

Georgia Department of Community Health

	Facility Name	Roosevelt Warm	Georgia Health Sciences	Appling Hospital
1	base period report period beginning date	07/01/09	07/01/09	09/01/09
2	base period report period ending date	06/30/10	06/30/10	08/31/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	2,566,002	100,238,107	3,513,263
10	payments for services	2,375,193	35,230,821	1,228,282
11	annual covered charges	2,566,002	100,238,107	3,513,263
12	annual payments for services	2,375,193	35,230,821	1,228,282
13				
14	inpatient CCR	1.0496335	0.409169204	0.310568119
15				
16	annual cost of services	2,693,362	41,014,346	1,091,107
17				
18	<u>adjustment factor</u>			
19	inflation	1.032094	1.032094	1.024440
20				
21	adjusted annual charges	2,648,355	103,455,149	3,599,127
22	adjusted Medicaid payments for services	2,451,422	36,361,519	1,258,301
23	supplemental rate adjustment payments	0	4,958,525	0
24	total adjusted Medicaid payments	2,451,422	41,320,044	1,258,301
25	adjusted cost of services	2,779,803	42,330,660	1,117,774
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	State Govt.	State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.543572	1.543572	1.247124
31	maximum annual payments (at DRG differential)	3,783,947	56,126,639	1,569,257
32				
33	maximum annual payments	3,783,947	56,126,639	1,569,257
34	facility specific UPL amount	1,332,525	14,806,595	310,956
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	0	0	(976)
38	allocation of supplemental payments	(313,180)	313,180	(128,299)
39	total aggregate limit adjustments	(313,180)	313,180	(129,275)
40				
41	UPL amount after aggregate limit adjustments	1,019,345	15,119,775	181,681
42	SFY2013 UPL adjustment - 1st - 3rd quarters	764,509	11,339,831	136,261
43	Intergovernmental transfer amount	261,769	3,882,758	46,656
44	Net funds amount	502,740	7,457,073	89,605

Georgia Department of Community Health

	Facility Name	Athens Regional	Burke Medical Center	Hughes Spalding
1	base period report period beginning date	10/01/09	06/01/09	01/01/10
2	base period report period ending date	09/30/10	05/31/10	12/31/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	50,547,578	1,026,581	3,894,191
10	payments for services	14,422,965	859,637	1,717,271
11	annual covered charges	50,547,578	1,026,581	3,894,191
12	annual payments for services	14,422,965	859,637	1,717,271
13				
14	inpatient CCR	0.356950592	0.668028999	0.342420078
15				
16	annual cost of services	18,042,988	685,786	1,333,449
17				
18	<u>adjustment factor</u>			
19	inflation	1.020655	1.036494	1.022716
20				
21	adjusted annual charges	51,591,638	1,064,045	3,982,651
22	adjusted Medicaid payments for services	14,720,871	891,009	1,756,281
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	14,720,871	891,009	1,756,281
25	adjusted cost of services	18,415,666	710,813	1,363,740
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.247124	1.247124	1.247124
31	maximum annual payments (at DRG differential)	18,358,750	1,111,199	2,190,300
32				
33	maximum annual payments	18,358,750	1,111,199	2,190,300
34	facility specific UPL amount	3,637,879	220,190	434,019
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(11,421)	(691)	(1,363)
38	allocation of supplemental payments	(1,500,963)	(90,849)	(179,073)
39	total aggregate limit adjustments	(1,512,384)	(91,540)	(180,436)
40				
41	UPL amount after aggregate limit adjustments	2,125,495	128,650	253,583
42	SFY2013 UPL adjustment - 1st - 3rd quarters	1,594,121	96,488	190,187
43	Intergovernmental transfer amount	545,827	33,038	65,120
44	Net funds amount	1,048,294	63,450	125,067

Georgia Department of Community Health

	Facility Name	Coffee Regional	Colquitt Regional	Cook Medical
1	base period report period beginning date	01/01/10	10/01/09	07/01/09
2	base period report period ending date	12/31/10	09/30/10	06/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	8,373,746	5,945,619	1,104,506
10	payments for services	3,512,966	2,809,797	541,723
11	annual covered charges	8,373,746	5,945,619	1,104,506
12	annual payments for services	3,512,966	2,809,797	541,723
13				
14	inpatient CCR	0.388843875	0.526106197	0.430146338
15				
16	annual cost of services	3,256,080	3,128,027	475,099
17				
18	<u>adjustment factor</u>			
19	inflation	1.022716	1.020655	1.032094
20				
21	adjusted annual charges	8,563,964	6,068,426	1,139,954
22	adjusted Medicaid payments for services	3,592,767	2,867,833	559,109
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	3,592,767	2,867,833	559,109
25	adjusted cost of services	3,330,045	3,192,636	490,347
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.247124	1.247124	1.247124
31	maximum annual payments (at DRG differential)	4,480,626	3,576,543	697,278
32				
33	maximum annual payments	4,480,626	3,576,543	697,278
34	facility specific UPL amount	887,859	708,710	138,169
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(2,787)	(2,225)	(434)
38	allocation of supplemental payments	(366,324)	(292,409)	(57,007)
39	total aggregate limit adjustments	(369,111)	(294,634)	(57,441)
40				
41	UPL amount after aggregate limit adjustments	518,748	414,076	80,728
42	SFY2013 UPL adjustment - 1st - 3rd quarters	389,061	310,557	60,546
43	Intergovernmental transfer amount	133,214	106,335	20,732
44	Net funds amount	255,847	204,222	39,814

Georgia Department of Community Health

	Facility Name	Crisp Regional	Dekalb Medical Center
1	base period report period beginning date	07/01/09	07/01/09
2	base period report period ending date	06/30/10	06/30/10
3			
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
5			
6	CAH status (1 = yes)	0	0
7			
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>		
9	covered charges	4,496,694	55,142,828
10	payments for services	2,265,309	19,800,023
11	annual covered charges	4,496,694	55,142,828
12	annual payments for services	2,265,309	19,800,023
13			
14	inpatient CCR	0.485417321	0.409630157
15			
16	annual cost of services	2,182,773	22,588,165
17			
18	<u>adjustment factor</u>		
19	inflation	1.032094	1.032094
20			
21	adjusted annual charges	4,641,011	56,912,582
22	adjusted Medicaid payments for services	2,338,012	20,435,485
23	supplemental rate adjustment payments	0	0
24	total adjusted Medicaid payments	2,338,012	20,435,485
25	adjusted cost of services	2,252,827	23,313,110
26			
27	<u>other UPL calculation data</u>		
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential
30	DRG differential adjustment rate	1.247124	1.247124
31	maximum annual payments (at DRG differential)	2,915,791	25,485,582
32			
33	maximum annual payments	2,915,791	25,485,582
34	facility specific UPL amount	577,779	5,050,097
35			
36	<u>aggregate limit adjustments</u>		
37	allocation of UPL amounts < 0	(1,814)	(15,854)
38	allocation of supplemental payments	(238,387)	(2,083,633)
39	total aggregate limit adjustments	(240,201)	(2,099,487)
40			
41	UPL amount after aggregate limit adjustments	337,578	2,950,610
42	SFY2013 UPL adjustment - 1st - 3rd quarters	253,184	2,212,958
43	Intergovernmental transfer amount	86,690	757,717
44	Net funds amount	166,494	1,455,241

