528	\$ 16.56
T. Cullen	Beloit Health & Rehabilitation Center	Beloit	Loudenbeck	72.61%	\$ 110,647	\$ 307,062	\$ 8.22
T. Cullen Total					\$ 5,838,098	\$ 8,806,624	
Darling	Golden Living Center-Colonial Manor	Glendale	Pasch	43.19%	\$ -	\$ 296,170	\$ 14.26
Darling	Golden LivingCenter - Silver Spring	Glendale	Pasch	49.38%	\$ -	\$ 343,142	\$ 21.81
Darling	Alexian Village	Milwaukee	J. Ott	30.34%	\$ 191,355	\$ 564,849	\$ 49.60
Darling	Menomonee Falls Health Care Center	Menomonee Falls	Knodl	54.44%	\$ 29,507	\$ 335,804	\$ 22.87
Darling	Virginia Highlands Health and Rehab Ctr	Germantown	Knodl	67.15%	\$ 1,200,878	\$ 1,853,153	\$ 78.31
Darling	Lindengrove Menomonee Falls	Menomonee Falls	Knodl	24.15%	\$ 960,278	\$ 1,234,466	\$ 115.39
Darling Total					\$ 2,382,018	\$ 4,627,583	
Ellis	Oakridge Gardens Nursing Center	Menasha	Kaufert	66.48%	\$ 16,917	\$ 110,053	\$ 4.40
Ellis	Vallhaven Care Center	Neenah	Kaufert	69.70%	\$ -	\$ 153,252	\$ 5.13
Ellis	Peabody Manor	Appleton	Kaufert	21.17%	\$ 473,348	\$ 971,449	\$ 223.17
Ellis	Brewster Village	Appleton	Litjens	68.89%	\$ 1,718,272	\$ 2,723,140	\$ 54.24
Ellis	Colony Oaks Care Center	Appleton	Bernard-Schaber	69.68%	\$ 30,803	\$ 164,428	\$ 8.46
Ellis	Rennes Health & Rehab Center - Appleton	Appleton	Bernard-Schaber	25.61%	\$ 190,012	\$ 278,026	\$ 46.07
Ellis	Manor Care Health Services - Appleton	Appleton	Bernard-Schaber	54.05%	\$ 501,268	\$ 855,841	\$ 45.93
Ellis	Appleton Health Care Center	Appleton	Bernard-Schaber	70.32%	\$ 1,937,390	\$ 2,929,899	\$ 80.05
Ellis Total					\$ 4,868,010	\$ 8,186,088	

Source: 2008 Medicaid Cost Reports: Excludes Family Care Related %s and Losses
Wisconsin Association of Homes and Services for the Aging (WAHSA)
January 2011, www.wahsa.org

**Wisconsin Nursing Facilities
Summary of Medicaid Deficits
Payment Year 2009-10**

<u>State Senator</u>	<u>Facility</u>	<u>City</u>	<u>State Representative</u>	<u>Medicaid %</u>	<u>Direct Care Medicaid Loss</u>	<u>Overall Medicaid Loss</u>	<u>Medicaid Loss/Day</u>
Erpenbach	Rest Haven Nursing Home	Verona	Pope-Roberts	33.33%	\$ 42,237	\$ 69,740	\$ 30.00
Erpenbach	Four Winds Manor, Inc.	Verona	Pope-Roberts	48.97%	\$ 123,084	\$ 357,097	\$ 31.22
Erpenbach	Ingleside, Inc.	Mt. Horeb	Pope-Roberts	49.07%	\$ 464,411	\$ 709,786	\$ 37.20
Erpenbach	Badger Prairie Health Care Center	Verona	Pope-Roberts	90.15%	\$ 6,392,778	\$ 8,372,638	\$ 235.19
Erpenbach	Woods Crossing at Woods Point	Brodhead	Ringhand	15.09%	\$ 60,529	\$ 73,124	\$ 86.13
Erpenbach	Evansville Manor	Evansville	Ringhand	59.86%	\$ 295,795	\$ 282,928	\$ 17.06
Erpenbach	Monroe Manor Nursing & Rehab Center	Monroe	Ringhand	50.05%	\$ 27,746	\$ 285,278	\$ 24.31
Erpenbach	New Glarus Home	New Glarus	Ringhand	65.23%	\$ 363,450	\$ 475,842	\$ 25.54
Erpenbach	Pleasant View Nursing Home	Monroe	Ringhand	74.13%	\$ 1,044,041	\$ 1,320,312	\$ 38.52
Erpenbach	City View	Madison	Roys	67.83%	\$ -	\$ 204,060	\$ 31.52
Erpenbach	Waunakee Manor Health Care Center	Waunakee	Roys	23.77%	\$ 108,372	\$ 247,347	\$ 30.16
Erpenbach	Heartland Country Village	Black Earth	Roys	47.39%	\$ 64,481	\$ 250,073	\$ 31.31
Erpenbach	Oakwood Village East	Madison	Roys	16.19%	\$ 228,616	\$ 404,008	\$ 325.81
Erpenbach Total					\$ 9,215,542	\$ 13,052,234	

**Wisconsin Nursing Facilities
Summary of Medicaid Deficits
Payment Year 2009-10**

<u>State</u>		<u>State</u>		<u>Direct Care</u>	<u>Overall</u>	<u>Medicaid</u>	
<u>Senator</u>	<u>Facility</u>	<u>City</u>	<u>Representative</u>	<u>Medicaid %</u>	<u>Medicaid Loss</u>	<u>Medicaid Loss/Day</u>	
S. Fitzgerald	Golden Living Center - Fort Atkinson	Ft. Atkinson	Jorgensen	73.63%	\$ -	\$ 24,169	\$ 1.13
S. Fitzgerald	Willowbrook Nursing Home	Lake Mills	Jorgensen	54.20%	\$ -	\$ 155,029	\$ 14.14
S. Fitzgerald	St. Coletta of Wisconsin, Inc.	Jefferson	Jorgensen	95.54%	\$ 321,826	\$ 1,234,080	\$ 77.27
S. Fitzgerald	Countryside Home	Jefferson	Jorgensen	71.07%	\$ 1,746,852	\$ 2,350,669	\$ 77.47
S. Fitzgerald	Golden Living Center - Watertown	Watertown	Kleefisch	62.51%	\$ -	\$ 230,614	\$ 9.28
S. Fitzgerald	Columbus Nursing & Rehabilitation Center	Columbus	Kleefisch	60.30%	\$ -	\$ 403,654	\$ 36.51
S. Fitzgerald	Shorehaven Health Center	Oconomowoc	Kleefisch	33.53%	\$ 938,096	\$ 1,054,680	\$ 67.33
S. Fitzgerald	Marquardt Memorial Manor, Inc.	Watertown	Kleefisch	54.72%	\$ 1,299,755	\$ 1,574,267	\$ 57.45
S. Fitzgerald	Bethesda Lutheran Homes and Services	Watertown	Kleefisch	100.00%	\$ 2,262,230	\$ 6,749,960	\$ 139.79
S. Fitzgerald	Golden LivingCenter - Randolph	Randolph	J. Fitzgerald	58.89%	\$ -	\$ 219	\$ 0.01
S. Fitzgerald	Hope Health & Rehabilitation Center	Lomira	J. Fitzgerald	40.27%	\$ 49,586	\$ 117,685	\$ 20.76
S. Fitzgerald	Mayville Nursing & Rehabilitation Ctr	Mayville	J. Fitzgerald	56.77%	\$ 17,788	\$ 231,302	\$ 12.07
S. Fitzgerald	Golden Living Center - Beaver Dam	Beaver Dam	J. Fitzgerald	68.66%	\$ 143,735	\$ 342,756	\$ 16.93
S. Fitzgerald	Hillside Manor	Beaver Dam	J. Fitzgerald	66.83%	\$ 1,435,945	\$ 2,068,589	\$ 69.44
S. Fitzgerald	Clearview - FDD	Juneau	J. Fitzgerald	100.00%	\$ 930,278	\$ 1,155,262	\$ 62.13
S. Fitzgerald	Clearview Combined	Juneau	J. Fitzgerald	85.04%	\$ 721,275	\$ 1,660,292	\$ 39.99
	S. Fitzgerald Total				\$ 9,867,365	\$ 19,353,226	
Galloway	Kennedy Park Medical & Rehab Center	Schofield	Seidel	73.41%	\$ 50,968	\$ 60,726	\$ 1.63
Galloway	Wausau Manor	Wausau	Seidel	28.67%	\$ 80,839	\$ 278,753	\$ 46.47
Galloway	Colonial Manor Med & Rehab	Wausau	Seidel	63.31%	\$ 223,911	\$ 547,166	\$ 17.85
Galloway	Marywood Convalescent Center	Wausau	Seidel	68.41%	\$ 427,074	\$ 582,801	\$ 29.91
Galloway	North Central HCF	Wausau	Seidel	73.20%	\$ 2,059,349	\$ 2,759,416	\$ 34.88
Galloway	Gilman Care Center	Gilman	Williams	76.32%	\$ -	\$ -	\$ -
Galloway	Golden Living Center - Rib Lake	Rib Lake	Williams	75.27%	\$ -	\$ -	\$ -
Galloway	Ladysmith Nursing Home	Ladysmith	Williams	76.87%	\$ 194,495	\$ 255,651	\$ 15.15
Galloway	Park Manor	Park Falls	Williams	72.13%	\$ 596,810	\$ 687,851	\$ 26.81
Galloway	Pleasant View Nursing Home	Phillips	Williams	75.64%	\$ 206,182	\$ 578,950	\$ 68.15
Galloway	Memorial Nursing Home	Medford	Williams	76.76%	\$ 681,746	\$ 1,212,596	\$ 46.88
Galloway	Rusk County Nursing Home	Ladysmith	Williams	86.18%	\$ 463,068	\$ 1,211,189	\$ 78.82
	Galloway Total				\$ 4,984,443	\$ 8,175,099	

