Hilltop Health Care Center 764975000/47003
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NOTICE OF FINAL PAYMENT RATES EFFECTIVE January 1, 2026

The Minnesota Department of Human Services has reviewed the Cost Report, required documentation, and other supporting information supplied on behalf of the facility in determining the total payment rate. Specific sections of the rate notice are accompanied by a narrative.

A P P E A L S

An Appeal must meet the following requirement

1. A written Notice of Appeal from the Provider must be received by the Commissioner of Human Services or postmarked within 60 days of the publication date printed on the rate notice.
2. The Notice Of Appeal must identify each disputed item and specify for each item:
- The reason for the dispute
- The total dollar amount in dispute for each separate disallowance, allocation, or adjustment of a cost item or part of a cost item
- The computation the Provider believes is correct, and
- The authority in Statute or Rule upon which the Provider relies.
3. The Notice Of Appeal must include the name and address of the person or firm with whom contacts may be made regarding the Appeal.

Appeals should include the Provider Identification Number. Each separate dispute should be numbered. Each appealed adjustment should be identified by cost report line number.

Appeals should be addressed to:

Minnesota Department of Human Services Appeals Division
Attn: Provider Nursing Facility Rate Appeal
P.O. Box 64941
St. Paul, MN 55164-0941

If you have any policy questions please contact the Policy Center at 651-431-2282. To speak with an auditor or to request copies of work papers call 651-431-4339.
For TDD, contact Minnesota Relay Service at 1-800-627-3529.

RUGS IV Class	9/30/2024 Resident Days	RUGS IV Weight	RUGS IV Standardized Days	Medicaid Days	RUGS IV Medicaid Standardized Days
ES3	0	3.00	0.00	0	0.00
ES2	0	2.23	0.00	0	0.00
ES1	589	2.22	1,307.58	372	825.84
RAE	152	1.65	250.80	80	132.00
RAD	675	1.58	1,066.50	119	188.02
RAC	759	1.36	1,032.24	63	85.68
RAB	531	1.10	584.10	40	44.00
RAA	55	0.82	45.10	0	0.00
HE2	0	1.88	0.00	0	0.00
HE1	38	1.47	55.86	0	0.00
HD2	62	1.69	104.78	0	0.00
HD1	1	1.33	1.33	0	0.00
HC2	0	1.57	0.00	0	0.00
HC1	41	1.23	50.43	0	0.00
HB2	0	1.55	0.00	0	0.00
HB1	17	1.22	20.74	0	0.00
LE2	87	1.61	140.07	87	140.07
LE1	523	1.26	658.98	407	512.82
LD2	0	1.54	0.00	0	0.00
LD1	69	1.21	83.49	37	44.77
LC2	0	1.30	0.00	0	0.00
LC1	335	1.02	341.70	92	93.84
LB2	0	1.21	0.00	0	0.00
LB1	255	0.95	242.25	163	154.85
CE2	0	1.39	0.00	0	0.00
CE1	181	1.25	226.25	150	187.50
CD2	0	1.29	0.00	0	0.00
CD1	535	1.15	615.25	340	391.00
CC2	0	1.08	0.00	0	0.00
CC1	859	0.96	824.64	791	759.36
CB2	0	0.95	0.00	0	0.00
CB1	55	0.85	46.75	6	5.10
CA2	0	0.73	0.00	0	0.00
CA1	20	0.65	13.00	0	0.00
BB2	0	0.81	0.00	0	0.00
BB1	857	0.75	642.75	147	110.25
BA2	0	0.58	0.00	0	0.00
BA1	730	0.53	386.90	176	93.28
PE2	0	1.25	0.00	0	0.00
PE1	2,501	1.17	2,926.17	1,287	1,505.79
PD2	0	1.15	0.00	0	0.00
PD1	2,310	1.06	2,448.60	1,725	1,828.50
PC2	0	0.91	0.00	0	0.00
PC1	2,552	0.85	2,169.20	1,740	1,479.00
PB2	0	0.70	0.00	0	0.00
PB1	706	0.65	458.90	465	302.25
PA2	0	0.49	0.00	0	0.00
PA1	1,252	0.45	563.40	964	433.80
AAA	0	0.45	0.00	0	0.00
DDF	0	1.00	0.00	0	0.00
	16,747		17,307.76	9,251	9,317.72