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	Facility Name	Dekalb Medical - Hillandale	Doctors - Columbus
1	base period report period beginning date	07/01/09	07/01/09
2	base period report period ending date	06/30/10	06/30/10
3			
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
5			
6	CAH status (1 = yes)	0	0
7			
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>		
9	covered charges	7,958,976	12,546,896
10	payments for services	2,773,939	3,020,033
11	annual covered charges	7,958,976	12,546,896
12	annual payments for services	2,773,939	3,020,033
13			
14	inpatient CCR	0.466282786	0.31327937
15			
16	annual cost of services	3,711,134	3,930,684
17			
18	<u>adjustment factor</u>		
19	inflation	1.032094	1.032094
20			
21	adjusted annual charges	8,214,411	12,949,576
22	adjusted Medicaid payments for services	2,862,966	3,116,958
23	supplemental rate adjustment payments	0	0
24	total adjusted Medicaid payments	2,862,966	3,116,958
25	adjusted cost of services	3,830,239	4,056,835
26			
27	<u>other UPL calculation data</u>		
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential
30	DRG differential adjustment rate	1.247124	1.247124
31	maximum annual payments (at DRG differential)	3,570,473	3,887,233
32			
33	maximum annual payments	3,570,473	3,887,233
34	facility specific UPL amount	707,507	770,275
35			
36	<u>aggregate limit adjustments</u>		
37	allocation of UPL amounts < 0	(2,221)	(2,418)
38	allocation of supplemental payments	(291,912)	(317,810)
39	total aggregate limit adjustments	(294,133)	(320,228)
40			
41	UPL amount after aggregate limit adjustments	413,374	450,047
42	SFY2013 UPL adjustment - 1st - 3rd quarters	310,031	337,535
43	Intergovernmental transfer amount	106,155	115,572
44	Net funds amount	203,876	221,963

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	Facility Name	Dodge County	Elbert Memorial	Emanuel Medical
1	base period report period beginning date	10/01/09	07/01/09	07/01/09
2	base period report period ending date	09/30/10	06/30/10	06/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	2,919,677	829,652	2,435,910
10	payments for services	1,576,715	429,563	1,036,411
11	annual covered charges	2,919,677	829,652	2,435,910
12	annual payments for services	1,576,715	429,563	1,036,411
13				
14	inpatient CCR	0.436291942	0.394315882	0.402730662
15				
16	annual cost of services	1,273,832	327,145	981,016
17				
18	<u>adjustment factor</u>			
19	inflation	1.020655	1.032094	1.032094
20				
21	adjusted annual charges	2,979,983	856,279	2,514,088
22	adjusted Medicaid payments for services	1,609,282	443,349	1,069,674
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	1,609,282	443,349	1,069,674
25	adjusted cost of services	1,300,143	337,644	1,012,501
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.247124	1.247124	1.247124
31	maximum annual payments (at DRG differential)	2,006,974	552,911	1,334,016
32				
33	maximum annual payments	2,006,974	552,911	1,334,016
34	facility specific UPL amount	397,692	109,562	264,342
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(1,248)	(344)	(830)
38	allocation of supplemental payments	(164,085)	(45,205)	(109,066)
39	total aggregate limit adjustments	(165,333)	(45,549)	(109,896)
40				
41	UPL amount after aggregate limit adjustments	232,359	64,013	154,446
42	SFY2013 UPL adjustment - 1st - 3rd quarters	174,269	48,010	115,835
43	Intergovernmental transfer amount	59,670	16,438	39,662
44	Net funds amount	114,599	31,572	76,173

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	Facility Name	Erlanger at Hutcheson	Evans Memorial	Floyd Medical
1	base period report period beginning date	10/01/09	10/01/09	07/01/09
2	base period report period ending date	09/30/10	09/30/10	06/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	8,088,610	1,473,440	45,765,017
10	payments for services	2,571,332	559,365	12,224,782
11	annual covered charges	8,088,610	1,473,440	45,765,017
12	annual payments for services	2,571,332	559,365	12,224,782
13				
14	inpatient CCR	0.434462717	0.350580553	0.370923537
15				
16	annual cost of services	3,514,199	516,559	16,975,322
17				
18	<u>adjustment factor</u>			
19	inflation	1.020655	1.020655	1.032094
20				
21	adjusted annual charges	8,255,680	1,503,874	47,233,799
22	adjusted Medicaid payments for services	2,624,443	570,919	12,617,124
23	supplemental rate adjustment payments	0	0	1,138,065
24	total adjusted Medicaid payments	2,624,443	570,919	13,755,189
25	adjusted cost of services	3,586,785	527,229	17,520,128
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.247124	1.247124	1.247124
31	maximum annual payments (at DRG differential)	3,273,006	712,007	15,735,117
32				
33	maximum annual payments	3,273,006	712,007	15,735,117
34	facility specific UPL amount	648,563	141,088	1,979,928
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(2,036)	(443)	(9,788)
38	allocation of supplemental payments	(267,592)	(58,212)	(148,396)
39	total aggregate limit adjustments	(269,628)	(58,655)	(158,184)
40				
41	UPL amount after aggregate limit adjustments	378,935	82,433	1,821,744
42	SFY2013 UPL adjustment - 1st - 3rd quarters	284,201	61,825	1,366,308
43	Intergovernmental transfer amount	97,310	21,169	467,824
44	Net funds amount	186,891	40,656	898,484

Georgia Department of Community Health

	Facility Name	Grady General	Grady Memorial	Gwinnett Medical - Duluth
1	base period report period beginning date	10/01/09	01/01/10	07/01/09
2	base period report period ending date	09/30/10	12/31/10	06/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	1,822,256	265,573,751	5,713,285
10	payments for services	796,081	81,706,957	2,174,007
11	annual covered charges	1,822,256	265,573,751	5,713,285
12	annual payments for services	796,081	81,706,957	2,174,007
13				
14	inpatient CCR	0.547734628	0.31376226	0.556575
15				
16	annual cost of services	998,113	83,327,020	3,179,872
17				
18	<u>adjustment factor</u>			
19	inflation	1.020655	1.022716	1.032094
20				
21	adjusted annual charges	1,859,895	271,606,524	5,896,647
22	adjusted Medicaid payments for services	812,524	83,563,012	2,243,780
23	supplemental rate adjustment payments	0	26,022,568	0
24	total adjusted Medicaid payments	812,524	109,585,580	2,243,780
25	adjusted cost of services	1,018,729	85,219,877	3,281,927
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.247124	1.247124	1.247124
31	maximum annual payments (at DRG differential)	1,013,318	104,213,432	2,798,272
32				
33	maximum annual payments	1,013,318	104,213,432	2,798,272
34	facility specific UPL amount	200,794	(5,372,148)	554,492
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(630)	(64,829)	(1,741)
38	allocation of supplemental payments	(82,846)	17,502,355	(228,779)
39	total aggregate limit adjustments	(83,476)	17,437,526	(230,520)
40				
41	UPL amount after aggregate limit adjustments	117,318	12,065,378	323,972
42	SFY2013 UPL adjustment - 1st - 3rd quarters	87,989	9,049,034	242,979
43	Intergovernmental transfer amount	30,127	3,098,389	83,196
44	Net funds amount	57,862	5,950,645	159,783