Source: 2008 Medicaid Cost Reports: Excludes Family Care Related %s and Losses
Wisconsin Association of Homes and Services for the Aging (WAHSA)
January 2011, www.wahsa.org

**Wisconsin Nursing Facilities
Summary of Medicaid Deficits
Payment Year 2009-10**

<u>State Senator</u>	<u>Facility</u>	<u>City</u>	<u>State Representative</u>	<u>Medicaid %</u>	<u>Direct Care Medicaid Loss</u>	<u>Overall Medicaid Loss</u>	<u>Medicaid Loss/Day</u>
Grothman	Cedar Lake Health Care Center	West Bend	Strachota	51.22%	\$ 1,869,416	\$ 2,683,161	\$ 64.18
Grothman	Samaritan Health Center	West Bend	Strachota	71.84%	\$ 1,246,966	\$ 1,973,386	\$ 44.79
Grothman	Beechwood Rest Home	Kewaskum	LeMahieu	84.80%	\$ -	\$ -	\$ -
Grothman	Heritage Nursing Home	Port Washington	Gottlieb	55.40%	\$ -	\$ 138,368	\$ 9.83
Grothman	Lasata Care Center	Cedarburg	Gottlieb	73.56%	\$ 1,203,137	\$ 1,591,767	\$ 30.90
Grothman Total					\$ 4,319,519	\$ 6,386,682	
Hansen	Parkview Manor Health & Rehab Center	Green Bay	Klenke	60.03%	\$ -	\$ 22,901	\$ 0.97
Hansen	Santa Maria Nursing Home	Green Bay	Klenke	61.75%	\$ 37,179	\$ 60,377	\$ 5.82
Hansen	Bornemann Nursing Home	Green Bay	Klenke	56.43%	\$ 350,334	\$ 537,986	\$ 28.04
Hansen	Manor Care Health Services - East	Green Bay	Klenke	37.58%	\$ 492,029	\$ 867,711	\$ 134.57
Hansen	Odd Fellow Home	Green Bay	Klenke	59.00%	\$ 38,158	\$ 124,247	\$ 7.30
Hansen	Brown County Health Care Center	Green Bay	Klenke	92.80%	\$ 2,142,638	\$ 4,129,149	\$ 202.62
Hansen	Whispering Oaks Care Center	Peshigo	Nygren	77.90%	\$ -	\$ -	\$ -
Hansen	The Woodlands of Oconto	Oconto	Nygren	73.20%	\$ 19,509	\$ 126,406	\$ 11.34
Hansen	Rennes Health & Rehab Center - West	Peshigo	Nygren	69.69%	\$ 248,695	\$ 300,461	\$ 12.64
Hansen	Rennes Health & Rehab Center - East	Peshigo	Nygren	63.74%	\$ 230,035	\$ 303,828	\$ 10.76
Hansen	Luther Home	Marinette	Nygren	67.57%	\$ 453,697	\$ 864,836	\$ 28.45
Hansen	Golden Living Center - Village Gardens	Green Bay	Van Roy	65.22%	\$ -	\$ 94,037	\$ 3.83
Hansen	Grancare Nursing Center	Green Bay	Van Roy	50.26%	\$ 141,542	\$ 200,327	\$ 16.47
Hansen	Manor Care Health Services - West	Green Bay	Van Roy	42.50%	\$ 626,507	\$ 763,551	\$ 55.81
Hansen Total					\$ 4,780,323	\$ 8,395,817	

**Wisconsin Nursing Facilities
Summary of Medicaid Deficits
Payment Year 2009-10**

<u>State</u> <u>Senator</u>	<u>Facility</u>	<u>City</u>	<u>State</u> <u>Representative</u>	<u>Medicaid %</u>	<u>Direct Care</u> <u>Medicaid Loss</u>	<u>Overall</u> <u>Medicaid Loss</u>	<u>Medicaid</u> <u>Loss/Day</u>
Harsdorf	Frederic Care Center	Frederic	Severson	68.28%	\$ -	\$ -	\$ -
Harsdorf	Willow Ridge	Amery	Severson	63.46%	\$ 73,440	\$ -	\$ -
Harsdorf	United Pioneer Home, Inc.	Luck	Severson	66.30%	\$ 97,950	\$ 101,693	\$ 6.42
Harsdorf	St. Croix Valley GSC	St. Croix Falls	Severson	67.89%	\$ 192,132	\$ 304,293	\$ 14.10
Harsdorf	Burnett Medical Center-ECU	Grantsburg	Severson	62.43%	\$ 214,959	\$ 537,948	\$ 44.73
Harsdorf	Golden Age Manor	Amery	Severson	71.26%	\$ 13,641	\$ 179,318	\$ 6.47
Harsdorf	American Heritage Care Center	Hammond	Murtha	70.81%	\$ -	\$ -	\$ -
Harsdorf	Glenhaven, Inc.	Glenwood City	Murtha	69.03%	\$ -	\$ 48,216	\$ 4.47
Harsdorf	Parkview Home	Woodville	Murtha	68.20%	\$ 30,505	\$ 73,089	\$ 5.91
Harsdorf	American Lutheran Home-Menomonie	Menomonie	Murtha	48.56%	\$ -	\$ 76,816	\$ 9.50
Harsdorf	Deerfield Care Center	New Richmond	Murtha	68.70%	\$ 125,460	\$ 89,242	\$ 10.75
Harsdorf	Dunn County Health Care Center	Menomonie	Murtha	52.17%	\$ 1,120,278	\$ 1,845,554	\$ 74.91
Harsdorf	Heritage of Elmwood	Elmwood	Murtha	67.19%	\$ 549	\$ 98,626	\$ 8.77
Harsdorf	Baldwin Care Center	Baldwin	Murtha	54.93%	\$ 1,143	\$ 81,073	\$ 7.48
Harsdorf	Spring Valley Nursing Home	Spring Valley	Murtha	72.85%	\$ -	\$ -	\$ -
Harsdorf	St Croix Health Center	New Richmond	Murtha	72.59%	\$ 496,583	\$ 1,453,298	\$ 82.90
Harsdorf	Ellsworth Care Center	Ellsworth	Knudson	70.49%	\$ 6,099	\$ 82,223	\$ 6.57
Harsdorf	Prescott Nursing and Rehab Center	Prescott	Knudson	46.41%	\$ 14,461	\$ 175,851	\$ 22.65
Harsdorf	Kinnic Long Term Care	River Falls	Knudson	60.10%	\$ 41,546	\$ 235,042	\$ 18.45
Harsdorf	The Lutheran Home	River Falls	Knudson	58.20%	\$ -	\$ 32,515	\$ 2.93
Harsdorf	Christian Community Home	Hudson	Knudson	44.54%	\$ -	\$ 229,453	\$ 18.05
Harsdorf Total					\$ 2,428,745	\$ 5,644,249	