PDPM Class	9/30/2024 Resident Days	PDPM Weight	PDPM Standardized Days	Medicaid Days	PDPM Medicaid Standardized Days
ES3	0	3.84	0.00	0	0.00
ES2	0	2.90	0.00	0	0.00
ES1	550	2.77	1,523.50	352	975.04
HDE2	62	2.27	140.74	0	0.00
HDE1	40	1.88	75.20	0	0.00
HBC2	0	2.12	0.00	0	0.00
HBC1	133	1.76	234.08	0	0.00
LDE2	29	1.97	57.13	29	57.13
LDE1	924	1.64	1,515.36	767	1,257.88
LBC2	0	1.63	0.00	0	0.00
LBC1	594	1.35	801.90	77	103.95
CDE2	0	1.77	0.00	0	0.00
CDE1	557	1.53	852.21	232	354.96
CBC2	3	1.47	4.41	0	0.00
CA2	0	1.03	0.00	0	0.00
CBC1	1,762	1.27	2,237.74	1,195	1,517.65
CA1	49	0.89	43.61	0	0.00
BAB2	0	0.98	0.00	0	0.00
BAB1	1,294	0.94	1,216.36	487	457.78
PDE2	0	1.48	0.00	0	0.00
PDE1	4,624	1.39	6,427.36	2,718	3,778.02
PBC2	0	1.15	0.00	0	0.00
PA2	0	0.67	0.00	0	0.00
PBC1	4,897	1.07	5,239.79	2,437	2,607.59
PA1	1,229	0.62	761.98	963	597.06
AAA	0	0.62	0.00	0	0.00
DDF	0	1.00	0.00	0	0.00
	16,747		21,131.37	9,257	11,707.06

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Care-Related per diem				
Allowed Direct Care costs	2,881,813		Your 1/1/2025 Direct Care Rate	167.81
Standardized Days	17,307.76		Lesser of CPI-U or 4%	3.22%
Direct Care cost per diem		166.50	Direct Care Rate Limit	173.21
Allowed Other Care Related costs	587,552		Your 1/1/2025 Other Care Related Rate	29.40
Resident Days	16,747		Lesser of CPI-U or 4%	3.22%
Other Care Related cost per diem		35.08	Direct Care CPI-U Rate Limit	30.35
Care-Related cost per diem		201.58		
Care-Related per diem Quality Based limit				
Median	219.08		Quality Based DC Rate Limit	238.76
Quality Score	75.68		Quality Based OCR Rate Limit	50.30
Care Related Limit	289.06			289.06
Care-Related payment rates			Care-Related per diem limits	
Direct Care per diem	166.50		Direct Care per diem limit	173.21
Other Care-Related per diem	30.35		Other Care-Related per diem Limit	30.35
Care-Related per diem	196.85		Care-Related per diem limit	203.56

Care-Related per diem

Allowed Direct Care costs	2,881,813	
Standardized Days	21,131.37	
Direct Care cost per diem		136.38
Allowed Other Care Related costs	587,552	
Resident Days	16,747	
Other Care Related cost per diem		35.08
Care-Related cost per diem		171.46

Your 10/1/2025 Direct Care Rate	134.90
Lesser of CPI-U or 4%	3.22%
Direct Care Rate Limit	139.24
Your 10/1/2025 Other Care Rate	29.14
Lesser of CPI-U or 4%	3.22%
Other Care Related Rate Limit	30.08