Georgia Department of Community Health

	Facility Name	Gwinnett Medical - Lawrence	Habersham Medical
1	base period report period beginning date	07/01/09	07/01/09
2	base period report period ending date	06/30/10	06/30/10
3			
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
5			
6	CAH status (1 = yes)	0	0
7			
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>		
9	covered charges	45,394,711	2,362,658
10	payments for services	18,742,851	1,327,063
11	annual covered charges	45,394,711	2,362,658
12	annual payments for services	18,742,851	1,327,063
13			
14	inpatient CCR	0.557819595	0.556262141
15			
16	annual cost of services	25,322,059	1,314,257
17			
18	<u>adjustment factor</u>		
19	inflation	1.032094	1.032094
20			
21	adjusted annual charges	46,851,609	2,438,485
22	adjusted Medicaid payments for services	19,344,384	1,369,654
23	supplemental rate adjustment payments	0	0
24	total adjusted Medicaid payments	19,344,384	1,369,654
25	adjusted cost of services	26,134,745	1,356,437
26			
27	<u>other UPL calculation data</u>		
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential
30	DRG differential adjustment rate	1.247124	1.247124
31	maximum annual payments (at DRG differential)	24,124,844	1,708,128
32			
33	maximum annual payments	24,124,844	1,708,128
34	facility specific UPL amount	4,780,460	338,474
35			
36	<u>aggregate limit adjustments</u>		
37	allocation of UPL amounts < 0	(15,008)	(1,063)
38	allocation of supplemental payments	(1,972,383)	(139,652)
39	total aggregate limit adjustments	(1,987,391)	(140,715)
40			
41	UPL amount after aggregate limit adjustments	2,793,069	197,759
42	SFY2013 UPL adjustment - 1st - 3rd quarters	2,094,802	148,319
43	Intergovernmental transfer amount	717,260	50,784
44	Net funds amount	1,377,542	97,535

Georgia Department of Community Health

	Facility Name	Houston Medical	Hughston Hospital	Irwin County
1	base period report period beginning date	01/01/10	07/01/09	12/01/09
2	base period report period ending date	12/31/10	06/30/10	11/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	17,766,508	1,745,944	1,681,143
10	payments for services	6,633,683	341,539	876,777
11	annual covered charges	17,766,508	1,745,944	1,681,143
12	annual payments for services	6,633,683	341,539	876,777
13				
14	inpatient CCR	0.476180547	0.307063346	0.541190805
15				
16	annual cost of services	8,460,066	536,115	909,819
17				
18	<u>adjustment factor</u>			
19	inflation	1.022716	1.032094	1.022028
20				
21	adjusted annual charges	18,170,092	1,801,978	1,718,175
22	adjusted Medicaid payments for services	6,784,374	352,500	896,091
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	6,784,374	352,500	896,091
25	adjusted cost of services	8,652,245	553,321	929,860
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.247124	1.247124	1.247124
31	maximum annual payments (at DRG differential)	8,460,955	439,611	1,117,537
32				
33	maximum annual payments	8,460,955	439,611	1,117,537
34	facility specific UPL amount	1,676,581	87,111	221,446
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(5,263)	(273)	(695)
38	allocation of supplemental payments	(691,745)	(35,942)	(91,367)
39	total aggregate limit adjustments	(697,008)	(36,215)	(92,062)
40				
41	UPL amount after aggregate limit adjustments	979,573	50,896	129,384
42	SFY2013 UPL adjustment - 1st - 3rd quarters	734,680	38,172	97,038
43	Intergovernmental transfer amount	251,554	13,070	33,226
44	Net funds amount	483,126	25,102	63,812

Georgia Department of Community Health

	Facility Name	Jefferson Hospital	Mayo Clinic	Meadows Regional
1	base period report period beginning date	01/01/10	01/01/10	07/01/09
2	base period report period ending date	12/31/10	12/31/10	06/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	723,608	15,628,116	9,724,625
10	payments for services	583,440	6,021,012	3,350,502
11	annual covered charges	723,608	15,628,116	9,724,625
12	annual payments for services	583,440	6,021,012	3,350,502
13				
14	inpatient CCR	0.468195012	0.44163747	0.354797665
15				
16	annual cost of services	338,790	6,901,962	3,450,274
17				
18	<u>adjustment factor</u>			
19	inflation	1.022716	1.022716	1.032094
20				
21	adjusted annual charges	740,045	15,983,124	10,036,727
22	adjusted Medicaid payments for services	596,693	6,157,785	3,458,033
23	supplemental rate adjustment payments	0	365,779	0
24	total adjusted Medicaid payments	596,693	6,523,564	3,458,033
25	adjusted cost of services	346,486	7,058,747	3,561,007
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.247124	1.247124	1.247124
31	maximum annual payments (at DRG differential)	744,150	7,679,521	4,312,596
32				
33	maximum annual payments	744,150	7,679,521	4,312,596
34	facility specific UPL amount	147,457	1,155,957	854,563
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(463)	(4,777)	(2,683)
38	allocation of supplemental payments	(60,840)	(262,078)	(352,586)
39	total aggregate limit adjustments	(61,303)	(266,855)	(355,269)
40				
41	UPL amount after aggregate limit adjustments	86,154	889,102	499,294
42	SFY2013 UPL adjustment - 1st - 3rd quarters	64,616	666,826	374,471
43	Intergovernmental transfer amount	22,125	228,322	128,218
44	Net funds amount	42,491	438,504	246,253

Georgia Department of Community Health

	Facility Name	Medical CCG	Memorial Health	Memorial - Bainbridge
1	base period report period beginning date	10/01/09	01/01/10	04/01/09
2	base period report period ending date	09/30/10	12/31/10	03/31/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	143,064,917	89,062,667	2,373,141
10	payments for services	42,384,571	25,716,584	1,219,917
11	annual covered charges	143,064,917	89,062,667	2,373,141
12	annual payments for services	42,384,571	25,716,584	1,219,917
13				
14	inpatient CCR	0.317482879	0.320662035	0.504696895
15				
16	annual cost of services	45,420,662	28,559,016	1,197,717
17				
18	<u>adjustment factor</u>			
19	inflation	1.020655	1.022716	1.045408
20				
21	adjusted annual charges	146,019,923	91,085,815	2,480,901
22	adjusted Medicaid payments for services	43,260,024	26,300,762	1,275,311
23	supplemental rate adjustment payments	5,150,103	4,533,108	0
24	total adjusted Medicaid payments	48,410,127	30,833,870	1,275,311
25	adjusted cost of services	46,358,826	29,207,763	1,252,103
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.247124	1.247124	1.247124
31	maximum annual payments (at DRG differential)	53,950,611	32,800,310	1,590,471
32				
33	maximum annual payments	53,950,611	32,800,310	1,590,471
34	facility specific UPL amount	5,540,484	1,966,440	315,160
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(33,562)	(20,404)	(989)
38	allocation of supplemental payments	739,244	1,851,441	(130,033)
39	total aggregate limit adjustments	705,682	1,831,037	(131,022)
40				
41	UPL amount after aggregate limit adjustments	6,246,166	3,797,477	184,138
42	SFY2013 UPL adjustment - 1st - 3rd quarters	4,684,624	2,848,108	138,104
43	Intergovernmental transfer amount	1,604,015	975,192	47,286
44	Net funds amount	3,080,609	1,872,916	90,818

Georgia Department of Community Health

	Facility Name	Murray Medical	Newton Medical	Northeast GA
1	base period report period beginning date	10/01/09	01/01/10	10/01/09
2	base period report period ending date	09/30/10	12/31/10	09/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	866,511	6,290,316	72,936,615
10	payments for services	360,585	2,540,703	22,302,467
11	annual covered charges	866,511	6,290,316	72,936,615
12	annual payments for services	360,585	2,540,703	22,302,467
13				
14	inpatient CCR	0.366327348	0.389612539	0.365467487
15				
16	annual cost of services	317,427	2,450,786	26,655,961
17				
18	<u>adjustment factor</u>			
19	inflation	1.020655	1.022716	1.020655
20				
21	adjusted annual charges	884,409	6,433,207	74,443,121
22	adjusted Medicaid payments for services	368,033	2,598,418	22,763,124
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	368,033	2,598,418	22,763,124
25	adjusted cost of services	323,983	2,506,458	27,206,540
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.247124	1.247124	1.247124
31	maximum annual payments (at DRG differential)	458,983	3,240,549	28,388,437
32				
33	maximum annual payments	458,983	3,240,549	28,388,437
34	facility specific UPL amount	90,950	642,131	5,625,313
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(286)	(2,016)	(17,660)
38	allocation of supplemental payments	(37,525)	(264,939)	(2,320,963)
39	total aggregate limit adjustments	(37,811)	(266,955)	(2,338,623)
40				
41	UPL amount after aggregate limit adjustments	53,139	375,176	3,286,690
42	SFY2013 UPL adjustment - 1st - 3rd quarters	39,854	281,382	2,465,018
43	Intergovernmental transfer amount	13,646	96,346	844,022
44	Net funds amount	26,208	185,036	1,620,996