**Wisconsin Nursing Facilities
Summary of Medicaid Deficits
Payment Year 2009-10**

<u>State</u>		<u>State</u>		<u>Direct Care</u>	<u>Overall</u>	<u>Medicaid</u>
<u>Senator</u>	<u>Facility</u>	<u>City</u>	<u>Representative</u>	<u>Medicaid %</u>	<u>Medicaid Loss</u>	<u>Medicaid Loss/Day</u>
Holperin	Taylor Park	Rhineland	Meyer	62.73%	\$ 100,516	\$ 12.93
Holperin	Avanti Health & Rehabilitation	Woodruff	Meyer	67.89%	\$ 109,138	\$ 44.42
Holperin	Friendly Village Nursing & Rehab Center	Rhineland	Meyer	69.41%	\$ 231,617	\$ 18.80
Holperin	Aspirus Lillian Kerr Healthcare Center	Phelps	Meyer	65.47%	\$ 452,997	\$ 55.55
Holperin	Golden Living Center - Riverview	Tomahawk	Tiffany	67.91%	\$ -	\$ -
Holperin	Golden Living Center - Golden Age	Tomahawk	Tiffany	78.80%	\$ -	\$ 1.40
Holperin	Eastview Medical & Rehab Center	Antigo	Tiffany	71.06%	\$ 592,164	\$ 21.78
Holperin	Pine Crest Nursing Home	Merrill	Tiffany	81.89%	\$ 121,114	\$ 5.99
Holperin	The Crandon Nursing Home	Crandon	Mursau	73.04%	\$ -	\$ -
Holperin	NEWCare Convalescent Center	Crivitz	Mursau	68.17%	\$ 95,565	\$ 8.50
Holperin	Nu-Roc Community Health Care, Inc.	Laona	Mursau	73.63%	\$ 69,759	\$ 10.09
Holperin	Golden LivingCenter - Florence	Florence	Mursau	70.21%	\$ -	\$ 13.03
Holperin	Maryhill Manor, Inc.	Niagara	Mursau	76.00%	\$ 192,078	\$ 12.72
Holperin	Homme Home for the Aging	Wittenberg	Mursau	73.92%	\$ 801,673	\$ 37.50
Holperin Total					\$ 2,766,621	\$ 4,892,682
Hopper	Grancare Nursing & Rehabilitation Center	Fond du Lac	Thiesfeldt	36.34%	\$ -	\$ 18.07
Hopper	All About Life Rehabilitation Center	Fond du Lac	Thiesfeldt	59.25%	\$ 32,331	\$ 15.63
Hopper	ManorCare Health Services - Fond du Lac	Fond du Lac	Thiesfeldt	43.91%	\$ 336,416	\$ 45.81
Hopper	Transitional Care Unit	Fond du Lac	Thiesfeldt	1.33%	\$ 55,405	\$ 1,454.64
Hopper	Fond du Lac Lutheran Home, Inc.	Fond du Lac	Thiesfeldt	55.45%	\$ 583,545	\$ 23.77
Hopper	St. Francis Home	Fond du Lac	Thiesfeldt	38.54%	\$ 724,120	\$ 51.02
Hopper	Fond du Lac County Health Care Center	Fond du Lac	Thiesfeldt	77.56%	\$ 660,449	\$ 37.76
Hopper	Rolling Meadows Nursing & Rehab Center	Fond du Lac	Thiesfeldt	78.96%	\$ 73,372	\$ 24.90
Hopper	Omro Care Center	Omro	Spanbauer	64.11%	\$ -	\$ 12.41
Hopper	Northpoint Medical & Rehab Center	Oshkosh	Spanbauer	62.44%	\$ 121,882	\$ 38.64
Hopper	Christian Home & Rehab Center	Waupun	Spanbauer	66.25%	\$ 255,911	\$ 28.85
Hopper	Park View Health Center	Oshkosh	Spanbauer	83.31%	\$ 3,314,098	\$ 103.70
Hopper	Evergreen Health Center	Oshkosh	Hintz	35.44%	\$ 477,308	\$ 61.07
Hopper	Bethel Home	Oshkosh	Hintz	51.11%	\$ 736,990	\$ 30.00
Hopper Total					\$ 7,371,827	\$ 12,085,970

Source: 2008 Medicaid Cost Reports: Excludes Family Care Related %s and Losses
Wisconsin Association of Homes and Services for the Aging (WAHSA)
January 2011, www.wahsa.org

**Wisconsin Nursing Facilities
Summary of Medicaid Deficits
Payment Year 2009-10**

<u>State Senator</u>	<u>Facility</u>	<u>City</u>	<u>State Representative</u>	<u>Medicaid %</u>	<u>Direct Care Medicaid Loss</u>	<u>Overall Medicaid Loss</u>	<u>Medicaid Loss/Day</u>
Jauch	Middle River Healthcare Center	South Range	Milroy	79.19%	\$ -	\$ 8,510	\$ 0.32
Jauch	Golden Living Center - Superior	Superior	Milroy	70.19%	\$ -	\$ 27,732	\$ 1.24
Jauch	Villa Marina Health and Rehab Center	Superior	Milroy	59.40%	\$ 67,307	\$ 622,219	\$ 42.04
Jauch	St. Francis Home in the Park	Superior	Milroy	79.56%	\$ 78,924	\$ 944,140	\$ 31.01
Jauch	Golden Living Center - Ashland	Ashland	Bewley	72.05%	\$ -	\$ 49,209	\$ 1.93
Jauch	Beverly Living Center - Valley of Hayward	Hayward	Bewley	81.42%	\$ -	\$ 56,221	\$ 3.40
Jauch	Mellen Manor	Mellen	Bewley	90.23%	\$ 3,228	\$ 76,685	\$ 9.02
Jauch	Sky View Nursing Center	Hurley	Bewley	81.84%	\$ -	\$ 94,713	\$ 10.34
Jauch	Villa Maria Health Care Center	Hurley	Bewley	78.28%	\$ 52,489	\$ 128,783	\$ 6.85
Jauch	Ashland Care Center	Ashland	Bewley	61.59%	\$ 339,621	\$ 679,707	\$ 50.40
Jauch	Northern Lights Manor	Washburn	Bewley	67.35%	\$ 836,505	\$ 979,569	\$ 56.85
Jauch	Hayward Area Memorial Nursing Home	Hayward	Bewley	76.46%	\$ 1,009,658	\$ 1,728,242	\$ 88.05
Jauch	Barron Healthcare Center	Barron	Rivard	63.45%	\$ -	\$ -	\$ -
Jauch	Heritage Manor	Rice Lake	Rivard	73.53%	\$ 57,901	\$ -	\$ -
Jauch	Rice Lake Convalescent Center	Rice Lake	Rivard	67.12%	\$ 201,980	\$ 282,052	\$ 14.92
Jauch	Terraceview Living Center	Shell Lake	Rivard	66.54%	\$ -	\$ 19,075	\$ 1.62
Jauch	Cumberland Memorial Hospital NH	Cumberland	Rivard	72.71%	\$ 298,140	\$ 370,878	\$ 28.70
Jauch	Spooner Health System	Spooner	Rivard	74.06%	\$ 327,044	\$ 667,071	\$ 28.46
Jauch	Luther Midelfort - Northland	Barron	Rivard	73.53%	\$ 513,702	\$ 986,555	\$ 190.12
Jauch	Knapp Haven Nursing Home	Chetek	Rivard	77.80%	\$ 9,843	\$ 77,915	\$ 2.92
Jauch	Pioneer Nursing Home	Prairie Farm	Rivard	69.30%	\$ 375	\$ 79,390	\$ 8.19
Jauch Total					\$ 3,796,716	\$ 7,878,666	

