

Georgia Department of Community Health

	Facility Name	Appling General	Athens Regional	Burke Medical Center	Camden Medical Ctr.
1	Medicaid Provider ID	000000052A	000000074A	000000283A	000000811A
2	base period report period beginning date	9/1/2007	10/1/2007	6/1/2007	10/1/2007
3	base period report period ending date	8/31/2008	9/30/2008	5/31/2008	9/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	0	0	0	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	3,768,284	46,841,650	1,004,943	1,331,964
11	payments for services	1,326,411	15,613,091	840,573	618,115
12	annual covered charges	3,768,284	46,841,650	1,004,943	1,331,964
13	annual payments for services	1,326,411	15,613,091	840,573	618,115
14					
15	inpatient CCR	0.326964	0.389131	0.679788	0.529910
16					
17	annual cost of services	1,232,092	18,227,524	683,148	705,821
18					
19	<u>adjustment factors</u>				
20	claim completion	1.000000	1.000000	1.000000	1.000000
21	inflation	1.029412	1.023731	1.047628	1.023731
22	volume allowance	0.934122	0.937117	0.925139	0.937117
23	combined adjustment factors	0.961597	0.959355	0.969201	0.959355
24					
25	adjusted annual charges	3,623,571	44,937,771	973,992	1,277,826
26	adjusted Medicaid payments for services	1,275,473	14,978,497	814,684	592,992
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	1,275,473	14,978,497	814,684	592,992
29	adjusted cost of services	1,184,776	17,486,666	662,108	677,133
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.217807	1.217807	1.217807	1.217807
35	maximum annual payments (at DRG differential)	1,553,280	18,240,918	992,128	722,150
36					
37	maximum annual payments	1,553,280	18,240,918	992,128	722,150
38	facility specific UPL amount	277,807	3,262,421	177,444	129,157
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(817)	(9,595)	(522)	(380)
42	allocation of supplemental payments	(245,247)	(2,880,046)	(156,646)	(114,019)
43	total aggregate limit adjustments	(246,064)	(2,889,641)	(157,168)	(114,399)
44					
45	UPL amount after aggregate limit adjustments	31,743	372,780	20,276	14,758
46					
47	Intergovernmental transfer amount	8,783	103,148	5,610	4,084
	Net funds amount	22,960	269,632	14,666	10,674

Georgia Department of Community Health

	Facility Name	Cobb Hosp. & Med. Ctr.	Coffee Regional	Colquitt Regional	Crisp Regional
1	Medicaid Provider ID	000000426A	000000448A	000002021A	000000514A
2	base period report period beginning date	7/1/2007	1/1/2008	10/1/2007	7/1/2007
3	base period report period ending date	6/30/2008	12/31/2008	9/30/2008	6/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	0	0	0	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	47,891,117	6,707,261	6,426,938	4,072,072
11	payments for services	16,120,777	2,964,349	3,208,812	2,252,897
12	annual covered charges	47,891,117	6,707,261	6,426,938	4,072,072
13	annual payments for services	16,120,777	2,964,349	3,208,812	2,252,897
14					
15	inpatient CCR	0.434399	0.436981	0.527542	0.453647
16					
17	annual cost of services	20,803,856	2,930,945	3,390,481	1,847,284
18					
19	<u>adjustment factors</u>				
20	claim completion	1.000000	1.000000	1.000000	1.000000
21	inflation	1.040965	1.042721	1.023731	1.040965
22	volume allowance	0.928133	0.946100	0.937117	0.928133
23	combined adjustment factors	0.966154	0.986518	0.959355	0.966154
24					
25	adjusted annual charges	46,270,194	6,616,834	6,165,715	3,934,249
26	adjusted Medicaid payments for services	15,575,153	2,924,384	3,078,390	2,176,645
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	15,575,153	2,924,384	3,078,390	2,176,645
29	adjusted cost of services	20,099,729	2,891,430	3,252,675	1,784,761
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.217807	1.217807	1.217807	1.217807
35	maximum annual payments (at DRG differential)	18,967,530	3,561,335	3,748,885	2,650,734
36					
37	maximum annual payments	18,967,530	3,561,335	3,748,885	2,650,734
38	facility specific UPL amount	3,392,378	636,951	670,495	474,089
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(9,978)	(1,873)	(1,972)	(1,394)
42	allocation of supplemental payments	(2,994,770)	(562,297)	(591,909)	(418,523)
43	total aggregate limit adjustments	(3,004,748)	(564,170)	(593,881)	(419,917)
44					
45	UPL amount after aggregate limit adjustments	387,630	72,781	76,614	54,172
46					
47	Intergovernmental transfer amount	107,257	20,139	21,199	14,989
	Net funds amount	280,373	52,642	55,415	39,183

Georgia Department of Community Health

	Facility Name	Dekalb Hillandale	DeKalb Medical Center	Doctor's Hospital (Columbus)
1	Medicaid Provider ID	000000536U	000000536A	000148233A
2	base period report period beginning date	7/1/2007	7/1/2007	1/1/2008
3	base period report period ending date	6/30/2008	6/30/2008	12/2/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0909
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	7,061,732	47,449,033	8,642,749
11	payments for services	2,685,273	17,636,947	2,118,165
12	annual covered charges	7,061,732	47,449,033	9,428,453
13	annual payments for services	2,685,273	17,636,947	2,310,725
14				
15	inpatient CCR	0.521374	0.469909	0.362660
16				
17	annual cost of services	3,681,805	22,296,722	3,419,323
18				
19	<u>adjustment factors</u>			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.040965	1.040965	1.036313
22	volume allowance	0.928133	0.928133	0.876518
23	combined adjustment factors	0.966154	0.966154	0.908347
24				
25	adjusted annual charges	6,822,721	45,843,073	8,564,307
26	adjusted Medicaid payments for services	2,594,387	17,040,007	2,098,940
27	supplemental rate adjustment payments	0	0	0
28	total adjusted Medicaid payments	2,594,387	17,040,007	2,098,940
29	adjusted cost of services	3,557,191	21,542,067	3,105,932
30				
31	<u>other UPL calculation data</u>			
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.217807	1.217807	1.217807
35	maximum annual payments (at DRG differential)	3,159,463	20,751,440	2,556,104
36				
37	maximum annual payments	3,159,463	20,751,440	2,556,104
38	facility specific UPL amount	565,076	3,711,433	457,164
39				
40	<u>aggregate limit adjustments</u>			
41	allocation of UPL amounts < 0	(1,662)	(10,916)	(1,345)
42	allocation of supplemental payments	(498,845)	(3,276,430)	(403,581)
43	total aggregate limit adjustments	(500,507)	(3,287,346)	(404,926)
44				
45	UPL amount after aggregate limit adjustments	64,569	424,087	52,238
46				
47	Intergovernmental transfer amount	17,866	117,345	14,454
	Net funds amount	46,703	306,742	37,784