Georgia Department of Community Health

	Facility Name	Northside - Cherokee	Northside - Forsyth	Northside Hospital
1	base period report period beginning date	10/01/09	10/01/09	10/01/09
2	base period report period ending date	09/30/10	09/30/10	09/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	11,505,573	17,672,836	62,884,968
10	payments for services	3,590,304	4,622,286	17,145,850
11	annual covered charges	11,505,573	17,672,836	62,884,968
12	annual payments for services	3,590,304	4,622,286	17,145,850
13				
14	inpatient CCR	0.3048298	0.971200002	0.379592946
15				
16	annual cost of services	3,507,242	17,163,858	23,870,690
17				
18	<u>adjustment factor</u>			
19	inflation	1.020655	1.020655	1.020655
20				
21	adjusted annual charges	11,743,221	18,037,868	64,183,857
22	adjusted Medicaid payments for services	3,664,462	4,717,759	17,499,998
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	3,664,462	4,717,759	17,499,998
25	adjusted cost of services	3,579,684	17,518,377	24,363,739
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.247124	1.247124	1.247124
31	maximum annual payments (at DRG differential)	4,570,038	5,883,630	21,824,666
32				
33	maximum annual payments	4,570,038	5,883,630	21,824,666
34	facility specific UPL amount	905,576	1,165,871	4,324,668
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(2,843)	(3,660)	(13,577)
38	allocation of supplemental payments	(373,634)	(481,030)	(1,784,327)
39	total aggregate limit adjustments	(376,477)	(484,690)	(1,797,904)
40				
41	UPL amount after aggregate limit adjustments	529,099	681,181	2,526,764
42	SFY2013 UPL adjustment - 1st - 3rd quarters	396,824	510,886	1,895,073
43	Intergovernmental transfer amount	135,873	174,928	648,872
44	Net funds amount	260,951	335,958	1,246,201

Georgia Department of Community Health

	Facility Name	Oconee Regional	Perry Hospital	Phoebe Dorminy
1	base period report period beginning date	10/01/09	01/01/10	08/01/09
2	base period report period ending date	09/30/10	12/31/10	07/31/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	7,859,396	1,442,197	1,807,867
10	payments for services	2,917,215	582,851	806,808
11	annual covered charges	7,859,396	1,442,197	1,807,867
12	annual payments for services	2,917,215	582,851	806,808
13				
14	inpatient CCR	0.441379011	0.495857555	0.477869518
15				
16	annual cost of services	3,468,972	715,124	863,925
17				
18	<u>adjustment factor</u>			
19	inflation	1.020655	1.022716	1.028252
20				
21	adjusted annual charges	8,021,732	1,474,958	1,858,943
22	adjusted Medicaid payments for services	2,977,470	596,091	829,602
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	2,977,470	596,091	829,602
25	adjusted cost of services	3,540,624	731,369	888,333
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.247124	1.247124	1.247124
31	maximum annual payments (at DRG differential)	3,713,274	743,399	1,034,617
32				
33	maximum annual payments	3,713,274	743,399	1,034,617
34	facility specific UPL amount	735,804	147,308	205,015
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(2,310)	(462)	(644)
38	allocation of supplemental payments	(303,587)	(60,778)	(84,587)
39	total aggregate limit adjustments	(305,897)	(61,240)	(85,231)
40				
41	UPL amount after aggregate limit adjustments	429,907	86,068	119,784
42	SFY2013 UPL adjustment - 1st - 3rd quarters	322,430	64,551	89,838
43	Intergovernmental transfer amount	110,400	22,101	30,760
44	Net funds amount	212,030	42,450	59,078

Georgia Department of Community Health

	Facility Name	Phoebe Putney	Phoebe Sumter	South Georgia Medical
1	base period report period beginning date	08/01/09	07/01/09	10/01/09
2	base period report period ending date	07/31/10	07/31/10	09/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	0.9217	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	61,490,989	5,596,006	26,048,798
10	payments for services	17,620,681	1,944,081	10,170,292
11	annual covered charges	61,490,989	5,157,935	26,048,798
12	annual payments for services	17,620,681	1,791,893	10,170,292
13				
14	inpatient CCR	0.353663555	0.501371306	0.454821445
15				
16	annual cost of services	21,747,122	2,586,041	11,847,552
17				
18	<u>adjustment factor</u>			
19	inflation	1.028252	1.028252	1.020655
20				
21	adjusted annual charges	63,228,232	5,303,657	26,586,836
22	adjusted Medicaid payments for services	18,118,500	1,842,518	10,380,359
23	supplemental rate adjustment payments	2,670,393	0	0
24	total adjusted Medicaid payments	20,788,893	1,842,518	10,380,359
25	adjusted cost of services	22,361,522	2,659,102	12,092,263
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.247124	1.247124	1.247124
31	maximum annual payments (at DRG differential)	22,596,015	2,297,848	12,945,594
32				
33	maximum annual payments	22,596,015	2,297,848	12,945,594
34	facility specific UPL amount	1,807,122	455,330	2,565,235
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(14,057)	(1,429)	(8,053)
38	allocation of supplemental payments	823,003	(187,866)	(1,058,398)
39	total aggregate limit adjustments	808,946	(189,295)	(1,066,451)
40				
41	UPL amount after aggregate limit adjustments	2,616,068	266,035	1,498,784
42	SFY2013 UPL adjustment - 1st - 3rd quarters	1,962,051	199,526	1,124,088
43	Intergovernmental transfer amount	671,805	68,318	384,887
44	Net funds amount	1,290,246	131,208	739,201

Georgia Department of Community Health

	Facility Name	Southeast GA - Brunswick	Southeast GA - Camden
1	base period report period beginning date	05/01/09	05/01/09
2	base period report period ending date	04/30/10	04/30/10
3			
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
5			
6	CAH status (1 = yes)	0	0
7			
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>		
9	covered charges	26,214,482	1,853,620
10	payments for services	7,727,637	698,733
11	annual covered charges	26,214,482	1,853,620
12	annual payments for services	7,727,637	698,733
13			
14	inpatient CCR	0.377944477	0.63050764
15			
16	annual cost of services	9,907,619	1,168,722
17			
18	<u>adjustment factor</u>		
19	inflation	1.040932	1.040932
20			
21	adjusted annual charges	27,287,493	1,929,492
22	adjusted Medicaid payments for services	8,043,945	727,334
23	supplemental rate adjustment payments	0	0
24	total adjusted Medicaid payments	8,043,945	727,334
25	adjusted cost of services	10,313,158	1,216,560
26			
27	<u>other UPL calculation data</u>		
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential
30	DRG differential adjustment rate	1.247124	1.247124
31	maximum annual payments (at DRG differential)	10,031,796	907,076
32			
33	maximum annual payments	10,031,796	907,076
34	facility specific UPL amount	1,987,851	179,742
35			
36	<u>aggregate limit adjustments</u>		
37	allocation of UPL amounts < 0	(6,241)	(564)
38	allocation of supplemental payments	(820,173)	(74,160)
39	total aggregate limit adjustments	(826,414)	(74,724)
40			
41	UPL amount after aggregate limit adjustments	1,161,437	105,018
42	SFY2013 UPL adjustment - 1st - 3rd quarters	871,078	78,764
43	Intergovernmental transfer amount	298,257	26,969
44	Net funds amount	572,821	51,795