**Wisconsin Nursing Facilities
Summary of Medicaid Deficits
Payment Year 2009-10**

<u>State Senator</u>	<u>Facility</u>	<u>City</u>	<u>State Representative</u>	<u>Medicaid %</u>	<u>Direct Care Medicaid Loss</u>	<u>Overall Medicaid Loss</u>	<u>Medicaid Loss/Day</u>
Kapanke	Mulder Health Care Facility	West Salem	Huebsch	55.57%	\$ 148,856	\$ 195,280	\$ 13.59
Kapanke	Onalaska Care Center	Onalaska	Huebsch	55.15%	\$ -	\$ 166,448	\$ 8.47
Kapanke	Lakeview Health Center - FDD	West Salem	Huebsch	100.00%	\$ 262,728	\$ 282,343	\$ 65.80
Kapanke	Lakeview Health Center	West Salem	Huebsch	74.17%	\$ 699,884	\$ 1,455,451	\$ 40.42
Kapanke	Franciscan Skemp - LaCrosse	LaCrosse	Shilling	3.31%	\$ 27,203	\$ 52,955	\$ 441.29
Kapanke	Bethany St. Joseph Care Center	LaCrosse	Shilling	58.21%	\$ 83,191	\$ 146,124	\$ 4.35
Kapanke	St. Joseph's Nursing Home	La Crosse	Shilling	47.16%	\$ 232,941	\$ 349,628	\$ 27.11
Kapanke	Bethany Riverside	La Crosse	Shilling	41.75%	\$ 468,078	\$ 543,793	\$ 32.18
Kapanke	Hillview Health Care Center	La Crosse	Shilling	40.89%	\$ 61,950	\$ 260,544	\$ 9.16
Kapanke	Sannes Skogdalen Nursing Facility	Soldiers Grove	Nerison	80.37%	\$ 312,899	\$ 325,793	\$ 17.58
Kapanke	Prairie Maison	Prairie du Chien	Nerison	68.80%	\$ 392,940	\$ 347,409	\$ 20.23
Kapanke	Bethel Home	Viroqua	Nerison	59.12%	\$ 484,310	\$ 440,503	\$ 24.53
Kapanke	Norseland Nursing Home	Westby	Nerison	50.61%	\$ 2,187	\$ 66,060	\$ 6.39
Kapanke	Vernon Manor	Viroqua	Nerison	66.25%	\$ 50,684	\$ 283,300	\$ 12.63
Kapanke Total					\$ 3,227,850	\$ 4,915,631	
Kedzie	Holton Manor	Elkhorn	Nass	63.00%	\$ 35,509	\$ 197,091	\$ 15.86
Kedzie	Masonic Health Care Center	Dousman	Nass	59.85%	\$ 335,725	\$ 595,912	\$ 32.92
Kedzie	Lakeland Nursing Home	Elkhorn	Nass	76.14%	\$ 1,979,263	\$ 4,285,606	\$ 129.50
Kedzie	Williams Bay Care Center	Williams Bay	August	79.97%	\$ -	\$ -	\$ -
Kedzie	Willowfield Nursing & Rehabilitation Ctr	Delevan	August	54.67%	\$ 146,030	\$ 368,550	\$ 32.99
Kedzie	Geneva Lake Manor	Lake Geneva	August	66.07%	\$ 103,347	\$ 294,279	\$ 21.39
Kedzie	Lindengrove Waukesha	Waukesha	Kapenga	30.48%	\$ 832,425	\$ 1,175,384	\$ 87.10
Kedzie Total					\$ 3,432,298	\$ 6,916,822	

**Wisconsin Nursing Facilities
Summary of Medicaid Deficits
Payment Year 2009-10**

<u>State</u> <u>Senator</u>	<u>Facility</u>	<u>City</u>	<u>State</u> <u>Representative</u>	<u>Medicaid %</u>	<u>Direct Care</u> <u>Medicaid Loss</u>	<u>Overall</u> <u>Medicaid Loss</u>	<u>Medicaid</u> <u>Loss/Day</u>
C. Larson	Eastside Rehabilitation Center	Milwaukee	Richards	68.02%	\$ 26,196	\$ 340,900	\$ 7.95
C. Larson	St. John's Communities, Inc.	Milwaukee	Richards	18.08%	\$ 140,506	\$ 421,049	\$ 129.47
C. Larson	Milwaukee Catholic Home	Milwaukee	Richards	31.09%	\$ 558,924	\$ 941,317	\$ 70.25
C. Larson	Jewish Home & Care Center	Milwaukee	Richards	50.22%	\$ 839,600	\$ 2,588,387	\$ 92.66
C. Larson	Golden LivingCenter - South Shore	St. Francis	Sinicki	44.17%	\$ 5,503	\$ 92,289	\$ 17.65
C. Larson	Willowcrest Care Center	South Milwaukee	Honadel	33.12%	\$ 143,059	\$ 450,915	\$ 29.21
C. Larson	Franciscan Villa	South Milwaukee	Honadel	39.47%	\$ 478,191	\$ 732,887	\$ 34.26
C. Larson Total					\$ 2,191,978	\$ 5,567,746	
Lasee	Kewaunee Care Center	Kewaunee	Bies	64.16%	\$ 10,291	\$ 36,038	\$ 2.76
Lasee	Golden Living Center - Dorchester	Sturgeon Bay	Bies	62.86%	\$ -	\$ 164,236	\$ 6.94
Lasee	Good Samaritan Society - Scandia Village	Sister Bay	Bies	50.25%	\$ 139,077	\$ 301,879	\$ 27.87
Lasee	Door County Mem Hosp SNF	Sturgeon Bay	Bies	57.21%	\$ 430,178	\$ 1,398,956	\$ 257.49
Lasee	Algoma Medical Center & LTCU	Algoma	Bies	70.54%	\$ 6,273	\$ 57,854	\$ 3.90
Lasee	Hamilton Care Center	Two Rivers	Zigmunt	65.14%	\$ 123,075	\$ 159,236	\$ 9.00
Lasee	Parkside Care Center	Little Chute	Ott	71.03%	\$ -	\$ -	\$ -
Lasee	Chilton Care Center	Chilton	Ott	63.76%	\$ -	\$ 11,497	\$ 0.99
Lasee Total					\$ 708,895	\$ 2,129,695	