Georgia Department of Community Health

	Facility Name	Dodge County	Dorminy Medical Ctr.	Douglas	Elbert Memorial
1	Medicaid Provider ID	000000591A	000000613A	000000624A	000000668A
2	base period report period beginning date	10/1/2007	8/1/2007	7/1/2007	7/1/2007
3	base period report period ending date	9/30/2008	7/31/2008	6/30/2008	6/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	0	0	0	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	2,211,275	2,311,450	9,621,849	905,686
11	payments for services	1,198,835	1,090,711	3,347,161	432,497
12	annual covered charges	2,211,275	2,311,450	9,621,849	905,686
13	annual payments for services	1,198,835	1,090,711	3,347,161	432,497
14					
15	inpatient CCR	0.514005	0.446820	0.455345	0.433853
16					
17	annual cost of services	1,136,607	1,032,802	4,381,263	392,934
18					
19	<u>adjustment factors</u>				
20	claim completion	1.000000	1.000000	1.000000	1.000000
21	inflation	1.023731	1.035156	1.040965	1.040965
22	volume allowance	0.937117	0.931128	0.928133	0.928133
23	combined adjustment factors	0.959355	0.963862	0.966154	0.966154
24					
25	adjusted annual charges	2,121,398	2,227,919	9,296,188	875,032
26	adjusted Medicaid payments for services	1,150,108	1,051,295	3,233,873	417,859
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	1,150,108	1,051,295	3,233,873	417,859
29	adjusted cost of services	1,090,410	995,479	4,232,975	379,635
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.217807	1.217807	1.217807	1.217807
35	maximum annual payments (at DRG differential)	1,400,610	1,280,274	3,938,233	508,872
36					
37	maximum annual payments	1,400,610	1,280,274	3,938,233	508,872
38	facility specific UPL amount	250,502	228,979	704,360	91,012
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(737)	(673)	(2,072)	(268)
42	allocation of supplemental payments	(221,141)	(202,142)	(621,804)	(80,345)
43	total aggregate limit adjustments	(221,878)	(202,815)	(623,876)	(80,613)
44					
45	UPL amount after aggregate limit adjustments	28,624	26,164	80,484	10,399
46					
47	Intergovernmental transfer amount	7,920	7,240	22,270	2,877
	Net funds amount	20,704	18,924	58,214	7,522

Georgia Department of Community Health

	Facility Name	Emanuel Medical Ctr.	Evans Memorial	Floyd Medical Center	Grady General
1	Medicaid Provider ID	000000701A	000000734A	000000756A	000000844A
2	base period report period beginning date	7/1/2007	10/1/2007	7/1/2007	10/1/2007
3	base period report period ending date	6/30/2008	9/30/2008	6/30/2008	9/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	0	0	0	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	3,423,298	1,462,411	35,692,345	1,269,462
11	payments for services	1,503,736	818,197	9,886,127	576,955
12	annual covered charges	3,423,298	1,462,411	35,692,345	1,269,462
13	annual payments for services	1,503,736	818,197	9,886,127	576,955
14					
15	inpatient CCR	0.390296	0.614278	0.357990	0.557456
16					
17	annual cost of services	1,336,098	898,327	12,777,499	707,669
18					
19	<u>adjustment factors</u>				
20	claim completion	1.000000	1.000000	1.000000	1.000000
21	inflation	1.040965	1.023731	1.040965	1.023731
22	volume allowance	0.928133	0.937117	0.928133	0.937117
23	combined adjustment factors	0.966154	0.959355	0.966154	0.959355
24					
25	adjusted annual charges	3,307,433	1,402,971	34,484,302	1,217,865
26	adjusted Medicaid payments for services	1,452,841	784,941	9,551,521	553,505
27	supplemental rate adjustment payments	0	0	1,898,465	0
28	total adjusted Medicaid payments	1,452,841	784,941	11,449,986	553,505
29	adjusted cost of services	1,290,876	861,814	12,345,032	678,906
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.217807	1.217807	1.217807	1.217807
35	maximum annual payments (at DRG differential)	1,769,280	955,907	11,631,909	674,062
36					
37	maximum annual payments	1,769,280	955,907	11,631,909	674,062
38	facility specific UPL amount	316,438	170,966	181,923	120,557
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(931)	(503)	(6,119)	(355)
42	allocation of supplemental payments	(279,350)	(150,927)	61,911	(106,427)
43	total aggregate limit adjustments	(280,281)	(151,430)	55,792	(106,782)
44					
45	UPL amount after aggregate limit adjustments	36,157	19,536	237,715	13,775
46					
47	Intergovernmental transfer amount	10,005	5,406	65,776	3,812
	Net funds amount	26,152	14,130	171,939	9,963

Georgia Department of Community Health

	Facility Name	Grady Memorial	Gwinnett	Habersham County	Hart County
1	Medicaid Provider ID	000000855A	000000294A	000000877A	000000921A
2	base period report period beginning date	1/1/2008	7/1/2007	7/1/2007	1/1/2008
3	base period report period ending date	12/31/2008	6/30/2008	6/30/2008	12/31/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	0	0	0	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	190,404,585	40,840,706	1,851,581	516,476
11	payments for services	73,264,992	19,646,343	893,904	314,050
12	annual covered charges	190,404,585	40,840,706	1,851,581	516,476
13	annual payments for services	73,264,992	19,646,343	893,904	314,050
14					
15	inpatient CCR	0.466424	0.628899	0.468429	0.552654
16					
17	annual cost of services	88,809,247	25,684,666	867,335	285,433
18					
19	<u>adjustment factors</u>				
20	claim completion	1.000000	1.000000	1.000000	1.000000
21	inflation	1.042721	1.040965	1.040965	1.042721
22	volume allowance	0.946100	0.928133	0.928133	0.946100
23	combined adjustment factors	0.986518	0.966154	0.966154	0.986518
24					
25	adjusted annual charges	187,837,550	39,458,411	1,788,912	509,513
26	adjusted Medicaid payments for services	72,277,233	18,981,393	863,649	309,816
27	supplemental rate adjustment payments	59,967,372	0	0	0
28	total adjusted Medicaid payments	132,244,605	18,981,393	863,649	309,816
29	adjusted cost of services	87,611,921	24,815,343	837,979	281,585
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.217807	1.217807	1.217807	1.217807
35	maximum annual payments (at DRG differential)	88,019,720	23,115,673	1,051,758	377,296
36					
37	maximum annual payments	88,019,720	23,115,673	1,051,758	377,296
38	facility specific UPL amount	(44,224,885)	4,134,280	188,109	67,480
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(46,302)	(12,160)	(553)	(198)
42	allocation of supplemental payments	46,070,001	(3,649,717)	(166,062)	(59,571)
43	total aggregate limit adjustments	46,023,699	(3,661,877)	(166,615)	(59,769)
44					
45	UPL amount after aggregate limit adjustments	1,798,814	472,403	21,494	7,711
46					
47	Intergovernmental transfer amount	497,732	130,714	5,947	2,134
	Net funds amount	1,301,082	341,689	15,547	5,577

Georgia Department of Community Health

	Facility Name	Henry Medical Center	Houston Medical Center	Hughes Spalding Child.
1	Medicaid Provider ID	000182388A	000000976A	000679808A
2	base period report period beginning date	7/1/2007	3/1/2007	1/1/2008
3	base period report period ending date	6/30/2008	2/29/2008	12/31/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	13,517,956	12,578,149	3,795,617
11	payments for services	4,110,873	5,145,832	1,740,540
12	annual covered charges	13,517,956	12,578,149	3,795,617
13	annual payments for services	4,110,873	5,145,832	1,740,540
14				
15	inpatient CCR	0.357842	0.462675	0.438701
16				
17	annual cost of services	4,837,296	5,819,592	1,665,140
18				
19	<u>adjustment factors</u>			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.040965	1.067523	1.042721
22	volume allowance	0.928133	0.916156	0.946100
23	combined adjustment factors	0.966154	0.978017	0.986518
24				
25	adjusted annual charges	13,060,427	12,301,644	3,744,444
26	adjusted Medicaid payments for services	3,971,736	5,032,711	1,717,074
27	supplemental rate adjustment payments	0	0	0
28	total adjusted Medicaid payments	3,971,736	5,032,711	1,717,074
29	adjusted cost of services	4,720,309	5,691,660	1,642,691
30				
31	<u>other UPL calculation data</u>			
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.217807	1.217807	1.217807
35	maximum annual payments (at DRG differential)	4,836,808	6,128,871	2,091,065
36				
37	maximum annual payments	4,836,808	6,128,871	2,091,065
38	facility specific UPL amount	865,072	1,096,160	373,991
39				
40	<u>aggregate limit adjustments</u>			
41	allocation of UPL amounts < 0	(2,544)	(3,224)	(1,100)
42	allocation of supplemental payments	(763,680)	(967,683)	(330,157)
43	total aggregate limit adjustments	(766,224)	(970,907)	(331,257)
44				
45	UPL amount after aggregate limit adjustments	98,848	125,253	42,734
46				
47	Intergovernmental transfer amount	27,351	34,658	11,824
	Net funds amount	71,497	90,595	30,910