Care-Related per diem limit

Median	178.65
Quality Score	75.68
Care Related Limit	235.72

Quality Based DC Rate Limit	187.49
Quality Based OCR Rate Limit	48.23
	235.72

Care-Related payment rates

Direct Care per diem	136.38
Other Care-Related per diem	30.08
Care-Related per diem	166.46

Care-Related per diem limit

Direct Care per diem	139.24
Related per diem	30.08
Care-Related per diem	169.32

Other Operating Price

Allowed Other Operating costs	2,524,569	
Resident Days	16,747	
Other Operating per diem		150.75
Median		107.68
105% of the median		105%
Other Oper price		113.06
01/01/25 Other Operating Payment rate		107.88
Lesser of CPI-U or 4%		3.22%
Limited Other Operating price		111.35
Other Operating price for all facilities		111.35

Operating Rate Summary

Care-Related per diem	166.46
Other Operating per diem	111.35
Operating per diem (at 1.00)	277.81

	Direct Care	Weight	Weighted Direct Care	Other Care Related	Other Operating	1/1/26 Operating Rates
ES3	136.38	3.84	523.70	30.08	111.35	665.13
ES2	136.38	2.90	395.50	30.08	111.35	536.93
ES1	136.38	2.77	377.77	30.08	111.35	519.20
HDE2	136.38	2.27	309.58	30.08	111.35	451.01
HDE1	136.38	1.88	256.39	30.08	111.35	397.82
HBC2	136.38	2.12	289.13	30.08	111.35	430.56
HBC1	136.38	1.76	240.03	30.08	111.35	381.46
LDE2	136.38	1.97	268.67	30.08	111.35	410.10
LDE1	136.38	1.64	223.66	30.08	111.35	365.09
LBC2	136.38	1.63	222.30	30.08	111.35	363.73
LBC1	136.38	1.35	184.11	30.08	111.35	325.54
CDE2	136.38	1.77	241.39	30.08	111.35	382.82
CDE1	136.38	1.53	208.66	30.08	111.35	350.09
CBC2	136.38	1.47	200.48	30.08	111.35	341.91
CA2	136.38	1.03	140.47	30.08	111.35	281.90
CBC1	136.38	1.27	173.20	30.08	111.35	314.63
CA1	136.38	0.89	121.38	30.08	111.35	262.81
BAB2	136.38	0.98	133.65	30.08	111.35	275.08
BAB1	136.38	0.94	128.20	30.08	111.35	269.63
PDE2	136.38	1.48	201.84	30.08	111.35	343.27
PDE1	136.38	1.39	189.57	30.08	111.35	331.00
PBC2	136.38	1.15	156.84	30.08	111.35	298.27
PA2	136.38	0.67	91.37	30.08	111.35	232.80
PBC1	136.38	1.07	145.93	30.08	111.35	287.36
PA1	136.38	0.62	84.56	30.08	111.35	225.99
AAA	136.38	0.62	84.56	30.08	111.35	225.99
DDF	136.38	1.00	136.38	30.08	111.35	277.81

Phase in Adjustment Calculation	RUGS IV	PDPM	
Medicaid Days			
Resident Days (Annual)	9251	9257	
Standardized Days (Annual)	9317.72	11707.06	
Medicaid Case mix Index	1.01	1.26	
Direct Care Rate	166.5	136.38	
Medicaid Casemix index	1.01	1.26	
Medicaid Casemix adjusted Direct Care	167.70	172.48	
Phase - in percentage	0.75	0.25	
Phase - in amounts	125.78	43.12	
Blended Medicaid Casemix adjusted Direct Care Rate			168.89
Less PDPM Medicaid Casemix adjusted Direct Care Rate			-172.48
PDPM Phase-in Adjustment			-3.58