**Wisconsin Nursing Facilities
Summary of Medicaid Deficits
Payment Year 2009-10**

<u>State</u> <u>Senator</u>	<u>Facility</u>	<u>City</u>	<u>State</u> <u>Representative</u>	<u>Medicaid %</u>	<u>Direct Care</u> <u>Medicaid Loss</u>	<u>Overall</u> <u>Medicaid Loss</u>	<u>Medicaid</u> <u>Loss/Day</u>
Lassa	Golden Living Center - Three Oaks	Marshfield	Vruwink	55.06%	\$ 34,165	\$ 175,602	\$ 9.80
Lassa	Marshfield Care Center, LLC	Marshfield	Vruwink	65.07%	\$ 197,750	\$ 363,109	\$ 11.85
Lassa	Bethel Center	Arpin	Vruwink	63.01%	\$ 336,289	\$ 515,470	\$ 22.78
Lassa	Norwood Health Center	Marshfield	Vruwink	100.00%	\$ 198,537	\$ 523,358	\$ 91.21
Lassa	Norwood Health Center -FDD	Marshfield	Vruwink	100.00%	\$ 453,475	\$ 610,309	\$ 185.28
Lassa	Stevens Point Care Center	Stevens Point	Molepske	30.69%	\$ 59,478	\$ 156,469	\$ 16.83
Lassa	Portage County Health Care Center	Stevens Point	Molepske	41.49%	\$ 614,206	\$ 976,318	\$ 69.23
Lassa	Wisconsin Rapids Care Center	Wisconsin Rapids	Krug	60.15%	\$ 183,973	\$ 258,261	\$ 14.55
Lassa	Villa Pines	Friendship	Krug	78.94%	\$ 291,286	\$ 411,909	\$ 18.30
Lassa	Strawberry Lane Medical & Rehab Center	Wisconsin Rapids	Krug	68.56%	\$ 85,920	\$ 697,948	\$ 30.03
Lassa	Edgewater Haven	Port Edwards	Krug	66.78%	\$ 154,229	\$ 476,552	\$ 19.06
Lassa Total					\$ 2,609,308	\$ 5,165,305	
Lazich	Clement Manor	Greenfield	Stone	43.61%	\$ 821,226	\$ 1,567,507	\$ 63.07
Lazich	Muskego Nursing Home	Muskego	Gunderson	60.60%	\$ 3,188	\$ 87,392	\$ 9.37
Lazich	East Troy Manor	East Troy	Gunderson	56.08%	\$ 96,718	\$ 246,003	\$ 28.18
Lazich	Tudor Oaks	Muskego	Gunderson	42.03%	\$ 334,887	\$ 510,933	\$ 56.73
Lazich	Lindengrove - Mukwonago	Mukwonago	Gunderson	38.77%	\$ 529,235	\$ 857,368	\$ 116.30
Lazich	Hales Corners Care Center	Hales Corners	Kuglitsch	24.79%	\$ 352,362	\$ 440,883	\$ 86.04
Lazich	Lindengrove New Berlin	New Berlin	Kuglitsch	30.04%	\$ 903,955	\$ 1,288,507	\$ 97.66
Lazich Total					\$ 3,041,572	\$ 4,998,594	

**Wisconsin Nursing Facilities
Summary of Medicaid Deficits
Payment Year 2009-10**

<u>State Senator</u>	<u>Facility</u>	<u>City</u>	<u>State Representative</u>	<u>Medicaid %</u>	<u>Direct Care Medicaid Loss</u>	<u>Overall Medicaid Loss</u>	<u>Medicaid Loss/Day</u>
Leibham	River's Bend Health & Rehabilitation	Manitowoc	Ziegelbauer	56.28%	\$ -	\$ 54,106	\$ 2.57
Leibham	North Ridge Medical & Rehab Center	Manitowoc	Ziegelbauer	68.97%	\$ 226,677	\$ 464,065	\$ 22.14
Leibham	Manitowoc Health Care Center	Manitowoc	Ziegelbauer	75.50%	\$ 943,388	\$ 1,240,188	\$ 36.79
Leibham	Shady Lane	Manitowoc	Ziegelbauer	62.44%	\$ 537,160	\$ 639,162	\$ 19.53
Leibham	St. Mary's Home for the Aged	Manitowoc	Ziegelbauer	68.90%	\$ 613,372	\$ 1,211,726	\$ 34.08
Leibham	Beverly Living Center - Sheboygan	Sheboygan	Endsley	61.52%	\$ -	\$ 45,752	\$ 4.26
Leibham	Meadow View Manor	Sheboygan	Endsley	59.19%	\$ -	\$ 57,457	\$ 3.95
Leibham	Morningside Health Cente	Sheboygan	Endsley	53.90%	\$ -	\$ 93,093	\$ 7.45
Leibham	Sheboygan Progressive Care Center	Sheboygan	Endsley	60.24%	\$ 2,448	\$ 248,598	\$ 11.38
Leibham	Sheboygan Senior Community, Inc.	Sheboygan	Endsley	49.56%	\$ 384,065	\$ 666,491	\$ 53.62
Leibham	Sunny Ridge Health & Rehabilitation Ctr	Sheboygan	Endsley	72.05%	\$ 1,117,827	\$ 1,130,582	\$ 28.46
Leibham	Willowdale Nursing & Rehabilitation Ctr	New Holstein	Kestell	58.59%	\$ -	\$ 100,741	\$ 10.91
Leibham	Homestead Care Center	New Holstein	Kestell	78.27%	\$ 45,827	\$ 149,859	\$ 8.16
Leibham	Plymouth Care Center	Plymouth	Kestell	73.65%	\$ -	\$ 250,216	\$ 16.38
Leibham	Villa Loretto Nursing Home	Mt. Calvary	Kestell	52.99%	\$ 135,815	\$ 261,771	\$ 26.95
Leibham	Pine Haven Christian Home	Sheboygan Falls	Kestell	58.02%	\$ 536,217	\$ 651,208	\$ 44.15
Leibham	Rocky Knoll Health Care Facility	Plymouth	Kestell	65.55%	\$ 1,806,243	\$ 3,423,010	\$ 85.25
Leibham Total					\$ 6,349,039	\$ 10,688,026	
Miller	McCarthy Nursing Home	Stoughton	Hebl	99.81%	\$ -	\$ 6,444	\$ 1.56
Miller	Oregon Manor	Oregon	Hebl	47.71%	\$ 69,828	\$ 98,762	\$ 13.12
Miller	Sun Prairie Health Care Center	Sun Prairie	Hebl	35.07%	\$ 80,521	\$ 131,526	\$ 33.50
Miller	Willows Nursing Home	Sun Prairie	Hebl	63.39%	\$ 251,791	\$ 670,286	\$ 66.74
Miller	Nazareth Health & Rehab. Center	Stoughton	Hebl	61.20%	\$ 453,902	\$ 853,695	\$ 40.48
Miller	Skaalen Sunset Home	Stoughton	Hebl	55.07%	\$ 1,134,994	\$ 1,347,304	\$ 47.20
Miller	Good Samaritan Center	Lodi	Ripp	53.26%	\$ 119,840	\$ 323,084	\$ 22.91
Miller	Belmont Care Center LLC.	Madison	Parisi	52.13%	\$ 439,088	\$ 826,762	\$ 54.26
Miller Total					\$ 2,549,966	\$ 4,257,864	

Source: 2008 Medicaid Cost Reports: Excludes Family Care Related %s and Losses
Wisconsin Association of Homes and Services for the Aging (WAHSA)
January 2011, www.wahsa.org