Georgia Department of Community Health

	Facility Name	Southern Regional	Stephens County	Tanner Med - Carrollton
1	base period report period beginning date	07/01/09	10/01/09	07/01/09
2	base period report period ending date	06/30/10	09/30/10	06/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	52,119,772	3,926,964	12,506,283
10	payments for services	15,220,342	1,391,774	4,223,137
11	annual covered charges	52,119,772	3,926,964	12,506,283
12	annual payments for services	15,220,342	1,391,774	4,223,137
13				
14	inpatient CCR	0.354744172	0.481816319	0.416279769
15				
16	annual cost of services	18,489,185	1,892,075	5,206,113
17				
18	<u>adjustment factor</u>			
19	inflation	1.032094	1.020655	1.032094
20				
21	adjusted annual charges	53,792,504	4,008,075	12,907,660
22	adjusted Medicaid payments for services	15,708,824	1,420,521	4,358,674
23	supplemental rate adjustment payments	7,474,638	0	0
24	total adjusted Medicaid payments	23,183,462	1,420,521	4,358,674
25	adjusted cost of services	19,082,577	1,931,156	5,373,198
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.247124	1.247124	1.247124
31	maximum annual payments (at DRG differential)	19,590,850	1,771,566	5,435,807
32				
33	maximum annual payments	19,590,850	1,771,566	5,435,807
34	facility specific UPL amount	(3,592,612)	351,045	1,077,133
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(12,187)	(1,102)	(3,382)
38	allocation of supplemental payments	5,872,942	(144,839)	(444,417)
39	total aggregate limit adjustments	5,860,755	(145,941)	(447,799)
40				
41	UPL amount after aggregate limit adjustments	2,268,143	205,104	629,334
42	SFY2013 UPL adjustment - 1st - 3rd quarters	1,701,107	153,828	472,001
43	Intergovernmental transfer amount	582,459	52,670	161,613
44	Net funds amount	1,118,648	101,158	310,388

Georgia Department of Community Health

	Facility Name	Tanner Med - Villa Rica	The Medical Center
1	base period report period beginning date	07/01/09	07/01/09
2	base period report period ending date	06/30/10	06/30/10
3			
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
5			
6	CAH status (1 = yes)	0	0
7			
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>		
9	covered charges	9,062,287	49,262,553
10	payments for services	5,438,329	15,406,688
11	annual covered charges	9,062,287	49,262,553
12	annual payments for services	5,438,329	15,406,688
13			
14	inpatient CCR	0.615133965	0.39898962
15			
16	annual cost of services	5,574,521	19,655,247
17			
18	<u>adjustment factor</u>		
19	inflation	1.032094	1.032094
20			
21	adjusted annual charges	9,353,132	50,843,585
22	adjusted Medicaid payments for services	5,612,867	15,901,150
23	supplemental rate adjustment payments	0	3,997,248
24	total adjusted Medicaid payments	5,612,867	19,898,398
25	adjusted cost of services	5,753,430	20,286,062
26			
27	<u>other UPL calculation data</u>		
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential
30	DRG differential adjustment rate	1.247124	1.247124
31	maximum annual payments (at DRG differential)	6,999,941	19,830,705
32			
33	maximum annual payments	6,999,941	19,830,705
34	facility specific UPL amount	1,387,074	(67,693)
35			
36	<u>aggregate limit adjustments</u>		
37	allocation of UPL amounts < 0	(4,355)	(12,336)
38	allocation of supplemental payments	(572,296)	2,375,942
39	total aggregate limit adjustments	(576,651)	2,363,606
40			
41	UPL amount after aggregate limit adjustments	810,423	2,295,913
42	SFY2013 UPL adjustment - 1st - 3rd quarters	607,817	1,721,935
43	Intergovernmental transfer amount	208,117	589,590
44	Net funds amount	399,700	1,132,345

Georgia Department of Community Health

	Facility Name	Tift Regional Medical	Union General	University Hospital
1	base period report period beginning date	10/01/09	05/01/09	01/01/10
2	base period report period ending date	09/30/10	04/30/10	12/31/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	19,516,877	555,182	45,406,287
10	payments for services	13,282,614	372,550	13,875,846
11	annual covered charges	19,516,877	555,182	45,406,287
12	annual payments for services	13,282,614	372,550	13,875,846
13				
14	inpatient CCR	0.359520085	0.5792248	0.391313856
15				
16	annual cost of services	7,016,709	321,575	17,768,109
17				
18	<u>adjustment factor</u>			
19	inflation	1.020655	1.040932	1.022716
20				
21	adjusted annual charges	19,919,998	577,907	46,437,736
22	adjusted Medicaid payments for services	13,556,966	387,799	14,191,050
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	13,556,966	387,799	14,191,050
25	adjusted cost of services	7,161,639	334,738	18,171,729
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.247124	1.247124	1.247124
31	maximum annual payments (at DRG differential)	16,907,217	483,633	17,697,998
32				
33	maximum annual payments	16,907,217	483,633	17,697,998
34	facility specific UPL amount	3,350,251	95,834	3,506,948
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(10,518)	(301)	(11,010)
38	allocation of supplemental payments	(1,382,289)	(39,541)	(1,446,941)
39	total aggregate limit adjustments	(1,392,807)	(39,842)	(1,457,951)
40				
41	UPL amount after aggregate limit adjustments	1,957,444	55,992	2,048,997
42	SFY2013 UPL adjustment - 1st - 3rd quarters	1,468,083	41,994	1,536,748
43	Intergovernmental transfer amount	502,672	14,379	526,183
44	Net funds amount	965,411	27,615	1,010,565

Georgia Department of Community Health

	Facility Name	University Hospital M	Upson Regional	Washington County
1	base period report period beginning date	10/01/09	01/01/10	09/01/09
2	base period report period ending date	09/30/10	12/31/10	08/31/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	1,173,164	8,375,699	2,636,211
10	payments for services	499,044	3,333,521	1,443,040
11	annual covered charges	1,173,164	8,375,699	2,636,211
12	annual payments for services	499,044	3,333,521	1,443,040
13				
14	inpatient CCR	0.457690483	0.372388256	0.468245333
15				
16	annual cost of services	536,946	3,119,012	1,234,393
17				
18	<u>adjustment factor</u>			
19	inflation	1.020655	1.022716	1.024440
20				
21	adjusted annual charges	1,197,396	8,565,961	2,700,640
22	adjusted Medicaid payments for services	509,352	3,409,245	1,478,308
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	509,352	3,409,245	1,478,308
25	adjusted cost of services	548,037	3,189,863	1,264,562
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.247124	1.247124	1.247124
31	maximum annual payments (at DRG differential)	635,225	4,251,751	1,843,633
32				
33	maximum annual payments	635,225	4,251,751	1,843,633
34	facility specific UPL amount	125,873	842,506	365,325
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(395)	(2,645)	(1,147)
38	allocation of supplemental payments	(51,934)	(347,612)	(150,730)
39	total aggregate limit adjustments	(52,329)	(350,257)	(151,877)
40				
41	UPL amount after aggregate limit adjustments	73,544	492,249	213,448
42	SFY2013 UPL adjustment - 1st - 3rd quarters	55,158	369,187	160,086
43	Intergovernmental transfer amount	18,886	126,410	54,814
44	Net funds amount	36,272	242,777	105,272