Georgia Department of Community Health

	Facility Name	Hughston Sports Medicine Hospital	Hutcheson Med. Ctr.	Irwin County
1	Medicaid Provider ID	000315642A	000001075A	000000987A
2	base period report period beginning date	10/1/2007	10/1/2007	12/1/2007
3	base period report period ending date	7/2/2008	9/30/2008	11/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.20000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	1,351,384	9,506,496	2,381,953
11	payments for services	291,657	3,268,440	1,182,628
12	annual covered charges	1,621,661	9,506,496	2,381,953
13	annual payments for services	349,988	3,268,440	1,182,628
14				
15	inpatient CCR	0.282088	0.391481	0.436011
16				
17	annual cost of services	457,451	3,721,615	1,038,557
18				
19	<u>adjustment factors</u>			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.040965	1.023731	1.036313
22	volume allowance	0.855938	0.937117	0.943106
23	combined adjustment factors	0.891001	0.959355	0.977353
24				
25	adjusted annual charges	1,444,902	9,120,104	2,328,009
26	adjusted Medicaid payments for services	311,840	3,135,594	1,155,845
27	supplemental rate adjustment payments	0	0	0
28	total adjusted Medicaid payments	311,840	3,135,594	1,155,845
29	adjusted cost of services	407,589	3,570,350	1,015,037
30				
31	<u>other UPL calculation data</u>			
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.217807	1.217807	1.217807
35	maximum annual payments (at DRG differential)	379,761	3,818,548	1,407,596
36				
37	maximum annual payments	379,761	3,818,548	1,407,596
38	facility specific UPL amount	67,921	682,955	251,751
39				
40	<u>aggregate limit adjustments</u>			
41	allocation of UPL amounts < 0	(200)	(2,009)	(740)
42	allocation of supplemental payments	(59,960)	(602,908)	(222,245)
43	total aggregate limit adjustments	(60,160)	(604,917)	(222,985)
44				
45	UPL amount after aggregate limit adjustments	7,761	78,038	28,766
46				
47	Intergovernmental transfer amount	2,148	21,593	7,960
	Net funds amount	5,613	56,445	20,806

Georgia Department of Community Health

	Facility Name	Jefferson	Joan Glancey	Kennestone	McDuffie Regional
1	Medicaid Provider ID	000001031A	000001064A	000001119A	000001185A
2	base period report period beginning date	1/1/2008	7/1/2007	7/1/2007	10/1/2007
3	base period report period ending date	12/31/2008	6/30/2008	6/30/2008	9/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	0	0	0	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	736,340	4,148,633	56,738,817	894,307
11	payments for services	573,282	1,558,567	18,956,660	500,087
12	annual covered charges	736,340	4,148,633	56,738,817	894,307
13	annual payments for services	573,282	1,558,567	18,956,660	500,087
14					
15	inpatient CCR	0.413596	0.487776	0.455753	0.499958
16					
17	annual cost of services	304,547	2,023,604	25,858,868	447,116
18					
19	<u>adjustment factors</u>				
20	claim completion	1.000000	1.000000	1.000000	1.000000
21	inflation	1.042721	1.040965	1.040965	1.023731
22	volume allowance	0.946100	0.928133	0.928133	0.937117
23	combined adjustment factors	0.986518	0.966154	0.966154	0.959355
24					
25	adjusted annual charges	726,413	4,008,218	54,818,435	857,958
26	adjusted Medicaid payments for services	565,553	1,505,816	18,315,053	479,761
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	565,553	1,505,816	18,315,053	479,761
29	adjusted cost of services	300,441	1,955,113	24,983,649	428,943
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.217807	1.217807	1.217807	1.217807
35	maximum annual payments (at DRG differential)	688,734	1,833,793	22,304,200	584,256
36					
37	maximum annual payments	688,734	1,833,793	22,304,200	584,256
38	facility specific UPL amount	123,181	327,977	3,989,147	104,495
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(362)	(965)	(11,733)	(307)
42	allocation of supplemental payments	(108,744)	(289,536)	(3,521,595)	(92,248)
43	total aggregate limit adjustments	(109,106)	(290,501)	(3,533,328)	(92,555)
44					
45	UPL amount after aggregate limit adjustments	14,075	37,476	455,819	11,940
46					
47	Intergovernmental transfer amount	3,895	10,370	126,125	3,304
	Net funds amount	10,180	27,106	329,694	8,636

Georgia Department of Community Health

	Facility Name	Meadows Reg. Med.	Medical College of GA	Medical Ctr. Central GA
1	Medicaid Provider ID	000001086A	000000723A	000001207A
2	base period report period beginning date	7/1/2007	7/1/2007	10/1/2007
3	base period report period ending date	6/30/2008	6/30/2008	9/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	7,207,325	79,495,560	110,579,337
11	payments for services	2,648,388	33,366,226	35,093,614
12	annual covered charges	7,207,325	79,495,560	110,579,337
13	annual payments for services	2,648,388	33,366,226	35,093,614
14				
15	inpatient CCR	0.453489	0.513544	0.356981
16				
17	annual cost of services	3,268,442	40,824,434	39,474,716
18				
19	<u>adjustment factors</u>			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.040965	1.040965	1.023731
22	volume allowance	0.928133	0.928133	0.937117
23	combined adjustment factors	0.966154	0.966154	0.959355
24				
25	adjusted annual charges	6,963,386	76,804,953	106,084,840
26	adjusted Medicaid payments for services	2,558,751	32,236,913	33,667,234
27	supplemental rate adjustment payments	0	6,266,086	5,888,319
28	total adjusted Medicaid payments	2,558,751	38,502,999	39,555,553
29	adjusted cost of services	3,157,818	39,442,690	37,870,266
30				
31	<u>other UPL calculation data</u>			
32	provider category for UPL calculation	nonstate governmental	state governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.217807	1.436518	1.217807
35	maximum annual payments (at DRG differential)	3,116,065	46,308,906	41,000,193
36				
37	maximum annual payments	3,116,065	46,308,906	41,000,193
38	facility specific UPL amount	557,313	7,805,907	1,444,640
39				
40	<u>aggregate limit adjustments</u>			
41	allocation of UPL amounts < 0	(1,639)	0	(21,568)
42	allocation of supplemental payments	(491,993)	488,515	(585,172)
43	total aggregate limit adjustments	(493,632)	488,515	(606,740)
44				
45	UPL amount after aggregate limit adjustments	63,681	8,294,422	837,900
46				
47	Intergovernmental transfer amount	17,621	2,295,067	231,847
	Net funds amount	46,060	5,999,356	606,053