**Wisconsin Nursing Facilities
Summary of Medicaid Deficits
Payment Year 2009-10**

<u>State Senator</u>	<u>Facility</u>	<u>City</u>	<u>State Representative</u>	<u>Medicaid %</u>	<u>Direct Care Medicaid Loss</u>	<u>Overall Medicaid Loss</u>	<u>Medicaid Loss/Day</u>
Moulton	Dallas Healthcare Center	Dallas	T. Larson	77.17%	\$ -	\$ -	\$ -
Moulton	Hetzel Care Center	Bloomer	T. Larson	67.55%	\$ -	\$ 16,716	\$ 2.25
Moulton	Colfax Health and Rehab Center	Colfax	T. Larson	58.11%	\$ -	\$ 48,653	\$ 3.67
Moulton	Cornell Area Care Center	Cornell	T. Larson	58.89%	\$ -	\$ 117,236	\$ 11.88
Moulton	Chippewa Manor Nursing Home	Chippewa Falls	T. Larson	37.73%	\$ 197,321	\$ 287,389	\$ 27.84
Moulton	Lakeside Nursing & Rehabilitation	Chippewa Falls	T. Larson	57.13%	\$ 1,056,805	\$ 1,528,810	\$ 64.17
Moulton	Luther Midelfort-Chippewa Valley	Bloomer	T. Larson	81.20%	\$ 553,535	\$ 970,292	\$ 121.76
Moulton	Fall Creek Valley Nursing Home	Fall Creek	Bernier	51.51%	\$ -	\$ -	\$ -
Moulton	Dove Healthcare Nursing and Rehab	Eau Claire	Bernier	40.27%	\$ 714,461	\$ 924,436	\$ 42.59
Moulton	Golden Living Center - Continental Manor	Abbotsford	Suder	71.83%	\$ -	\$ -	\$ -
Moulton	Oakbrook Manor of Thorp	Thorp	Suder	66.40%	\$ -	\$ -	\$ -
Moulton	Memorial Hospital	Neillsville	Suder	69.38%	\$ 371,070	\$ 904,924	\$ 47.87
Moulton	Clark County Health Care Center - FDD	Owen	Suder	100.00%	\$ 457,795	\$ 416,080	\$ 48.43
Moulton	Clark County Health Care Center	Owen	Suder	77.02%	\$ 761,226	\$ 1,251,916	\$ 27.20
Moulton Total					\$ 4,112,214	\$ 6,466,453	

**Wisconsin Nursing Facilities
Summary of Medicaid Deficits
Payment Year 2009-10**

<u>State</u> <u>Senator</u>	<u>Facility</u>	<u>City</u>	<u>State</u> <u>Representative</u>	<u>Medicaid %</u>	<u>Direct Care</u> <u>Medicaid Loss</u>	<u>Overall</u> <u>Medicaid Loss</u>	<u>Medicaid</u> <u>Loss/Day</u>
Olsen	Manawa Community Nursing Center	Manawa	Petersen	63.21%	\$ -	\$ 6,224	\$ 0.78
Olsen	Crystal River Nursing & Rehab Ctr	Waupaca	Petersen	54.66%	\$ 2,068	\$ 211,191	\$ 15.44
Olsen	Greentree Health & Rehabilitation Center	Clintonville	Petersen	53.42%	\$ 48,846	\$ 280,432	\$ 33.83
Olsen	Weyauwega Health Care Center	Weyauwega	Petersen	65.99%	\$ 122,318	\$ 478,276	\$ 39.96
Olsen	Pine Manor Health Care Center	Clintonville	Petersen	72.44%	\$ 234,959	\$ 480,318	\$ 26.96
Olsen	Iola Nursing Home	Iola	Petersen	51.90%	\$ 51,873	\$ 261,379	\$ 30.54
Olsen	St. Joseph Residence	New London	Petersen	63.66%	\$ 408,400	\$ 430,685	\$ 18.70
Olsen	Bethany Home, Inc.	Waupaca	Petersen	64.60%	\$ 374,596	\$ 735,151	\$ 27.23
Olsen	Lakeview Manor	Weyauwega	Petersen	77.34%	\$ 1,025,646	\$ 1,782,034	\$ 151.24
Olsen	Sunnyview Healthcare Center Inc.	Princeton	Ballweg	82.34%	\$ 58,358	\$ 95,512	\$ 10.98
Olsen	Fountain View Care Center	Ripon	Ballweg	53.03%	\$ 21,017	\$ 134,562	\$ 11.41
Olsen	Sheltered Village of Ripon	RIPON	Ballweg	100.00%	\$ -	\$ 94,298	\$ 7.40
Olsen	Wild Rose Manor	Wild Rose	Ballweg	70.09%	\$ 40,874	\$ 283,871	\$ 24.67
Olsen	Markesan Resident Home	Markesan	Ballweg	62.85%	\$ 287,700	\$ 485,498	\$ 34.77
Olsen	Juliette Manor	Berlin	Ballweg	58.04%	\$ 355,236	\$ 570,399	\$ 39.88
Olsen	Golden Living Center - Wisconsin Dells	Wisconsin Dells	Clark	59.71%	\$ 39,449	\$ 151,823	\$ 9.35
Olsen	Montello Care Center	Montello	Clark	69.02%	\$ 31,167	\$ 77,399	\$ 6.97
Olsen	Divine Savior Nursing Home	Portage	Clark	75.45%	\$ 405,082	\$ 711,871	\$ 27.49
Olsen	St Clare Meadows Care Center	Baraboo	Clark	61.37%	\$ 490,474	\$ 1,086,158	\$ 48.72
Olsen	Columbia Health Care Center	Wyocena	Clark	66.87%	\$ 350,715	\$ 771,638	\$ 26.47
Olsen Total					\$ 4,348,777	\$ 9,128,718	
Risser	Sunny Hill Health Care Center	Madison	Berceau	37.89%	\$ 28,682	\$ 235,221	\$ 35.14
Risser	St. Marys Care Center	Madison	Berceau	45.77%	\$ 2,144,521	\$ 2,453,190	\$ 85.23
Risser	Oakwood Lutheran Home	Madison	Hulsey	34.35%	\$ 1,515,138	\$ 2,881,104	\$ 217.18
Risser	Middleton Village Nursing & Rehab	Middleton	Hulsey	29.19%	\$ 253,272	\$ 615,225	\$ 91.70
Risser	Oak Park Nursing and Rehab Center	Madison	Pocan	37.96%	\$ 601,497	\$ 954,657	\$ 80.96
Risser	Capitol Lakes Health Center	Madison	Pocan	43.07%	\$ 1,303,122	\$ 2,881,347	\$ 291.90
Risser Total					\$ 5,846,234	\$ 10,020,743	

Source: 2008 Medicaid Cost Reports: Excludes Family Care Related %s and Losses
Wisconsin Association of Homes and Services for the Aging (WAHSA)
January 2011, www.wahsa.org

