



Please complete and return before our call so we can discuss your facility's Medicare Advantage picture and where residents may benefit from a coverage review. Best estimates are fine; use the last 6-12 months where possible. **Aggregate counts only, no resident names or identifiers.**

1 Facility & Contact

Group name (if applicable)			
Facility name		City, state	
Contact name & title		Phone / email	
Buildings (if multi-facility)			

2 Census & Payer Mix

Licensed beds	
Average daily census	
Payer mix by days (%)	Medicaid FFS Medicare Med. Advantage Private Other
Long-term residents currently on a Medicare Advantage plan (#)	
Of those, dual-eligible (Medicare + Medicaid) (#)	
Residents enrolled in an Institutional SNP (I-SNP) (#)	

3 Admissions & Length of Stay

	FFS MEDICARE	MEDICARE ADVANTAGE
Admissions per month (avg.)		
Average length of stay (days)		
Long-term residents moved to a skilled stay, last 12 mo. (#)		

④ Reimbursement

FFS Medicare revenue per patient day (\$)		Medicaid per diem (\$)	
MA PLAN NAME	PER DIEM (\$)	TIERED BY LEVEL? (Y/N)	
MA plan 1			
MA plan 2			
MA plan 3			
MA days lost to auth delays, early cut-offs or denials (est.)			

5 Current Process & Contracts

Who handles plan elections / disenrollments today (role)	
Disenrollments completed in the last 12 months (#)	
MA plans you are in-network with	
I-SNP contracts or partnerships (plan names)	
Other contracted plans not appropriate for disenrollment	
Biggest MA pain point today, or anything else we should know before our call	

 Please return completed form to **patientpriorityconsulting@gmail.com**

with multi-state experience who has built this process for many healthcare facilities.

Patient Priority Consulting

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