Georgia Department of Community Health

	Facility Name	Memorial - Bainbridge	Memorial Medical Ctr.	Murray Medical Ctr.	Newton General
1	Medicaid Provider ID	000001262A	000001273A	000001383A	000001394A
2	base period report period beginning date	4/1/2007	1/1/2008	10/1/2007	1/1/2008
3	base period report period ending date	3/31/2008	12/31/2008	9/30/2008	12/31/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	0	0	0	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	2,529,242	83,747,030	1,343,775	4,710,237
11	payments for services	1,275,578	27,126,860	427,993	2,051,371
12	annual covered charges	2,529,242	83,747,030	1,343,775	4,710,237
13	annual payments for services	1,275,578	27,126,860	427,993	2,051,371
14					
15	inpatient CCR	0.480275	0.370929	0.290768	0.411396
16					
17	annual cost of services	1,214,731	31,064,233	390,727	1,937,771
18					
19	<u>adjustment factors</u>				
20	claim completion	1.000000	1.000000	1.000000	1.000000
21	inflation	1.061213	1.042721	1.023731	1.042721
22	volume allowance	0.919150	0.946100	0.937117	0.946100
23	combined adjustment factors	0.975414	0.986518	0.959355	0.986518
24					
25	adjusted annual charges	2,467,058	82,617,953	1,289,157	4,646,734
26	adjusted Medicaid payments for services	1,244,217	26,761,136	410,597	2,023,714
27	supplemental rate adjustment payments	0	5,485,244	0	0
28	total adjusted Medicaid payments	1,244,217	32,246,380	410,597	2,023,714
29	adjusted cost of services	1,184,866	30,951,879	374,846	1,911,646
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.217807	1.217807	1.217807	1.217807
35	maximum annual payments (at DRG differential)	1,515,216	32,589,898	500,028	2,464,493
36					
37	maximum annual payments	1,515,216	32,589,898	500,028	2,464,493
38	facility specific UPL amount	270,999	343,518	89,431	440,780
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(797)	(17,144)	(263)	(1,296)
42	allocation of supplemental payments	(239,237)	339,649	(78,949)	(389,118)
43	total aggregate limit adjustments	(240,034)	322,505	(79,212)	(390,414)
44					
45	UPL amount after aggregate limit adjustments	30,965	666,023	10,219	50,366
46					
47	Intergovernmental transfer amount	8,568	184,289	2,828	13,936
	Net funds amount	22,397	481,735	7,391	36,430

Georgia Department of Community Health

	Facility Name	Northeast GA Med.	Northside	Northside - Cherokee	Northside - Forsyth
1	Medicaid Provider ID	000000888A	000001405A	000001108A	000000767A
2	base period report period beginning date	10/1/2007	10/1/2007	10/1/2007	10/1/2007
3	base period report period ending date	9/30/2008	9/30/2008	9/30/2008	9/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	0	0	0	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	56,074,220	59,303,805	10,183,303	9,155,911
11	payments for services	19,109,326	17,893,374	3,365,624	2,417,702
12	annual covered charges	56,074,220	59,303,805	10,183,303	9,155,911
13	annual payments for services	19,109,326	17,893,374	3,365,624	2,417,702
14					
15	inpatient CCR	0.390275	0.393275	0.331397	0.330323
16					
17	annual cost of services	21,884,366	23,322,703	3,374,720	3,024,410
18					
19	<u>adjustment factors</u>				
20	claim completion	1.000000	1.000000	1.000000	1.000000
21	inflation	1.023731	1.023731	1.023731	1.023731
22	volume allowance	0.937117	0.937117	0.937117	0.937117
23	combined adjustment factors	0.959355	0.959355	0.959355	0.959355
24					
25	adjusted annual charges	53,795,083	56,893,402	9,769,403	8,783,769
26	adjusted Medicaid payments for services	18,332,627	17,166,098	3,228,828	2,319,435
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	18,332,627	17,166,098	3,228,828	2,319,435
29	adjusted cost of services	20,994,876	22,374,752	3,237,555	2,901,483
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.217807	1.217807	1.217807	1.217807
35	maximum annual payments (at DRG differential)	22,325,601	20,904,994	3,932,089	2,824,624
36					
37	maximum annual payments	22,325,601	20,904,994	3,932,089	2,824,624
38	facility specific UPL amount	3,992,975	3,738,896	703,262	505,189
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(11,744)	(10,997)	(2,068)	(1,486)
42	allocation of supplemental payments	(3,524,974)	(3,300,675)	(620,836)	(445,978)
43	total aggregate limit adjustments	(3,536,718)	(3,311,672)	(622,904)	(447,464)
44					
45	UPL amount after aggregate limit adjustments	456,257	427,224	80,358	57,725
46					
47	Intergovernmental transfer amount	126,246	118,213	22,235	15,973
	Net funds amount	330,011	309,011	58,123	41,752

Georgia Department of Community Health

	Facility Name	Oconee Regional Ctr.	Paulding Medical Ctr.	Perry General	Phoebe Putney Mem.
1	Medicaid Provider ID	000000129A	000001438A	000001471A	000001482A
2	base period report period beginning date	10/1/2007	7/1/2007	3/1/2007	8/1/2007
3	base period report period ending date	9/30/2008	6/30/2008	2/29/2008	7/31/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	0	0	0	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	5,514,303	1,383,740	1,192,108	60,904,253
11	payments for services	2,534,979	575,466	531,496	19,981,954
12	annual covered charges	5,514,303	1,383,740	1,192,108	60,904,253
13	annual payments for services	2,534,979	575,466	531,496	19,981,954
14					
15	inpatient CCR	0.518551	0.454587	0.496938	0.404735
16					
17	annual cost of services	2,859,445	629,031	592,404	24,650,082
18					
19	<u>adjustment factors</u>				
20	claim completion	1.000000	1.000000	1.000000	1.000000
21	inflation	1.023731	1.040965	1.067523	1.035156
22	volume allowance	0.937117	0.928133	0.916156	0.931128
23	combined adjustment factors	0.959355	0.966154	0.978017	0.963862
24					
25	adjusted annual charges	5,290,174	1,336,906	1,165,902	58,703,295
26	adjusted Medicaid payments for services	2,431,945	555,989	519,812	19,259,846
27	supplemental rate adjustment payments	0	0	0	3,559,273
28	total adjusted Medicaid payments	2,431,945	555,989	519,812	22,819,119
29	adjusted cost of services	2,743,223	613,818	579,381	23,759,277
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.217807	1.217807	1.217807	1.217807
35	maximum annual payments (at DRG differential)	2,961,640	677,087	633,031	23,454,775
36					
37	maximum annual payments	2,961,640	677,087	633,031	23,454,775
38	facility specific UPL amount	529,694	121,098	113,219	635,656
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(1,558)	(356)	(333)	(12,338)
42	allocation of supplemental payments	(467,611)	(106,905)	(99,949)	(143,985)
43	total aggregate limit adjustments	(469,169)	(107,261)	(100,282)	(156,323)
44					
45	UPL amount after aggregate limit adjustments	60,525	13,837	12,937	479,333
46					
47	Intergovernmental transfer amount	16,747	3,829	3,580	132,631
	Net funds amount	43,778	10,008	9,357	346,701