**Wisconsin Nursing Facilities
Summary of Medicaid Deficits
Payment Year 2009-10**

<u>State</u> <u>Senator</u>	<u>Facility</u>	<u>City</u>	<u>State</u> <u>Representative</u>	<u>Medicaid %</u>	<u>Direct Care</u> <u>Medicaid Loss</u>	<u>Overall</u> <u>Medicaid Loss</u>	<u>Medicaid</u> <u>Loss/Day</u>
Schultz	Lancaster Care Center	Lancaster	Tranel	59.29%	\$ -	\$ 63,612	\$ 5.42
Schultz	Gray's Nursing Home	Platteville	Tranel	54.62%	\$ 36,224	\$ 96,820	\$ 26.30
Schultz	Golden Living Center - Riverdale	Muscoda	Tranel	64.81%	\$ 63,714	\$ 193,347	\$ 16.55
Schultz	Manor Care Health Services - Platteville	Platteville	Tranel	64.00%	\$ 301,121	\$ 363,486	\$ 18.56
Schultz	St. Dominic Villa	Hazel Green	Tranel	92.96%	\$ -	\$ -	\$ -
Schultz	Good Samaritan Center - Fennimore	Fennimore	Tranel	65.28%	\$ 174,928	\$ 335,943	\$ 22.19
Schultz	Memorial Nursing Home	Boscobel	Tranel	66.77%	\$ 173,464	\$ 374,406	\$ 45.27
Schultz	Southwest Health Center	Cuba City	Tranel	62.88%	\$ 579,044	\$ 983,253	\$ 56.94
Schultz	Orchard Manor - FDD	Lancaster	Tranel	100.00%	\$ 268,751	\$ 201,137	\$ 17.53
Schultz	Orchard Manor	Lancaster	Tranel	75.04%	\$ 137,928	\$ 314,433	\$ 11.83
Schultz	Heritage Manor	Elroy	Brooks	75.42%	\$ -	\$ -	\$ -
Schultz	Schmitt Woodland Hills Inc	Richland Center	Brooks	22.44%	\$ 31,423	\$ 53,056	\$ 28.01
Schultz	Reedsburg Area Senior Life Ctr	Reedsburg	Brooks	57.95%	\$ 300,402	\$ 491,601	\$ 47.51
Schultz	Crest View Nursing Home	New Lisbon	Brooks	79.35%	\$ 1,149,873	\$ 1,168,922	\$ 69.04
Schultz	Fairview Nursing Home	Mauston	Brooks	68.32%	\$ 855,275	\$ 1,399,394	\$ 95.07
Schultz	Pine Valley Healthcare & Rehab. Ctr.	Richland Center	Brooks	41.51%	\$ 267,188	\$ 381,118	\$ 25.62
Schultz	Sauk County Health Care Center	Reedsburg	Brooks	73.46%	\$ 880,965	\$ 1,973,411	\$ 82.51
Schultz	Mineral Point Care Center	Mineral Point	Marklein	61.87%	\$ -	\$ 83,507	\$ 11.16
Schultz	Greenway Manor	Spring Green	Marklein	65.78%	\$ 119,299	\$ 101,839	\$ 7.25
Schultz	Maplewood of Sauk Prairie	Sauk City	Marklein	60.98%	\$ 654,653	\$ 610,456	\$ 23.51
Schultz	Upland Hills - Nursing and Rehab. Center	Dodgeville	Marklein	59.22%	\$ 380,028	\$ 690,179	\$ 76.58
Schultz	Bloomfield Manor	Dodgeville	Marklein	61.71%	\$ 62,246	\$ 304,249	\$ 19.98
Schultz	Lafayette Manor	Darlington	Marklein	63.51%	\$ 295,050	\$ 516,730	\$ 29.29
Schultz Total					\$ 6,731,577	\$ 10,700,896	

**Wisconsin Nursing Facilities
Summary of Medicaid Deficits
Payment Year 2009-10**

<u>State</u> <u>Senator</u>	<u>Facility</u>	<u>City</u>	<u>State</u> <u>Representative</u>	<u>Medicaid %</u>	<u>Direct Care</u> <u>Medicaid Loss</u>	<u>Overall</u> <u>Medicaid Loss</u>	<u>Medicaid</u> <u>Loss/Day</u>
Taylor	Seven Oaks	Glendale	E. Coggs	27.70%	\$ 226,349	\$ 506,503	\$ 56.07
Taylor	Golden Living Center - Bradley	Milwaukee	Kessler	52.53%	\$ -	\$ 121,014	\$ 3.83
Taylor	Millway Care Center	Milwaukee	Kessler	48.93%	\$ 136,407	\$ 274,663	\$ 22.37
Taylor	Bel Air Health Care Center	Milwaukee	Kessler	62.93%	\$ 16,029	\$ 366,631	\$ 13.56
Taylor	Trinity Village	Milwaukee	Kessler	24.16%	\$ 91,676	\$ 275,806	\$ 51.92
Taylor	Wisconsin Lutheran Care Center	Milwaukee	Kessler	45.24%	\$ 293,004	\$ 425,337	\$ 18.59
Taylor	Luther Manor	Wauwatosa	Kessler	45.58%	\$ 1,501,540	\$ 2,539,161	\$ 67.39
Taylor	Wheaton Franciscan - Marian Franciscan	Milwaukee	Kessler	61.87%	\$ 5,868,226	\$ 6,182,733	\$ 112.17
Taylor Total					\$ 8,133,231	\$ 10,691,847	
Vinehout	Crystal Lake Manor	Strum	Danou	76.67%	\$ -	\$ -	\$ -
Vinehout	Plum City Care Center	Plum City	Danou	72.02%	\$ -	\$ 30,218	\$ 2.79
Vinehout	Pepin Manor	Pepin	Danou	73.68%	\$ 11,735	\$ 93,632	\$ 6.28
Vinehout	St Michael's Lutheran Home	Fountain City	Danou	57.87%	\$ -	\$ 18,383	\$ 2.31
Vinehout	Grand View Care Center, inc.	Blair	Danou	69.80%	\$ 119,419	\$ 93,531	\$ 4.21
Vinehout	American Lutheran-Mondovi	Mondovi	Danou	76.62%	\$ 199,882	\$ 238,753	\$ 11.50
Vinehout	Arcadia Nursing Home	Arcadia	Danou	79.22%	\$ 41,036	\$ 593,833	\$ 27.57
Vinehout	Oakview Care Center	Durand	Danou	75.11%	\$ 175,992	\$ 652,290	\$ 47.59
Vinehout	Tri-County Memorial Nursing Home	Whitehall	Danou	72.77%	\$ 411,523	\$ 724,010	\$ 42.70
Vinehout	Luther Midelfort Oakridge	Osseo	Danou	90.51%	\$ 440,898	\$ 1,003,021	\$ 142.64
Vinehout	Pigeon Falls Nursing Home	Pigeon Falls	Danou	61.46%	\$ 6,009	\$ 2,354	\$ 0.30
Vinehout	Marinuka Manor	Galesville	Danou	60.54%	\$ 1,465	\$ 80,508	\$ 6.80
Vinehout	Trempealeau Co. Health Care Center	Whitehall	Danou	29.61%	\$ 260,207	\$ 465,144	\$ 49.47
Vinehout	Trempealeau Co. Health Care - FDD	Whitehall	Danou	100.00%	\$ 787,787	\$ 815,572	\$ 143.76
Vinehout	Family Heritage NH	Black River Falls	Radcliffe	73.34%	\$ -	\$ -	\$ -
Vinehout	Tomah Care Center	Tomah	Radcliffe	65.33%	\$ -	\$ 86,690	\$ 6.53
Vinehout	Pine View Nursing Home	Black River Falls	Radcliffe	73.21%	\$ -	\$ 106,539	\$ 5.03
Vinehout	Morrow Memorial Home	Sparta	Radcliffe	57.88%	\$ 331,869	\$ 585,285	\$ 25.79
Vinehout	Augusta Area Nursing Home	Augusta	Radcliffe	62.60%	\$ 8,367	\$ -	\$ -
Vinehout	Rolling Hills - FDD	Sparta	Radcliffe	100.00%	\$ 249,839	\$ 248,647	\$ 50.22
Vinehout	Rolling Hills	Sparta	Radcliffe	77.69%	\$ 244,901	\$ 560,588	\$ 27.30
Vinehout	Oakwood Villa	Altoona	Petryk	32.01%	\$ 35,307	\$ 151,841	\$ 14.57
Vinehout	Syverson Lutheran Home	Eau Claire	Petryk	50.99%	\$ 232,621	\$ 450,142	\$ 24.81
Vinehout Total					\$ 4,250,045	\$ 7,766,861	

