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| **DEPARTMENT OF HEALTH SERVICES**  Division of Long Term Care  F-01812D (10/2016) | | | | |  | **STATE OF WISCONSIN** | |
| **CURRENT OCCUPANCY TEST WORKSHEET FOR BILLING MEDICAID BEDHOLD DAYS** | | | | | | | |
| **INSTRUCTIONS:** | | This worksheet should be completed by all nursing homes that are billing the Wisconsin Medicaid Program for hospital or therapeutic bedhold days. The worksheet is for each facility’s internal use only to determine if bedhold days can be billed in the following month. However, completed copies should be retained at the facility for the review by the Division of Long Term Care auditors to support qualification to bill for bedhold. This worksheet is based on Methods of Implementation Section 1.512-calculation of Occupancy Requirements Effective July 1, 2016. | | | | | |
| Input |  | | | | | | |
| I-1 | Facility Name | |  | | | |  |
| I-2 | Month/Year Being Tested for Occupancy | | | | | |  |
| I-3 | Number of Calendar Days in Month | | | | | |  |
| I-4 | Licensed Beds | | | | | |  |
| I-5 | Total Patient Days for Month (Including chargeable bedhold days) | | | | | |  |
| (Medicaid bedhold days cannot be included if they were not covered due to occupancy requirements) | | | | | | | |
| Test | 94% Occupancy | | | | | | |
| A-1 | Total Patient days for month (I-5) | | | | | |  |
| A-2 | Licensed Beds (I-4) | | | | | |  |
| A-3 | Number of Calendar Days in Month (I-3) | | | | | |  |
| A-4 | Total bed days during month (A-2 x A-3) | | | | | |  |
| A-5 | Occupancy rate for month (A-1 / A-4) | | | | | |  |
|  | (Compute to four decimals) | | | | | | |
|  |  | | | | | | |
| **Criteria to Qualify for Bedhold Billing** | | | | | | | |
| At line A-5 above, is the occupancy rate 94% or greater? | | | | Yes-Bedhold days in the following month **can** be billed | | | |
| (The occupancy rate must be 94% or greater, with no rounding) | | | | No-Bedhold days in the following month **cannot** be billed | | | |
| **Note:** | Licensed beds used above may be reduced by:  Beds out of use due to life safety code violations cited by the Department  Renovation projects approved of which the Department was notified  Restricted Use Beds as defined in Methods of Implementation Section 1.313.  See the Methods of Implementation for Medicaid Nursing Home Payment Rates for more details. | | | | | | |