Georgia Department of Community Health

	Facility Name	Roosevelt Warm Springs	Satilla Regional	South Georgia Medical
1	Medicaid Provider ID	000000778A	000001229A	000001724A
2	base period report period beginning date	7/1/2007	1/1/2008	10/1/2007
3	base period report period ending date	6/30/2008	12/31/2008	9/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	3,000,013	14,122,364	24,890,947
11	payments for services	2,821,236	5,502,266	10,544,283
12	annual covered charges	3,000,013	14,122,364	24,890,947
13	annual payments for services	2,821,236	5,502,266	10,544,283
14				
15	inpatient CCR	0.990133	0.500211	0.485009
16				
17	annual cost of services	2,970,412	7,064,155	12,072,345
18				
19	<u>adjustment factors</u>			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.040965	1.042721	1.023731
22	volume allowance	0.928133	0.946100	0.937117
23	combined adjustment factors	0.966154	0.986518	0.959355
24				
25	adjusted annual charges	2,898,475	13,931,966	23,879,254
26	adjusted Medicaid payments for services	2,725,748	5,428,084	10,115,711
27	supplemental rate adjustment payments	0	516,242	0
28	total adjusted Medicaid payments	2,725,748	5,944,326	10,115,711
29	adjusted cost of services	2,869,875	6,968,916	11,581,665
30				
31	<u>other UPL calculation data</u>			
32	provider category for UPL calculation	state governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.436518	1.217807	1.217807
35	maximum annual payments (at DRG differential)	3,915,586	6,610,359	12,318,984
36				
37	maximum annual payments	3,915,586	6,610,359	12,318,984
38	facility specific UPL amount	1,189,839	666,033	2,203,272
39				
40	<u>aggregate limit adjustments</u>			
41	allocation of UPL amounts < 0	0	(3,477)	(6,480)
42	allocation of supplemental payments	(488,515)	(527,463)	(1,945,036)
43	total aggregate limit adjustments	(488,515)	(530,940)	(1,951,516)
44				
45	UPL amount after aggregate limit adjustments	701,324	135,093	251,756
46				
47	Intergovernmental transfer amount	194,056	37,380	69,661
	Net funds amount	507,268	97,713	182,095

Georgia Department of Community Health

	Facility Name	Southeast Georgia Medical	Southern Regional	Stephens County	Sumter Regional
1	Medicaid Provider ID	000000822A	000000404A	000001834A	000000019A
2	base period report period beginning date	10/1/2007	7/1/2007	10/1/2007	10/1/2007
3	base period report period ending date	9/30/2008	6/30/2008	9/30/2008	9/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	0	0	0	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	20,246,269	44,828,563	2,459,120	2,061,699
11	payments for services	6,684,348	15,613,192	1,105,564	845,530
12	annual covered charges	20,246,269	44,828,563	2,459,120	2,061,699
13	annual payments for services	6,684,348	15,613,192	1,105,564	845,530
14					
15	inpatient CCR	0.477799	0.415864	0.584738	1.235755
16					
17	annual cost of services	9,673,643	18,642,564	1,437,940	2,547,755
18					
19	<u>adjustment factors</u>				
20	claim completion	1.000000	1.000000	1.000000	1.000000
21	inflation	1.023731	1.040965	1.023731	1.023731
22	volume allowance	0.937117	0.928133	0.937117	0.937117
23	combined adjustment factors	0.959355	0.966154	0.959355	0.959355
24					
25	adjusted annual charges	19,423,359	43,311,295	2,359,169	1,977,901
26	adjusted Medicaid payments for services	6,412,663	15,084,748	1,060,628	811,163
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	6,412,663	15,084,748	1,060,628	811,163
29	adjusted cost of services	9,280,458	18,011,588	1,379,495	2,444,201
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.217807	1.217807	1.217807	1.217807
35	maximum annual payments (at DRG differential)	7,809,386	18,370,312	1,291,640	987,840
36					
37	maximum annual payments	7,809,386	18,370,312	1,291,640	987,840
38	facility specific UPL amount	1,396,722	3,285,564	231,013	176,678
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(4,108)	(9,664)	(679)	(520)
42	allocation of supplemental payments	(1,233,018)	(2,900,475)	(203,937)	(155,970)
43	total aggregate limit adjustments	(1,237,126)	(2,910,139)	(204,616)	(156,490)
44					
45	UPL amount after aggregate limit adjustments	159,596	375,425	26,397	20,188
46					
47	Intergovernmental transfer amount	44,160	103,880	7,304	5,586
	Net funds amount	115,436	271,545	19,093	14,602

Georgia Department of Community Health

	Facility Name	Tanner Med. -Villa Rica	Tanner Medical Center	The Medical Center	Tift Regional
1	Medicaid Provider ID	000002032A	000001867A	000001196A	000001922A
2	base period report period beginning date	7/1/2007	7/1/2007	7/1/2007	10/1/2007
3	base period report period ending date	6/30/2008	6/30/2008	6/30/2008	9/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	0	0	0	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	2,905,016	11,542,419	35,743,779	18,412,579
11	payments for services	1,106,445	3,906,036	13,428,886	5,868,281
12	annual covered charges	2,905,016	11,542,419	35,743,779	18,412,579
13	annual payments for services	1,106,445	3,906,036	13,428,886	5,868,281
14					
15	inpatient CCR	0.554840	0.445020	0.475276	0.408995
16					
17	annual cost of services	1,611,821	5,136,603	16,988,167	7,530,655
18					
19	<u>adjustment factors</u>				
20	claim completion	1.000000	1.000000	1.000000	1.000000
21	inflation	1.040965	1.040965	1.040965	1.023731
22	volume allowance	0.928133	0.928133	0.928133	0.937117
23	combined adjustment factors	0.966154	0.966154	0.966154	0.959355
24					
25	adjusted annual charges	2,806,693	11,151,754	34,533,995	17,664,200
26	adjusted Medicaid payments for services	1,068,996	3,773,832	12,974,372	5,629,765
27	supplemental rate adjustment payments	0	0	5,298,119	0
28	total adjusted Medicaid payments	1,068,996	3,773,832	18,272,491	5,629,765
29	adjusted cost of services	1,557,267	4,962,750	16,413,185	7,224,572
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.217807	1.217807	1.217807	1.217807
35	maximum annual payments (at DRG differential)	1,301,831	4,595,799	15,800,281	6,855,967
36					
37	maximum annual payments	1,301,831	4,595,799	15,800,281	6,855,967
38	facility specific UPL amount	232,835	821,967	(2,472,210)	1,226,202
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(685)	(2,418)	(8,312)	(3,607)
42	allocation of supplemental payments	(205,545)	(725,627)	2,803,424	(1,082,483)
43	total aggregate limit adjustments	(206,230)	(728,045)	2,795,112	(1,086,090)
44					
45	UPL amount after aggregate limit adjustments	26,605	93,922	322,902	140,112
46					
47	Intergovernmental transfer amount	7,362	25,988	89,347	38,769
	Net funds amount	19,243	67,934	233,555	101,343