Georgia Department of Community Health

	Facility Name	Wayne Memorial	WellStar Cobb	Wellstar Douglas
1	base period report period beginning date	07/01/09	07/01/09	07/01/09
2	base period report period ending date	06/30/10	06/30/10	06/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	4,840,526	63,611,418	13,763,828
10	payments for services	1,563,340	17,534,049	4,025,608
11	annual covered charges	4,840,526	63,611,418	13,763,828
12	annual payments for services	1,563,340	17,534,049	4,025,608
13				
14	inpatient CCR	0.44241158	0.373558037	0.384084334
15				
16	annual cost of services	2,141,505	23,762,556	5,286,471
17				
18	<u>adjustment factor</u>			
19	inflation	1.032094	1.032094	1.032094
20				
21	adjusted annual charges	4,995,878	65,652,963	14,205,564
22	adjusted Medicaid payments for services	1,613,514	18,096,787	4,154,806
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	1,613,514	18,096,787	4,154,806
25	adjusted cost of services	2,210,234	24,525,191	5,456,135
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.247124	1.247124	1.247124
31	maximum annual payments (at DRG differential)	2,012,252	22,568,936	5,181,558
32				
33	maximum annual payments	2,012,252	22,568,936	5,181,558
34	facility specific UPL amount	398,738	4,472,149	1,026,752
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(1,252)	(14,040)	(3,223)
38	allocation of supplemental payments	(164,516)	(1,845,176)	(423,631)
39	total aggregate limit adjustments	(165,768)	(1,859,216)	(426,854)
40				
41	UPL amount after aggregate limit adjustments	232,970	2,612,933	599,898
42	SFY2013 UPL adjustment - 1st - 3rd quarters	174,728	1,959,700	449,924
43	Intergovernmental transfer amount	59,827	671,001	154,054
44	Net funds amount	114,901	1,288,699	295,870

Georgia Department of Community Health

	Facility Name	WellStar Kennestone	WellStar Paulding	WellStar Windy Hill
1	base period report period beginning date	07/01/09	07/01/09	07/01/09
2	base period report period ending date	06/30/10	06/30/10	06/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	78,121,177	2,420,921	4,259,562
10	payments for services	22,007,549	740,240	1,149,169
11	annual covered charges	78,121,177	2,420,921	4,259,562
12	annual payments for services	22,007,549	740,240	1,149,169
13				
14	inpatient CCR	0.370917031	0.402234989	0.397099079
15				
16	annual cost of services	28,976,475	973,779	1,691,468
17				
18	<u>adjustment factor</u>			
19	inflation	1.032094	1.032094	1.032094
20				
21	adjusted annual charges	80,628,398	2,498,618	4,396,268
22	adjusted Medicaid payments for services	22,713,859	763,997	1,186,050
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	22,713,859	763,997	1,186,050
25	adjusted cost of services	29,906,446	1,005,031	1,745,754
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.247124	1.247124	1.247124
31	maximum annual payments (at DRG differential)	28,326,997	952,799	1,479,151
32				
33	maximum annual payments	28,326,997	952,799	1,479,151
34	facility specific UPL amount	5,613,138	188,802	293,101
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(17,622)	(593)	(920)
38	allocation of supplemental payments	(2,315,940)	(77,898)	(120,932)
39	total aggregate limit adjustments	(2,333,562)	(78,491)	(121,852)
40				
41	UPL amount after aggregate limit adjustments	3,279,576	110,311	171,249
42	SFY2013 UPL adjustment - 1st - 3rd quarters	2,459,682	82,733	128,437
43	Intergovernmental transfer amount	842,194	28,328	43,977
44	Net funds amount	1,617,488	54,405	84,460

Georgia Department of Community Health

	Facility Name	Piedmont Henry	West Georgia Health	Bacon County
1	base period report period beginning date	07/01/09	10/01/09	07/01/09
2	base period report period ending date	06/30/10	09/30/10	06/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	1
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	16,247,440	10,729,935	1,949,030
10	payments for services	5,171,429	4,143,180	660,395
11	annual covered charges	16,247,440	10,729,935	1,949,030
12	annual payments for services	5,171,429	4,143,180	660,395
13				
14	inpatient CCR	0.293100565	0.46417825	0.473627775
15				
16	annual cost of services	4,762,134	4,980,602	923,115
17				
18	<u>adjustment factor</u>			
19	inflation	1.032094	1.020655	1.032094
20				
21	adjusted annual charges	16,768,885	10,951,562	2,011,582
22	adjusted Medicaid payments for services	5,337,401	4,228,757	681,590
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	5,337,401	4,228,757	681,590
25	adjusted cost of services	4,914,970	5,083,476	952,741
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	cost
30	DRG differential adjustment rate	1.247124	1.247124	0.000000
31	maximum annual payments (at DRG differential)	6,656,401	5,273,784	0
32				
33	maximum annual payments	6,656,401	5,273,784	952,741
34	facility specific UPL amount	1,319,000	1,045,027	271,151
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(4,141)	(3,281)	(851)
38	allocation of supplemental payments	(544,209)	(431,171)	(111,875)
39	total aggregate limit adjustments	(548,350)	(434,452)	(112,726)
40				
41	UPL amount after aggregate limit adjustments	770,650	610,575	158,425
42	SFY2013 UPL adjustment - 1st - 3rd quarters	577,988	457,931	118,819
43	Intergovernmental transfer amount	197,903	156,796	0
44	Net funds amount	380,085	301,135	118,819

Georgia Department of Community Health

	Facility Name	Bleckley Memorial	Brooks County	Calhoun Memorial
1	base period report period beginning date	04/01/09	10/01/09	04/01/09
2	base period report period ending date	03/31/10	09/30/10	03/31/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	257,614	477,134	156,715
10	payments for services	229,510	198,344	147,578
11	annual covered charges	257,614	477,134	156,715
12	annual payments for services	229,510	198,344	147,578
13				
14	inpatient CCR	1.112115378	0.358319128	0.651704263
15				
16	annual cost of services	286,496	170,966	102,132
17				
18	<u>adjustment factor</u>			
19	inflation	1.045408	1.020655	1.045408
20				
21	adjusted annual charges	269,312	486,989	163,831
22	adjusted Medicaid payments for services	239,932	202,441	154,279
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	239,932	202,441	154,279
25	adjusted cost of services	299,505	174,497	106,770
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	cost	cost	cost
30	DRG differential adjustment rate	0.000000	0.000000	0.000000
31	maximum annual payments (at DRG differential)	0	0	0
32				
33	maximum annual payments	299,505	174,497	106,770
34	facility specific UPL amount	59,573	(27,944)	(47,509)
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(187)	27,943	47,510
38	allocation of supplemental payments	(24,580)	0	0
39	total aggregate limit adjustments	(24,767)	27,943	47,510
40				
41	UPL amount after aggregate limit adjustments	34,806	0	0
42	SFY2013 UPL adjustment - 1st - 3rd quarters	26,105	0	0
43	Intergovernmental transfer amount	0	0	0
44	Net funds amount	26,105	0	0

Georgia Department of Community Health

	Facility Name	Candler County	Charlton Memorial	Chatuge Regional
1	base period report period beginning date	01/01/10	07/01/09	05/01/09
2	base period report period ending date	12/31/10	06/30/10	04/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	626,664	44,724	87,529
10	payments for services	419,097	28,304	55,659
11	annual covered charges	626,664	44,724	87,529
12	annual payments for services	419,097	28,304	55,659
13				
14	inpatient CCR	0.669274333	0.576049114	0.486521086
15				
16	annual cost of services	419,410	25,763	42,585
17				
18	<u>adjustment factor</u>			
19	inflation	1.022716	1.032094	1.040932
20				
21	adjusted annual charges	640,899	46,159	91,112
22	adjusted Medicaid payments for services	428,617	29,212	57,937
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	428,617	29,212	57,937
25	adjusted cost of services	428,937	26,590	44,328
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	cost	cost	cost
30	DRG differential adjustment rate	0.000000	0.000000	0.000000
31	maximum annual payments (at DRG differential)	0	0	0
32				
33	maximum annual payments	428,937	26,590	44,328
34	facility specific UPL amount	320	(2,622)	(13,609)
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(1)	2,622	13,609
38	allocation of supplemental payments	(132)	0	0
39	total aggregate limit adjustments	(133)	2,622	13,609
40				
41	UPL amount after aggregate limit adjustments	187	0	0
42	SFY2013 UPL adjustment - 1st - 3rd quarters	140	0	0
43	Intergovernmental transfer amount	0	0	0
44	Net funds amount	140	0	0