*Source: 2008 Medicaid Cost Reports: Excludes Family Care Related %s and Losses
Wisconsin Association of Homes and Services for the Aging (WAHSA)
January 2011, www.wahsa.org*

**Wisconsin Nursing Facilities
Summary of Medicaid Deficits
Payment Year 2009-10**

<u>State Senator</u>	<u>Facility</u>	<u>City</u>	<u>State Representative</u>	<u>Medicaid %</u>	<u>Direct Care Medicaid Loss</u>	<u>Overall Medicaid Loss</u>	<u>Medicaid Loss/Day</u>
Vukmir	St. Anne's Home for the Elderly	Milwaukee	D. Cullen	47.72%	\$ 781,422	\$ 1,245,723	\$ 67.82
Vukmir	Lutheran Home for the Aging	Wauwatosa	D. Cullen	40.87%	\$ 702,435	\$ 1,755,478	\$ 71.75
Vukmir	St. Camillus Health Center	Wauwatosa	Kooyenga	47.17%	\$ 640,551	\$ 1,733,549	\$ 164.01
Vukmir	Milwaukee County Rehab Center	Milwaukee	Kooyenga	87.19%	\$ 3,211,298	\$ 6,197,373	\$ 291.28
Vukmir	Milwaukee County Rehab Center - FDD	Milwaukee	Kooyenga	100.00%	\$ 6,537,972	\$ 9,507,706	\$ 435.29
Vukmir	Mary Jude Nursing Home	West Allis	Staskunas	44.83%	\$ -	\$ 24,160	\$ 2.99
Vukmir	Allis Care Center	West Allis	Staskunas	50.94%	\$ 324,383	\$ 204,116	\$ 7.54
Vukmir	Mitchell Manor	West Allis	Staskunas	31.02%	\$ 135,893	\$ 551,395	\$ 66.14
Vukmir	Maplewood Health Center	West Allis	Staskunas	24.85%	\$ 540,385	\$ 1,021,581	\$ 87.21
Vukmir Total					\$ 12,874,339	\$ 22,241,081	
Wanggaard	WFH - Lakeshore Manor	Racine	Turner	65.79%	\$ 434,773	\$ 1,592,231	\$ 134.54
Wanggaard	Racine Residential	Racine	Mason	97.77%	\$ 58,959	\$ 83,583	\$ 5.22
Wanggaard	Lincoln Village Convalescent Center	Racine	Mason	42.76%	\$ 305,723	\$ 820,162	\$ 52.19
Wanggaard	Becker Shoop Center	Racine	Mason	52.42%	\$ 350,587	\$ 877,128	\$ 44.40
Wanggaard	Ridgewood Care Center	Racine	Mason	64.97%	\$ 1,651,380	\$ 2,379,103	\$ 50.94
Wanggaard	Oak Ridge Care Center	Union Grove	Vos	48.96%	\$ 89,805	\$ 192,286	\$ 15.34
Wanggaard Total					\$ 2,891,229	\$ 5,944,494	

**Wisconsin Nursing Facilities
Summary of Medicaid Deficits
Payment Year 2009-10**

<u>State Senator</u>	<u>Facility</u>	<u>City</u>	<u>State Representative</u>	<u>Medicaid %</u>	<u>Direct Care Medicaid Loss</u>	<u>Overall Medicaid Loss</u>	<u>Medicaid Loss/Day</u>
Wirch	The Clairidge House	Kenosha	Barca	85.17%	\$ 23,798	\$ 177,678	\$ 9.84
Wirch	Golden Living Center - Kenosha	Kenosha	Barca	64.22%	\$ 78,602	\$ 403,370	\$ 22.02
Wirch	Woodstock Health & Rehab Center	Kenosha	Barca	62.97%	\$ 95,566	\$ 460,114	\$ 16.05
Wirch	Manor Care Health Services - Kenosha	Kenosha	Barca	56.19%	\$ 774,660	\$ 1,487,579	\$ 63.03
Wirch	Brookside Care Center	Kenosha	Barca	52.04%	\$ 1,078,850	\$ 1,799,704	\$ 62.20
Wirch	Hospitality Nursing & Rehabilitation Ctr	Kenosha	Steinbrink	58.34%	\$ -	\$ 239,694	\$ 9.32
Wirch	Sheridan Medical Complex	Kenosha	Steinbrink	53.71%	\$ -	\$ 294,733	\$ 19.49
Wirch	Grande Prairie Health and Rehab. Center	Pleasant Prairie	Steinbrink	45.81%	\$ 495,336	\$ 769,940	\$ 42.92
Wirch	ST. Joseph's Home For The Aged	Kenosha	Steinbrink	46.57%	\$ 36,715	\$ 305,847	\$ 20.45
Wirch	Mount Carmel Care Center	Burlington	Kerkman	63.71%	\$ 934,566	\$ 1,129,715	\$ 32.86
Wirch Total					\$ 3,518,093	\$ 7,068,374	
Zipperer	Virginia Health and Rehab. Center	Waukesha	Kramer	58.64%	\$ 116,000	\$ 353,712	\$ 16.38
Zipperer	Waukesha Springs Health & Rehab. Center	Waukesha	Kramer	68.74%	\$ 1,125,965	\$ 1,322,017	\$ 32.35
Zipperer	River Hills West Health Care Center	Pewaukee	Farrow	71.32%	\$ -	\$ -	\$ -
Zipperer	Care-Age of Brookfield	Brookfield	Farrow	38.63%	\$ 398,191	\$ 692,487	\$ 51.00
Zipperer	Heartland of Pewaukee	Pewaukee	Farrow	52.36%	\$ 586,225	\$ 1,027,851	\$ 49.97
Zipperer	Brookfield Rehabilitation Center	Brookfield	Farrow	60.15%	\$ 1,037,623	\$ 1,996,418	\$ 44.83
Zipperer	Wheaton Franciscan - Franciscan Woods	Brookfield	Farrow	35.02%	\$ 782,192	\$ 971,086	\$ 68.55
Zipperer	Hartford Care Center	Hartford	Pridemore	69.06%	\$ 54,768	\$ 387,544	\$ 23.05
Zipperer Total					\$ 4,100,964	\$ 6,751,115	

	Direct Care	Overall
	Medicaid Loss	Medicaid Loss
Total Statewide Medicaid Deficits - Direct Care and Overall Loss	\$ 149,118,467	\$ 260,809,729
Average Loss Per Medicaid Day	\$ 21.56	\$ 37.71

Number of Facilities	381
Number of Facilities with Medicaid Deficits	354
Percent of Facilities with Medicaid Deficits	92.90%
Average Per Diem Medicaid (MA) Loss*	\$37.71 per MA day
Total Statewide MA Deficits - Direct Care	\$149.1 million
Total Statewide MA Deficits - Overall	\$260.8 million

*Includes Supplemental Payments

Impact on a 100 Bed Facility	
Average Occupancy	90.60%
Average MA Utilization	62.70%
Annual Medicaid Resident Days	20,734
Annual Medicaid Loss	\$781,889

{Note: The Statewide Medicaid Deficits and related data are based on Medicaid "Fee-for-Service" days only. Nursing Facilities also provided 302,080 days of care to Medicaid residents enrolled in the Family Care program during this period. The estimated 2009-10 statewide deficit for Family Care nursing facility residents totaled \$9,607,552 (For the average nursing facility, 66.1% of all residents are eligible for Medicaid/Family Care). When this loss is added to the nursing facility Medicaid fee-for-service losses, the statewide Medicaid/Family Care nursing facility deficit totaled **\$270,435,771** in 2009-10.)