Georgia Department of Community Health

	Facility Name	Union General	University	Upson Regional	Washington County Reg
1	Medicaid Provider ID	000001966A	000001977A	000001988A	000001218A
2	base period report period beginning date	5/1/2007	1/1/2008	1/1/2008	9/1/2007
3	base period report period ending date	4/30/2008	12/31/2008	12/31/2008	8/31/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	0	0	0	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	685,206	45,718,998	8,037,912	2,596,917
11	payments for services	439,576	13,154,831	3,427,561	1,411,896
12	annual covered charges	685,206	45,718,998	8,037,912	2,596,917
13	annual payments for services	439,576	13,154,831	3,427,561	1,411,896
14					
15	inpatient CCR	0.717687	0.391822	0.495161	0.493236
16					
17	annual cost of services	491,764	17,913,687	3,980,057	1,280,894
18					
19	<u>adjustment factors</u>				
20	claim completion	1.000000	1.000000	1.000000	1.000000
21	inflation	1.054377	1.042721	1.042721	1.029412
22	volume allowance	0.922144	0.946100	0.946100	0.934122
23	combined adjustment factors	0.972288	0.986518	0.986518	0.961597
24					
25	adjusted annual charges	666,218	45,102,614	7,929,545	2,497,188
26	adjusted Medicaid payments for services	427,394	12,977,478	3,381,351	1,357,675
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	427,394	12,977,478	3,381,351	1,357,675
29	adjusted cost of services	478,136	17,672,175	3,926,398	1,231,704
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.217807	1.217807	1.217807	1.217807
35	maximum annual payments (at DRG differential)	520,483	15,804,064	4,117,833	1,653,386
36					
37	maximum annual payments	520,483	15,804,064	4,117,833	1,653,386
38	facility specific UPL amount	93,090	2,826,585	736,481	295,711
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(274)	(8,314)	(2,166)	(870)
42	allocation of supplemental payments	(82,179)	(2,495,292)	(650,161)	(261,052)
43	total aggregate limit adjustments	(82,453)	(2,503,606)	(652,327)	(261,922)
44					
45	UPL amount after aggregate limit adjustments	10,637	322,979	84,154	33,789
46					
47	Intergovernmental transfer amount	2,943	89,368	23,286	9,349
	Net funds amount	7,694	233,611	60,868	24,440

Georgia Department of Community Health

	Facility Name	Wayne Memorial	West Georgia Medical	Windy Hill	Bacon County Hospital
1	Medicaid Provider ID	000002054A	000002065A	000001999A	000000118A
2	base period report period beginning date	7/1/2007	7/1/2007	7/1/2007	7/1/2007
3	base period report period ending date	6/30/2008	6/30/2008	6/30/2008	6/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	0	0	0	1
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	4,203,895	7,929,531	2,017,154	2,012,493
11	payments for services	1,614,591	3,911,335	456,464	855,939
12	annual covered charges	4,203,895	7,929,531	2,017,154	2,012,493
13	annual payments for services	1,614,591	3,911,335	456,464	855,939
14					
15	inpatient CCR	0.489071	0.424076	0.413934	0.412016
16					
17	annual cost of services	2,056,002	3,362,727	834,968	829,180
18					
19	<u>adjustment factors</u>				
20	claim completion	1.000000	1.000000	1.000000	1.000000
21	inflation	1.040965	1.040965	1.040965	1.040965
22	volume allowance	0.928133	0.928133	0.928133	0.928133
23	combined adjustment factors	0.966154	0.966154	0.966154	0.966154
24					
25	adjusted annual charges	4,061,610	7,661,148	1,948,881	1,944,378
26	adjusted Medicaid payments for services	1,559,944	3,778,952	441,015	826,969
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	1,559,944	3,778,952	441,015	826,969
29	adjusted cost of services	1,986,415	3,248,912	806,708	809,127
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential	cost
34	DRG differential adjustment rate	1.217807	1.217807	1.217807	0.000000
35	maximum annual payments (at DRG differential)	1,899,711	4,602,034	537,071	0
36					
37	maximum annual payments	1,899,711	4,602,034	537,071	809,127
38	facility specific UPL amount	339,766	823,082	96,056	(17,842)
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(999)	(2,421)	(283)	17,842
42	allocation of supplemental payments	(299,944)	(726,612)	(84,798)	0
43	total aggregate limit adjustments	(300,943)	(729,033)	(85,081)	17,842
44					
45	UPL amount after aggregate limit adjustments	38,823	94,049	10,975	(0)
46					
47	Intergovernmental transfer amount	10,742	26,023	3,037	0
	Net funds amount	28,081	68,026	7,938	(0)

Georgia Department of Community Health

	Facility Name	Bleckley Memorial	Brooks County	Calhoun Memorial	Candler County
1	Medicaid Provider ID	000000195A	000000239A	000000305A	000000316A
2	base period report period beginning date	4/1/2007	10/1/2007	4/1/2007	1/1/2008
3	base period report period ending date	3/31/2008	9/30/2008	3/31/2008	12/31/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	1	1	1	1
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	397,505	708,784	77,352	822,504
11	payments for services	301,607	254,115	79,110	702,703
12	annual covered charges	397,505	708,784	77,352	822,504
13	annual payments for services	301,607	254,115	79,110	702,703
14					
15	inpatient CCR	0.993962	0.376416	0.773170	0.748890
16					
17	annual cost of services	395,105	266,798	59,806	615,965
18					
19	<u>adjustment factors</u>				
20	claim completion	1.000000	1.000000	1.000000	1.000000
21	inflation	1.061213	1.023731	1.061213	1.042721
22	volume allowance	0.919150	0.937117	0.919150	0.946100
23	combined adjustment factors	0.975414	0.959355	0.975414	0.986518
24					
25	adjusted annual charges	387,732	679,975	75,450	811,415
26	adjusted Medicaid payments for services	294,192	243,786	77,165	693,229
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	294,192	243,786	77,165	693,229
29	adjusted cost of services	389,245	258,514	58,919	613,737
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	cost	cost	cost	cost
34	DRG differential adjustment rate	0.000000	0.000000	0.000000	0.000000
35	maximum annual payments (at DRG differential)	0	0	0	0
36					
37	maximum annual payments	389,245	258,514	58,919	613,737
38	facility specific UPL amount	95,053	14,728	(18,246)	(79,492)
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(280)	(43)	18,246	79,492
42	allocation of supplemental payments	(83,912)	(13,002)	0	0
43	total aggregate limit adjustments	(84,192)	(13,045)	18,246	79,492
44					
45	UPL amount after aggregate limit adjustments	10,861	1,683	0	0
46					
47	Intergovernmental transfer amount	0	0	0	0
	Net funds amount	10,861	1,683	0	0

Georgia Department of Community Health

	Facility Name	Charlton Memorial	Chatuge Regional	Clinch Memorial	Early Memorial
1	Medicaid Provider ID	000000338A	000001933A	000000415A	000000635A
2	base period report period beginning date	7/1/2007	5/1/2007	7/1/2007	10/1/2007
3	base period report period ending date	6/30/2008	4/30/2008	6/30/2008	9/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	1	1	1	1
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	109,013	72,477	447,846	444,923
11	payments for services	67,402	64,653	230,017	181,998
12	annual covered charges	109,013	72,477	447,846	444,923
13	annual payments for services	67,402	64,653	230,017	181,998
14					
15	inpatient CCR	0.571558	0.504866	0.697767	0.475516
16					
17	annual cost of services	62,307	36,591	312,492	211,568
18					
19	<u>adjustment factors</u>				
20	claim completion	1.000000	1.000000	1.000000	1.000000
21	inflation	1.040965	1.054377	1.040965	1.023731
22	volume allowance	0.928133	0.922144	0.928133	0.937117
23	combined adjustment factors	0.966154	0.972288	0.966154	0.959355
24					
25	adjusted annual charges	105,323	70,469	432,688	426,839
26	adjusted Medicaid payments for services	65,121	62,861	222,232	174,601
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	65,121	62,861	222,232	174,601
29	adjusted cost of services	60,800	35,933	304,935	204,999
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	cost	cost	cost	cost
34	DRG differential adjustment rate	0.000000	0.000000	0.000000	0.000000
35	maximum annual payments (at DRG differential)	0	0	0	0
36					
37	maximum annual payments	60,800	35,933	304,935	204,999
38	facility specific UPL amount	(4,321)	(26,928)	82,703	30,398
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	4,321	26,928	(243)	(89)
42	allocation of supplemental payments	0	0	(73,010)	(26,836)
43	total aggregate limit adjustments	4,321	26,928	(73,253)	(26,925)
44					
45	UPL amount after aggregate limit adjustments	(0)	0	9,450	3,473
46					
47	Intergovernmental transfer amount	0	0	0	0
	Net funds amount	(0)	0	9,450	3,473

