

**Current Provider Information**

Provider Number:	Gainwell Technologies	Provider No:	1st QTR Medicaid CMI:	0.9868
Facility Name:		Area/County:	2nd QTR Medicaid CMI:	1.0279
Address:			Average Medicaid CMI:	1.0074 [a]
City/State/Zip:				
Administrator:				

**Cost Report Statistics**

Calendar Year Cost Reports Used for Base Data:	12/31/2020	12/31/2021	12/31/2022	
Inflation Factor:	17.888%	13.358%	5.807%	
Facility Cost Report Period CMI:	1.0041	1.0618	1.1287	
Statewide Average CMI:	1.0706	1.0868	1.0865	1.0813 [b]
NF or NF/MH Beds:	65	60	60	
Bed Days Available:	23,790	22,350	21,900	
Inpatient Days:	19,174	17,244	14,729	
Occupancy Rates:	80.6%	77.2%	67.3%	
Medicaid Days:	11,840	10,679	9,313	
Calculated Days Using the 85% Rule:	20,222	18,998	18,615	

**Calculation of Combined Base Year Reimbursement Rate**

Operating				
Total Reported Costs:	\$1,030,436	\$1,131,007	\$985,645	
Cost Report Adjustments:	(\$11,013)	(\$354)	(\$596)	
O/A Limit Adjustment:	(\$52,136)	(\$63,281)	(\$19,358)	
Total Adjusted Costs:	\$967,287	\$1,067,372	\$965,691	
Total Inflated Adjusted Costs:	\$1,117,057	\$1,197,181	\$1,017,028	
Total Combined Base Cost:				\$3,331,266
Days Used in Division Operation:	20,222	17,244	14,729	52,195
				63.82 Oper Per Diem
				55.15 Oper Per Diem Cost Limitations
				55.15 Oper Per Diem Rate (1)

Indirect Health Care				
Total Reported Costs:	\$906,036	\$891,625	\$876,674	
Cost Report Adjustments:	\$4,340	\$0	\$0	
Total Adjusted Costs:	\$910,376	\$891,625	\$876,674	
Total Inflated Adjusted Costs:	\$1,073,224	\$1,010,728	\$927,582	
Total Combined Base Cost:				\$3,011,534
Days Used in Division IDHC:	20,222	17,244	14,729	52,195
				57.99 IDHC Per Diem
				68.78 IDHC Per Diem Cost Limitation
				57.99 IDHC Per Diem Rate (2)

Direct Health Care				
Total Reported Costs	\$1,527,567	\$1,676,016	\$1,669,974	
Cost Report Adjustments:	(\$2,370)	\$0	(\$97)	
Total Adjusted Costs:	\$1,525,197	\$1,676,016	\$1,669,877	
Total Inflated Adjusted Costs:	\$1,798,024	\$1,899,898	\$1,766,847	
Total CMI Adjusted Cost:	\$1,917,104	\$1,944,631	\$1,700,788	
Total Combined Base Cost:				\$5,562,523
Days Used in Division DHC:	19,174	17,244	14,729	51,147
				108.76 Case Mix Adjusted DHC Per Diem
				186.15 DHC Per Diem Cost Limitation
				108.76 Allowable DHC Per Diem Cost [c]
			[c]*([a]/[b])	101.33 Medicaid Acuity Adjustment (3)

Real and Personal Property Fee				
				12.87 Real and Personal Property Fee
				0.00 Inflation 0.000%
				0.00 RPPF Rebase Add On
				12.87 RPPF Before Limit
				10.47 RPPF Limitation
				10.47 Allowable RPPF (4)

**Calculation of Medicaid Rate**

Operating, IDHC, and DHC Rates and RPPF (1) + (2) + (3) + (4):		224.94
Incentive Factor		2.50
PEAK 2.0		1.25
Bed Tax Adjustment		3.33
Medicaid Add-On		19.58
Minimum Wage Adjustment		0.00
<b>Total Medicaid Rate Effective</b>	<b>07/01/2023</b>	<b>251.60</b>