Georgia Department of Community Health

	Facility Name	Clinch Memorial	Effingham Hospital	Higgins General
1	base period report period beginning date	07/01/09	07/01/09	07/01/09
2	base period report period ending date	06/30/10	06/30/10	06/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	265,015	47,011	1,562,903
10	payments for services	141,776	25,624	507,122
11	annual covered charges	265,015	47,011	1,562,903
12	annual payments for services	141,776	25,624	507,122
13				
14	inpatient CCR	0.817951382	0.700822928	0.502198387
15				
16	annual cost of services	216,769	32,946	784,887
17				
18	<u>adjustment factor</u>			
19	inflation	1.032094	1.032094	1.032094
20				
21	adjusted annual charges	273,520	48,520	1,613,063
22	adjusted Medicaid payments for services	146,326	26,446	523,398
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	146,326	26,446	523,398
25	adjusted cost of services	223,726	34,003	810,077
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	cost	cost	cost
30	DRG differential adjustment rate	0.000000	0.000000	0.000000
31	maximum annual payments (at DRG differential)	0	0	0
32				
33	maximum annual payments	223,726	34,003	810,077
34	facility specific UPL amount	77,400	7,557	286,679
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(243)	(24)	(900)
38	allocation of supplemental payments	(31,935)	(3,118)	(118,282)
39	total aggregate limit adjustments	(32,178)	(3,142)	(119,182)
40				
41	UPL amount after aggregate limit adjustments	45,222	4,415	167,497
42	SFY2013 UPL adjustment - 1st - 3rd quarters	33,917	3,311	125,623
43	Intergovernmental transfer amount	0	0	0
44	Net funds amount	33,917	3,311	125,623

Georgia Department of Community Health

	Facility Name	Jasper Memorial	Jeff Davis	Liberty Regional
1	base period report period beginning date	10/01/09	10/01/09	12/01/09
2	base period report period ending date	09/30/10	09/30/10	11/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	59,447	1,491,060	2,851,630
10	payments for services	37,378	625,848	1,069,098
11	annual covered charges	59,447	1,491,060	2,851,630
12	annual payments for services	37,378	625,848	1,069,098
13				
14	inpatient CCR	1.042945142	0.38050026	0.331603369
15				
16	annual cost of services	62,000	567,349	945,610
17				
18	<u>adjustment factor</u>			
19	inflation	1.020655	1.020655	1.022028
20				
21	adjusted annual charges	60,675	1,521,858	2,914,446
22	adjusted Medicaid payments for services	38,150	638,775	1,092,648
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	38,150	638,775	1,092,648
25	adjusted cost of services	63,281	579,068	966,440
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	cost	cost	cost
30	DRG differential adjustment rate	0.000000	0.000000	0.000000
31	maximum annual payments (at DRG differential)	0	0	0
32				
33	maximum annual payments	63,281	579,068	966,440
34	facility specific UPL amount	25,131	(59,707)	(126,208)
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(79)	59,708	126,208
38	allocation of supplemental payments	(10,369)	0	0
39	total aggregate limit adjustments	(10,448)	59,708	126,208
40				
41	UPL amount after aggregate limit adjustments	14,683	0	0
42	SFY2013 UPL adjustment - 1st - 3rd quarters	11,012	0	0
43	Intergovernmental transfer amount	0	0	0
44	Net funds amount	11,012	0	0

Georgia Department of Community Health

	Facility Name	Louis Smith	Miller County	Mitchell County
1	base period report period beginning date	10/01/09	07/01/09	10/01/09
2	base period report period ending date	09/30/10	06/30/10	09/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	484,213	1,726,891	288,764
10	payments for services	216,486	633,483	144,983
11	annual covered charges	484,213	1,726,891	288,764
12	annual payments for services	216,486	633,483	144,983
13				
14	inpatient CCR	0.485922337	0.423622188	0.335057652
15				
16	annual cost of services	235,290	731,549	96,753
17				
18	<u>adjustment factor</u>			
19	inflation	1.020655	1.032094	1.020655
20				
21	adjusted annual charges	494,214	1,782,314	294,728
22	adjusted Medicaid payments for services	220,958	653,814	147,978
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	220,958	653,814	147,978
25	adjusted cost of services	240,150	755,027	98,751
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	cost	cost	cost
30	DRG differential adjustment rate	0.000000	0.000000	0.000000
31	maximum annual payments (at DRG differential)	0	0	0
32				
33	maximum annual payments	240,150	755,027	98,751
34	facility specific UPL amount	19,192	101,213	(49,227)
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(60)	(318)	49,227
38	allocation of supplemental payments	(7,919)	(41,760)	0
39	total aggregate limit adjustments	(7,979)	(42,078)	49,227
40				
41	UPL amount after aggregate limit adjustments	11,213	59,135	0
42	SFY2013 UPL adjustment - 1st - 3rd quarters	8,410	44,351	0
43	Intergovernmental transfer amount	0	0	0
44	Net funds amount	8,410	44,351	0

Georgia Department of Community Health

	Facility Name	Monroe County	Morgan Memorial	Optim Medical - Jenkins
1	base period report period beginning date	10/01/09	07/01/09	07/01/09
2	base period report period ending date	09/30/10	06/30/10	06/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	291,490	88,996	284,950
10	payments for services	166,312	55,947	184,040
11	annual covered charges	291,490	88,996	284,950
12	annual payments for services	166,312	55,947	184,040
13				
14	inpatient CCR	0.641971041	0.583147045	0.658057696
15				
16	annual cost of services	187,128	51,898	187,514
17				
18	<u>adjustment factor</u>			
19	inflation	1.020655	1.032094	1.032094
20				
21	adjusted annual charges	297,511	91,852	294,095
22	adjusted Medicaid payments for services	169,747	57,743	189,947
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	169,747	57,743	189,947
25	adjusted cost of services	190,993	53,564	193,532
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Private
29	basis for UPL calculation	cost	cost	cost
30	DRG differential adjustment rate	0.000000	0.000000	0.000000
31	maximum annual payments (at DRG differential)	0	0	0
32				
33	maximum annual payments	190,993	53,564	193,532
34	facility specific UPL amount	21,246	(4,179)	3,585
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(67)	4,180	(18)
38	allocation of supplemental payments	(8,766)	0	(3,155)
39	total aggregate limit adjustments	(8,833)	4,180	(3,173)
40				
41	UPL amount after aggregate limit adjustments	12,413	0	412
42	SFY2013 UPL adjustment - 1st - 3rd quarters	9,310	0	309
43	Intergovernmental transfer amount	0	0	0
44	Net funds amount	9,310	0	309