Surcharge		
Percent of beds licensed as NF	100%	
Base surcharge rate	8.86	
Allowed surcharge rate		8.86
Other Fees		
Allowed MDH license fees	5,683	
Allowed scholarship costs	19,775	
Allowed health insurance	298,473	
Allowed real estate taxes or payments in lieu of	29,827	
Allowed special assessments	0	
Allowed PERA costs	0	
Subtotal	353,758	
Resident days	16,747	
Per diem amount		21.12
Quality Improvement Incentive Payment (QIIP)		0.00
Previous planned closure rate adjustments		6.74
Previous single-bed incentives		3.70
Family and resident advisory council costs		0.01
External fixed rate		40.43
Property Rate		
Property rate from prior year	21.01	
Subtotal		21.01
Property inflation rate		.000%
01/01/2026 property rate		21.01

	1/1/26 Operating Rate	Property Rate	External Fixed Rate	PDPM Phase-In Adj	764975000 1/1/26 Total Rate	764975000 01/01/26 Total Rate*	764975000 10/01/26 Total Rate*	Adjustments To Rate
ES3	665.13	21.01	40.43	-3.58	739.49	739.49	729.33	
ES2	536.93	21.01	40.43	-3.58	611.29	611.29	601.13	
ES1	519.20	21.01	40.43	-3.58	593.56	593.56	583.40	* 01/01/2026 256R.495 WSB adjustment $6.34
HDE2	451.01	21.01	40.43	-3.58	525.37	525.37	515.21	* 01/01/2026 Temp Surcharge Increase $10.16
HDE1	397.82	21.01	40.43	-3.58	472.18	472.18	462.02	* 10/01/2026 End Surcharge Increase -10.16
HBC2	430.56	21.01	40.43	-3.58	504.92	504.92	494.76	
HBC1	381.46	21.01	40.43	-3.58	455.82	455.82	445.66	
LDE2	410.10	21.01	40.43	-3.58	484.46	484.46	474.30	
LDE1	365.09	21.01	40.43	-3.58	439.45	439.45	429.29	
LBC2	363.73	21.01	40.43	-3.58	438.09	438.09	427.93	
LBC1	325.54	21.01	40.43	-3.58	399.90	399.90	389.74	
CDE2	382.82	21.01	40.43	-3.58	457.18	457.18	447.02	
CDE1	350.09	21.01	40.43	-3.58	424.45	424.45	414.29	
CBC2	341.91	21.01	40.43	-3.58	416.27	416.27	406.11	
CA2	281.90	21.01	40.43	-3.58	356.26	356.26	346.10	
CBC1	314.63	21.01	40.43	-3.58	388.99	388.99	378.83	
CA1	262.81	21.01	40.43	-3.58	337.17	337.17	327.01	
BAB2	275.08	21.01	40.43	-3.58	349.44	349.44	339.28	
BAB1	269.63	21.01	40.43	-3.58	343.99	343.99	333.83	
PDE2	343.27	21.01	40.43	-3.58	417.63	417.63	407.47	
PDE1	331.00	21.01	40.43	-3.58	405.36	405.36	395.20	
PBC2	298.27	21.01	40.43	-3.58	372.63	372.63	362.47	
PA2	232.80	21.01	40.43	-3.58	307.16	307.16	297.00	
PBC1	287.36	21.01	40.43	-3.58	361.72	361.72	351.56	
PA1	225.99	21.01	40.43	-3.58	300.35	300.35	290.19	
AAA	225.99	21.01	40.43	-3.58	300.35	300.35	290.19	
DDF	277.81	21.01	40.43	-3.58	352.17	352.17	342.01	
Max additional charge for private pay in single rooms							N/A	

'N/A' - Law does not limit the price the facility may set for private paying residents for single-bed rooms as long as it is at least equal to what Medicaid pays for a medically necessary private room - currently this amount is 11.5% of an individual`s MN PDPM rate. Facilities choosing to charge a lower amount to private pay residents in a single-bed room than 11.5% of their PDPM rate, must notify DHS because the Medicaid payments for medically necessary single-bed rooms cannot exceed the facility`s usual and customary charges to the private pay residents. Please submit notification to: greg.leahy@state.mn.us