Georgia Department of Community Health

	Facility Name	Effingham County	Higgins General	Jasper Memorial	Jeff Davis	Jenkins County
1	Medicaid Provider ID	000000657A	000000954A	000000998A	000001009A	000001042A
2	base period report period beginning date	7/1/2007	7/1/2007	10/1/2007	10/1/2007	7/1/2007
3	base period report period ending date	6/30/2008	6/30/2008	9/30/2008	9/30/2008	6/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000	1.0000
6						
7	CAH status (1 = yes)	1	1	1	1	1
8						
9	<u>Medicaid inpatient claims paid at amount > 0:</u>					
10	covered charges	10,219	916,218	19,953	1,243,651	179,234
11	payments for services	10,845	314,902	14,109	537,661	153,402
12	annual covered charges	10,219	916,218	19,953	1,243,651	179,234
13	annual payments for services	10,845	314,902	14,109	537,661	153,402
14						
15	inpatient CCR	0.663119	0.537219	0.871605	0.426838	0.683429
16						
17	annual cost of services	6,776	492,210	17,391	530,838	122,494
18						
19	<u>adjustment factors</u>					
20	claim completion	1.000000	1.000000	1.000000	1.000000	1.000000
21	inflation	1.040965	1.040965	1.023731	1.023731	1.040965
22	volume allowance	0.928133	0.928133	0.937117	0.937117	0.928133
23	combined adjustment factors	0.966154	0.966154	0.959355	0.959355	0.966154
24						
25	adjusted annual charges	9,873	885,208	19,142	1,193,103	173,168
26	adjusted Medicaid payments for services	10,478	304,244	13,536	515,808	148,210
27	supplemental rate adjustment payments	0	0	0	0	0
28	total adjusted Medicaid payments	10,478	304,244	13,536	515,808	148,210
29	adjusted cost of services	6,612	480,306	16,851	514,355	119,532
30						
31	<u>other UPL calculation data</u>					
32	provider category for UPL calculation	nonstate governmental				
33	basis for UPL calculation	cost	cost	cost	cost	cost
34	DRG differential adjustment rate	0.000000	0.000000	0.000000	0.000000	0.000000
35	maximum annual payments (at DRG differential)	0	0	0	0	0
36						
37	maximum annual payments	6,612	480,306	16,851	514,355	119,532
38	facility specific UPL amount	(3,866)	176,062	3,315	(1,453)	(28,678)
39						
40	<u>aggregate limit adjustments</u>					
41	allocation of UPL amounts < 0	3,866	(518)	(10)	1,453	28,678
42	allocation of supplemental payments	0	(155,426)	(2,927)	0	0
43	total aggregate limit adjustments	3,866	(155,944)	(2,937)	1,453	28,678
44						
45	UPL amount after aggregate limit adjustments	(0)	20,118	378	(0)	(0)
46						
47	Intergovernmental transfer amount	0	0	0	0	0
	Net funds amount	(0)	20,118	378	(0)	(0)

Georgia Department of Community Health

	Facility Name	Liberty Regional Med.	Louis Smith Memorial	Lower Oconee Community
1	Medicaid Provider ID	000001152A	000001163A	000002076A
2	base period report period beginning date	12/1/2007	10/1/2007	1/1/2008
3	base period report period ending date	11/30/2008	9/30/2008	12/31/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	1
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	2,132,465	171,198	1,437,371
11	payments for services	1,055,937	101,658	715,083
12	annual covered charges	2,132,465	171,198	1,437,371
13	annual payments for services	1,055,937	101,658	715,083
14				
15	inpatient CCR	0.494739	0.438775	0.366629
16				
17	annual cost of services	1,055,014	75,117	526,982
18				
19	<u>adjustment factors</u>			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.036313	1.023731	1.042721
22	volume allowance	0.943106	0.937117	0.946100
23	combined adjustment factors	0.977353	0.959355	0.986518
24				
25	adjusted annual charges	2,084,171	164,240	1,417,992
26	adjusted Medicaid payments for services	1,032,023	97,526	705,442
27	supplemental rate adjustment payments	0	0	0
28	total adjusted Medicaid payments	1,032,023	97,526	705,442
29	adjusted cost of services	1,041,432	72,785	525,076
30				
31	<u>other UPL calculation data</u>			
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	private
33	basis for UPL calculation	cost	cost	cost
34	DRG differential adjustment rate	0.000000	0.000000	0.000000
35	maximum annual payments (at DRG differential)	0	0	0
36				
37	maximum annual payments	1,041,432	72,785	525,076
38	facility specific UPL amount	9,409	(24,741)	(180,366)
39				
40	<u>aggregate limit adjustments</u>			
41	allocation of UPL amounts < 0	(28)	24,741	180,366
42	allocation of supplemental payments	(8,306)	0	0
43	total aggregate limit adjustments	(8,334)	24,741	180,366
44				
45	UPL amount after aggregate limit adjustments	1,075	0	0
46				
47	Intergovernmental transfer amount	0	0	0
	Net funds amount	1,075	0	0

Georgia Department of Community Health

	Facility Name	Miller County	Minnie G. Boswell	Mitchell County	Monroe County	Morgan Memorial
1	Medicaid Provider ID	000001317A	000001328A	000001339A	000001361A	000694229A
2	base period report period beginning date	7/1/2007	3/8/2008	10/1/2007	10/1/2007	7/1/2007
3	base period report period ending date	6/30/2008	12/31/2008	9/30/2008	9/30/2008	6/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.2000	1.0000	1.0000	1.0000
6						
7	CAH status (1 = yes)	1	1	1	1	1
8						
9	<u>Medicaid inpatient claims paid at amount > 0:</u>					
10	covered charges	942,326	138,098	328,078	380,949	159,707
11	payments for services	410,054	55,012	139,664	270,672	35,231
12	annual covered charges	942,326	165,718	328,078	380,949	159,707
13	annual payments for services	410,054	66,014	139,664	270,672	35,231
14						
15	inpatient CCR	0.428780	0.709947	0.338400	0.772065	0.478478
16						
17	annual cost of services	404,050	117,651	111,022	294,117	76,416
18						
19	<u>adjustment factors</u>					
20	claim completion	1.000000	1.000000	1.000000	1.000000	1.000000
21	inflation	1.040965	1.042721	1.023731	1.023731	1.040965
22	volume allowance	0.928133	0.946100	0.937117	0.937117	0.928133
23	combined adjustment factors	0.966154	0.986518	0.959355	0.959355	0.966154
24						
25	adjusted annual charges	910,432	163,484	314,743	365,465	154,302
26	adjusted Medicaid payments for services	396,175	65,124	133,987	259,671	34,039
27	supplemental rate adjustment payments	0	0	0	0	0
28	total adjusted Medicaid payments	396,175	65,124	133,987	259,671	34,039
29	adjusted cost of services	394,278	117,225	107,575	284,984	74,568
30						
31	<u>other UPL calculation data</u>					
32	provider category for UPL calculation	nonstate governmental	private	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	cost	cost	cost	cost	cost
34	DRG differential adjustment rate	0.000000	0.000000	0.000000	0.000000	0.000000
35	maximum annual payments (at DRG differential)	0	0	0	0	0
36						
37	maximum annual payments	394,278	117,225	107,575	284,984	74,568
38	facility specific UPL amount	(1,897)	52,101	(26,412)	25,313	40,529
39						
40	<u>aggregate limit adjustments</u>					
41	allocation of UPL amounts < 0	1,897	(456)	26,412	(74)	(119)
42	allocation of supplemental payments	0	(20,877)	0	(22,347)	(35,779)
43	total aggregate limit adjustments	1,897	(21,333)	26,412	(22,421)	(35,898)
44						
45	UPL amount after aggregate limit adjustments	0	30,768	0	2,892	4,631
46						
47	Intergovernmental transfer amount	0	0	0	0	0
	Net funds amount	0	30,768	0	2,892	4,631