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	Facility Name	Peach Regional	Pioneer Community	Polk Medical
1	base period report period beginning date	11/01/09	10/01/09	10/01/09
2	base period report period ending date	10/31/10	09/30/10	09/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	592,761	169,629	459,215
10	payments for services	369,729	73,133	200,478
11	annual covered charges	592,761	169,629	459,215
12	annual payments for services	369,729	73,133	200,478
13				
14	inpatient CCR	0.570280882	0.424846387	0.487066491
15				
16	annual cost of services	338,040	72,066	223,668
17				
18	<u>adjustment factor</u>			
19	inflation	1.021341	1.020655	1.020655
20				
21	adjusted annual charges	605,411	173,133	468,700
22	adjusted Medicaid payments for services	377,619	74,644	204,619
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	377,619	74,644	204,619
25	adjusted cost of services	345,254	73,555	228,288
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	cost	cost	cost
30	DRG differential adjustment rate	0.000000	0.000000	0.000000
31	maximum annual payments (at DRG differential)	0	0	0
32				
33	maximum annual payments	345,254	73,555	228,288
34	facility specific UPL amount	(32,365)	(1,089)	23,669
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	32,365	1,089	(74)
38	allocation of supplemental payments	0	0	(9,766)
39	total aggregate limit adjustments	32,365	1,089	(9,840)
40				
41	UPL amount after aggregate limit adjustments	0	0	13,829
42	SFY2013 UPL adjustment - 1st - 3rd quarters	0	0	10,372
43	Intergovernmental transfer amount	0	0	0
44	Net funds amount	0	0	10,372

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	Facility Name	Putnam General	Southwest GA	Sylvan Grove
1	base period report period beginning date	10/01/09	07/01/09	01/01/10
2	base period report period ending date	09/30/10	06/30/10	12/31/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	384,567	292,489	69,063
10	payments for services	259,357	128,492	34,972
11	annual covered charges	384,567	292,489	69,063
12	annual payments for services	259,357	128,492	34,972
13				
14	inpatient CCR	0.859752662	0.416608871	0.231476103
15				
16	annual cost of services	330,633	121,854	15,986
17				
18	<u>adjustment factor</u>			
19	inflation	1.020655	1.032094	1.022716
20				
21	adjusted annual charges	392,510	301,876	70,632
22	adjusted Medicaid payments for services	264,714	132,616	35,766
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	264,714	132,616	35,766
25	adjusted cost of services	337,462	125,765	16,349
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	cost	cost	cost
30	DRG differential adjustment rate	0.000000	0.000000	0.000000
31	maximum annual payments (at DRG differential)	0	0	0
32				
33	maximum annual payments	337,462	125,765	16,349
34	facility specific UPL amount	72,748	(6,851)	(19,417)
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(228)	6,852	19,416
38	allocation of supplemental payments	(30,015)	0	0
39	total aggregate limit adjustments	(30,243)	6,852	19,416
40				
41	UPL amount after aggregate limit adjustments	42,505	0	0
42	SFY2013 UPL adjustment - 1st - 3rd quarters	31,879	0	0
43	Intergovernmental transfer amount	0	0	0
44	Net funds amount	31,879	0	0

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	Facility Name	Warm Springs	Wills Memorial	Good Samaritan
1	base period report period beginning date	01/01/10	05/01/09	01/01/10
2	base period report period ending date	12/31/10	04/30/10	12/31/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	163,832	290,515	256,131
10	payments for services	83,218	170,953	157,352
11	annual covered charges	163,832	290,515	256,131
12	annual payments for services	83,218	170,953	157,352
13				
14	inpatient CCR	0.648518139	0.694085	0.686320642
15				
16	annual cost of services	106,248	201,642	175,788
17				
18	<u>adjustment factor</u>			
19	inflation	1.022716	1.040932	1.022716
20				
21	adjusted annual charges	167,554	302,406	261,949
22	adjusted Medicaid payments for services	85,108	177,950	160,926
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	85,108	177,950	160,926
25	adjusted cost of services	108,662	209,896	179,781
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Private
29	basis for UPL calculation	cost	cost	cost
30	DRG differential adjustment rate	0.000000	0.000000	0.000000
31	maximum annual payments (at DRG differential)	0	0	0
32				
33	maximum annual payments	108,662	209,896	179,781
34	facility specific UPL amount	23,554	31,946	18,855
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(74)	(100)	(94)
38	allocation of supplemental payments	(9,718)	(13,181)	(16,593)
39	total aggregate limit adjustments	(9,792)	(13,281)	(16,687)
40				
41	UPL amount after aggregate limit adjustments	13,762	18,665	2,168
42	SFY2013 UPL adjustment - 1st - 3rd quarters	10,322	13,999	1,626
43	Intergovernmental transfer amount	0	0	0
44	Net funds amount	10,322	13,999	1,626

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	Facility Name	Lower Oconee	Mountain Lakes	Optim Medical - Screven
1	base period report period beginning date	01/01/10	01/01/10	07/01/09
2	base period report period ending date	12/31/10	12/31/10	06/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	1,476,683	127,949	307,523
10	payments for services	704,085	85,172	247,344
11	annual covered charges	1,476,683	127,949	307,523
12	annual payments for services	704,085	85,172	247,344
13				
14	inpatient CCR	0.402596543	0.836703414	0.827358172
15				
16	annual cost of services	594,507	107,055	254,432
17				
18	<u>adjustment factor</u>			
19	inflation	1.022716	1.022716	1.032094
20				
21	adjusted annual charges	1,510,227	130,855	317,393
22	adjusted Medicaid payments for services	720,079	87,107	255,282
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	720,079	87,107	255,282
25	adjusted cost of services	608,012	109,487	262,598
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Private	Private	Private
29	basis for UPL calculation	cost	cost	cost
30	DRG differential adjustment rate	0.000000	0.000000	0.000000
31	maximum annual payments (at DRG differential)	0	0	0
32				
33	maximum annual payments	608,012	109,487	262,598
34	facility specific UPL amount	(112,067)	22,380	7,316
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	112,067	(111)	(36)
38	allocation of supplemental payments	0	(19,696)	(6,438)
39	total aggregate limit adjustments	112,067	(19,807)	(6,474)
40				
41	UPL amount after aggregate limit adjustments	0	2,573	842
42	SFY2013 UPL adjustment - 1st - 3rd quarters	0	1,930	632
43	Intergovernmental transfer amount	0	0	0
44	Net funds amount	0	1,930	632

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	Facility Name	Optim Medical - Tattnall	Phoebe Worth	Stewart Webster
1	base period report period beginning date	01/01/10	08/01/09	10/01/09
2	base period report period ending date	12/31/10	07/31/10	09/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>			
9	covered charges	3,800,672	241,890	211,120
10	payments for services	524,452	131,589	165,272
11	annual covered charges	3,800,672	241,890	211,120
12	annual payments for services	524,452	131,589	165,272
13				
14	inpatient CCR	0.3107461	0.580406401	0.817790712
15				
16	annual cost of services	1,181,044	140,395	172,652
17				
18	<u>adjustment factor</u>			
19	inflation	1.022716	1.028252	1.020655
20				
21	adjusted annual charges	3,887,008	248,724	215,481
22	adjusted Medicaid payments for services	536,365	135,307	168,686
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	536,365	135,307	168,686
25	adjusted cost of services	1,207,873	144,361	176,218
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Private	Private	Private
29	basis for UPL calculation	cost	cost	cost
30	DRG differential adjustment rate	0.000000	0.000000	0.000000
31	maximum annual payments (at DRG differential)	0	0	0
32				
33	maximum annual payments	1,207,873	144,361	176,218
34	facility specific UPL amount	671,508	9,054	7,532
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(3,345)	(45)	(38)
38	allocation of supplemental payments	(590,947)	(7,968)	(6,628)
39	total aggregate limit adjustments	(594,292)	(8,013)	(6,666)
40				
41	UPL amount after aggregate limit adjustments	77,216	1,041	866
42	SFY2013 UPL adjustment - 1st - 3rd quarters	57,912	781	650
43	Intergovernmental transfer amount	0	0	0
44	Net funds amount	57,912	781	650