Georgia Department of Community Health

	Facility Name	Mountain Lakes Med.	Peach Regional	Phoebe Worth Medical	Polk General
1	Medicaid Provider ID	000001559A	000001449A	000002109A	000001526A
2	base period report period beginning date	1/1/2008	11/1/2007	8/1/2007	10/1/2007
3	base period report period ending date	12/31/2008	10/31/2008	7/31/2008	9/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	1	1	1	1
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	204,157	725,141	288,679	363,228
11	payments for services	88,616	384,440	146,521	167,502
12	annual covered charges	204,157	725,141	288,679	363,228
13	annual payments for services	88,616	384,440	146,521	167,502
14					
15	inpatient CCR	0.841788	0.536040	0.654510	0.660000
16					
17	annual cost of services	171,857	388,704	188,943	239,731
18					
19	<u>adjustment factors</u>				
20	claim completion	1.000000	1.000000	1.000000	1.000000
21	inflation	1.042721	1.029983	1.035156	1.023731
22	volume allowance	0.946100	0.940111	0.931128	0.937117
23	combined adjustment factors	0.986518	0.968298	0.963862	0.959355
24					
25	adjusted annual charges	201,405	702,153	278,247	348,465
26	adjusted Medicaid payments for services	87,421	372,252	141,226	160,694
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	87,421	372,252	141,226	160,694
29	adjusted cost of services	171,235	380,145	183,936	232,287
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	private	nonstate governmental	private	nonstate governmental
33	basis for UPL calculation	cost	cost	cost	cost
34	DRG differential adjustment rate	0.000000	0.000000	0.000000	0.000000
35	maximum annual payments (at DRG differential)	0	0	0	0
36					
37	maximum annual payments	171,235	380,145	183,936	232,287
38	facility specific UPL amount	83,815	7,893	42,711	71,593
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(733)	(23)	(374)	(211)
42	allocation of supplemental payments	(33,585)	(6,968)	(17,114)	(63,202)
43	total aggregate limit adjustments	(34,318)	(6,991)	(17,488)	(63,413)
44					
45	UPL amount after aggregate limit adjustments	49,497	902	25,223	8,180
46					
47	Intergovernmental transfer amount	0	0	0	0
	Net funds amount	49,497	902	25,223	8,180

Georgia Department of Community Health

	Facility Name	Putnam General	Screven County	Southwest GA Reg. Med. Ctr.	Stewart Webster
1	Medicaid Provider ID	000001537A	000001647A	000001427A	000001845A
2	base period report period beginning date	10/1/2007	7/1/2007	7/1/2007	10/1/2007
3	base period report period ending date	9/30/2008	6/30/2008	6/30/2008	9/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	1	1	1	1
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	316,066	206,596	463,404	253,612
11	payments for services	248,448	170,760	158,473	191,092
12	annual covered charges	316,066	206,596	463,404	253,612
13	annual payments for services	248,448	170,760	158,473	191,092
14					
15	inpatient CCR	0.811521	0.685920	0.395514	0.975036
16					
17	annual cost of services	256,494	141,708	183,283	247,281
18					
19	<u>adjustment factors</u>				
20	claim completion	1.000000	1.000000	1.000000	1.000000
21	inflation	1.023731	1.040965	1.040965	1.023731
22	volume allowance	0.937117	0.928133	0.928133	0.937117
23	combined adjustment factors	0.959355	0.966154	0.966154	0.959355
24					
25	adjusted annual charges	303,219	199,604	447,720	243,304
26	adjusted Medicaid payments for services	238,350	164,980	153,109	183,325
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	238,350	164,980	153,109	183,325
29	adjusted cost of services	248,529	138,281	178,850	239,603
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	private
33	basis for UPL calculation	cost	cost	cost	cost
34	DRG differential adjustment rate	0.000000	0.000000	0.000000	0.000000
35	maximum annual payments (at DRG differential)	0	0	0	0
36					
37	maximum annual payments	248,529	138,281	178,850	239,603
38	facility specific UPL amount	10,180	(26,699)	25,741	56,278
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(30)	26,699	(76)	(492)
42	allocation of supplemental payments	(8,987)	0	(22,723)	(22,551)
43	total aggregate limit adjustments	(9,017)	26,699	(22,799)	(23,043)
44					
45	UPL amount after aggregate limit adjustments	1,163	0	2,942	33,235
46					
47	Intergovernmental transfer amount	0	0	0	0
	Net funds amount	1,163	0	2,942	33,235

Georgia Department of Community Health

	Facility Name	Sylvan Grove	Tattnall Community	Warm Springs Med Ctr	Wills Memorial
1	Medicaid Provider ID	000001856A	000001878A	000001284A	000002087A
2	base period report period beginning date	1/1/2008	1/1/2008	1/1/2008	5/1/2007
3	base period report period ending date	12/31/2008	12/31/2008	12/31/2008	4/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	1	1	1	1
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	97,671	607,290	418,317	391,574
11	payments for services	41,649	249,368	198,013	282,619
12	annual covered charges	97,671	607,290	418,317	391,574
13	annual payments for services	41,649	249,368	198,013	282,619
14					
15	inpatient CCR	0.330126	0.413478	0.572041	0.699768
16					
17	annual cost of services	32,244	251,101	239,295	274,011
18					
19	<u>adjustment factors</u>				
20	claim completion	1.000000	1.000000	1.000000	1.000000
21	inflation	1.042721	1.042721	1.042721	1.054377
22	volume allowance	0.946100	0.946100	0.946100	0.922144
23	combined adjustment factors	0.986518	0.986518	0.986518	0.972288
24					
25	adjusted annual charges	96,354	599,103	412,677	380,723
26	adjusted Medicaid payments for services	41,087	246,006	195,343	274,787
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	41,087	246,006	195,343	274,787
29	adjusted cost of services	32,127	250,193	238,430	269,082
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	private	nonstate governmental	nonstate governmental
33	basis for UPL calculation	cost	cost	cost	cost
34	DRG differential adjustment rate	0.000000	0.000000	0.000000	0.000000
35	maximum annual payments (at DRG differential)	0	0	0	0
36					
37	maximum annual payments	32,127	250,193	238,430	269,082
38	facility specific UPL amount	(8,960)	4,187	43,087	(5,705)
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	8,960	(37)	(127)	5,705
42	allocation of supplemental payments	0	(1,678)	(38,036)	0
43	total aggregate limit adjustments	8,960	(1,715)	(38,163)	5,705
44					
45	UPL amount after aggregate limit adjustments	0	2,472	4,924	0
46					
47	Intergovernmental transfer amount	0	0	0	0
	Net funds amount	0	2,472	4,924	0